

Submitter : Dr. Mary Rice

Date: 08/20/2007

Organization : Doernbecher Children's Hospital, OHSU

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I have been a pediatric cardiologist for 24 years so I read echocardiograms before color Doppler was available. Color Doppler has added alot of information to an echocardiographic study but does take physician time to review and interpret and sonographer time to perform. Though we do not use color Doppler on every study, in the vast majority it is a separate component of the study. We look at the 2D images to see anatomy and the color Doppler to look at flow though the heart.

Bundling of color Doppler would not give physicians and sonographers credit for the time and effort required for color Doppler in complex, structurally abnormal hearts seen in children with congenital heart disease.

I hope that you will reconsider this proposal.

Thank you

Mary Rice MD, Pediatric Cardiologist

Submitter : Mrs. Leslie Zoltan
Organization : American Association of Nurse Anesthetists.
Category : Other Practitioner

Date: 08/20/2007

Issue Areas/Comments

Background

Background

August 20, 2007
 Ms. Leslie Norwalk, JD
 Acting Administrator
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
 Baltimore, MD 21244 8018 ANESTHESIA SERVICES
 Dear Ms. Norwalk:

As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.

This increase in Medicare payment is important for several reasons.

1 First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

1 Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.

1 Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,

 Name & Credential

Leslie Zoltan

 Address

2339 E. Cinnabar Ave

 City, State ZIP

Phoenix, Az 85028

Submitter :

Date: 08/20/2007

Organization :

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

To whom it may concern:

I am a physical therapist and used to work in a physician owned clinic with physical therapy. Over the years I was there, more often than not, quantity became the motivator not quality within the therapy department. Also prior to having the physical therapy department, referrals were very few. Once opening the PT dept, the doctors began referring even more, to over 50-60 pts per day with only 4-5 licensed therapists. The doctors profitted greatly, but the patients suffered from the decreased one on one time secondary to being too busy. Greed is powerful, money talks. When quantity becomes the key motivator because of profit, quality suffers, the patient suffers, and the profession suffers. Insurance companies and Medicare are paying for services that are rendered but not receiving the quality they are paying for. That is why voting to close the stark referral for profit loophole is greatly needed.

Submitter : Mr. Robert Hague

Date: 08/20/2007

Organization : Mr. Robert Hague

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

Anesthesia Reimbursement

CMS-1385-P-6812-Attach-1.DOC

August 20, 2007

Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018
Baltimore, MD 21244-8018

RE: CMS-1385-P (BACKGROUND, IMPACT)
ANESTHESIA SERVICES

Dear Ms. Norwalk:

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- Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers' services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.
- Third, CMS' proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

Additionally, if CMS' proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

In my current practice in Idaho Falls, Idaho, my group performed 34,274 anesthesia units for Medicare patients in 2006. This workload represented 24.9% of our practice services while yielding just 10.05% of our practice revenue.

Sincerely,

Robert Hague, MS CRNA

Name & Credential

2751 Waterford Court

Address

Idaho Falls, ID 83404

City, State ZIP

Submitter : Dr. Electra Panagopoulos
Organization : Northwestern Memorial Hospital
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

**Coding-- Additional Codes From
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. A move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Dr. Roy Sheinbaum
Organization : American Society of Anesthesiologists
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Dr. Serge Drouin
Organization : Wal-Mart Pharmacy
Category : Pharmacist

Date: 08/20/2007

Issue Areas/Comments

**Proposed Elimination of Exemption
for Computer-Generated
Facsimiles**

Proposed Elimination of Exemption for Computer-Generated Facsimiles

I would like to comment on this area stating that a good 25% to 30% of our Rx volume is done via fax. If we were unable to fax refill requests to prescribers and/or prescribers were unable to fax prescriptions to our pharmacy our workload would increase tremendously. We would have hundreds of more man hours on the phone calling for refills and taking new prescriptions over the phone in lieu of faxing. This would put a huge strain on us as well as the prescribers. I don't feel this would be a beneficial section of the rule at all. At this time there already are several prescribers that won't even take phone calls for refill requests but REQUIRE us to fax the requests. This rule would just lead to a massive breakdown in the chain of communication between pharmacists and prescribers and leave many patients without their medications. I strongly oppose any rule that will abolish the use of facsimile for prescribing.

Submitter : Mrs. Teresa Cunningham
Organization : AANA
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

Background

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1. Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 40% of private market rates.
2. This proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers' services had been reviewed and adjusted in previous years, effective Jan. 2007.
3. CMS' proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

If CMS' proposed change is not enacted and if congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will reimburse at a rate of about 17% below 2006 payment levels. That's more than 1/3 the 1992 payment levels (adjusted for inflation).

America's 36,000 CRNAs provide some 27million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and we are predominately the anesthesia providers to rural and medically underserved Americans. Medicare patients and healthcare delivery in the U.S. depends on our services. The availability of anesthesia services depends in part on fair Medicare payment for those services. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts medicare payment.

Submitter : Dr. Achikam Oren-Grinberg

Date: 08/20/2007

Organization : BIDMC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-6818-Attach-1.DOC

CMS-1385-P-6818-Attach-2.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

**Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)**

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Thank you for your consideration of this serious matter.

Submitter : Mrs. audra headley
Organization : AANA
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

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Submitter : Mr. Jeff McCool

Date: 08/20/2007

Organization : West Concord Fire/Ambulance Department

Category : Other Health Care Professional

Issue Areas/Comments

**Payment For Procedures And
Services Provided In ASCs**

Payment For Procedures And Services Provided In ASCs

I am very strongly against support of your proposed Revisions to Payment Policies for Ambulance Services for CY 2008. It not only is not practical for our patients or 'approved representative' to sign in accordance with your rule during emergencies but very time consuming and unpractical on an already strained system in the USA. This proposed rule would do greater harm then good to the ambulance services of this country. We need to start looking at what is right for the patient and the patient supports, then what is right for the bottom line. Eventually the already strained EMS system will fail if such pushes are continued to be made. I again plead to you that this rule does not come into effect.

Submitter : Dr. shane bogard
Organization : Dr. shane bogard
Category : Chiropractor

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
PO Box 8018
Baltimore, Maryland 21244-8018

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,
Shane Bogard

Submitter :

Date: 08/20/2007

Organization :

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

To: Mr. Kerry N. Weems August 20, 2007
Administrator - Designate
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018.

Subject: Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008;
Proposed Rule

Physician Self-Referral Issues

I am a physical therapist that practices in Clearwater, FL. I have been in practice for over 10 years now. Physician self-referral is a problem that has become rampant in our community and impacts the ability to provide professional care to patient clientele. Physicians that end up owning physical therapy services by employing a physical therapist to treat patients when the physician afterwards reaps the financial profit of his/her own referral (after physical therapist and other business expenses) is wrong. It is counter-intuitive and allows for and perpetuates a referral for profit mind set by the physician. I have had patients come to me and tell me that they had to repeatedly ask to be referred back to me for physical therapy services because the physician wanted to send them elsewhere. The fact that they had received quality service from me in the past makes no difference to the physician provider that is blinded to quality results and only cares about putting more money back into his/her pocket. Allowing this loophole for self-referral is wrong for the patient and destructive to my profession. If we close off this loophole, this fraudulent practice goes away and patients should be referred out the way they should be, to quality providers, not to the ones where the physicians are just making extra dollars after they have already charged for physician services.

In regards to the July 12 proposed 2008 physician fee schedule rule, specifically the issue surrounding physician self-referral and the in-office ancillary services exception, I support the removal of PT services from permitted services under the in-office ancillary exception. The abusive nature of physician-owned physical therapy services is the reason why. It creates and perpetuates a tremendous conflict of interest. The client's wellbeing is sacrificed for the financial gain of the physician. The physician limits choices to the client and tries to refer only to where the physician makes additional profit.

The financial arrangements that are created by physician-owned physical therapy services severely hamper patient rights and quality care.

Sincerely,

David Brown, PT

Submitter :

Date: 08/20/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

Background

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Thank You!
Chris Giberson
23 Farndale Rd
Somerdale, NJ 08083

Submitter :

Date: 08/20/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

August 20, 2007

Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

Jennifer L. Berg

Submitter : Dr. Michael Gosney
Organization : Alabama State Society of Anesthesiologists
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Mrs. Donna Gosney
Organization : Mrs. Donna Gosney
Category : Individual

Date: 08/20/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Submitter : Miss. Kimberlee Gosney
Organization : Miss. Kimberlee Gosney
Category : Individual

Date: 08/20/2007

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GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter :

Date: 08/20/2007

Organization : Sheridan Healthcorp

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Dr. John Dinger
Organization : Dr. John Dinger
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

As a physician I depend on anesthesiologists every day to provide high quality anesthesia services to my patients. The current payments by Medicare for anesthesia services are inadequate.

I am writing to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Dr. William Gauert

Date: 08/20/2007

Organization : New Mexico Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

**Payment For Procedures And
Services Provided In ASCs**

Payment For Procedures And Services Provided In ASCs

The proposed increase in reimbursement for anesthesiologists is critical for keeping anesthesiologists in New Mexico, and recruiting new anesthesiologists. I heartily recommend passage of this bill. It is critical for maintaining the standard of care in our state. W. B. Gauert, M.D.

Submitter : Dr. Meghan Rodes
Organization : McGaw Medical Center of Northwestern University
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore , MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Mr. Alan Muiser
Organization : Oakland University
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Ms. Norwalk:

As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.

This increase in Medicare payment is important for several reasons.

Submitter : Dr. Jada Reese
Organization : American Society of Anesthesiology
Category : Health Care Professional or Association

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.
Jada Reese, MD

Submitter : Dr. Matthew Hahn

Date: 08/20/2007

Organization : Dr. Matthew Hahn

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-6834-Attach-1.TXT

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

**Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)**

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Thank you for your consideration of this serious matter.

Submitter : Mr. Christopher Smith
Organization : Lehigh Anesthesia
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

Background

Background

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This increase in Medicare payment is important for several reasons.

1 First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for

Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

1 Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007.

However, the value of anesthesia work was not adjusted by this process until this proposed rule.

1 Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically

underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Submitter : Dr. Negmeldeen Mamoun
Organization : Cleveland Clinic
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Negmeldeen Mamoun MD

Submitter : Dr. Andrew Zura
Organization : Dr. Andrew Zura
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.

Dr. Andrew Zura

Submitter : Dr. ursula galway
Organization : cleveland clinic foundation
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Ms. Charmin Reeves
Organization : Cleveland Clinic
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.

Submitter : Mrs. Pamela Price
Organization : AANA
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS-1385-P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Ms. Norwalk:

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Sincerely,

Pamela Price, CRNA
2757 Diana Drive
Jackson, MO 63755

Submitter : Dr. Sherif Zaky

Date: 08/20/2007

Organization : CCF

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sherif Zaky M.D. Ph.D.

Submitter : Mr. camilo santofimio

Date: 08/20/2007

Organization : Mr. camilo santofimio

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : Dr. Karen Steckner
Organization : Cleveland Clinic
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Karen Steckner MD

Submitter : Dr. conrad wall
Organization : old pueblo anesthesia
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

As an Anesthesiologist it is hard to be expected to care for our senior population for fewer dollars re imburssemnt than when I wen into practic 30 years ago. something has to be done or I will have to limit the number of Medicare recipients that I care for to be able to meet expense.

Submitter : Dr. Thomas Mego
Organization : Dr. Thomas Mego
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 20, 2007

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. As part of a hospital-based group practice I am the medical director for laboratory services at Providence Alaska Medical Center in Anchorage, Alaska.

I greatly appreciate CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of at least one arrangement in my practice area that gives a physician group a financial incentive to refer pathology services for the group's patients out of state. I am also aware of arrangements in my practice area that give physician groups a share of the revenues generated from the pathology services, whereby pathology services performed by outside laboratories are marked up by the physician groups at the expense of the patient and/or other payer. I believe arrangements such as these not only increase the cost of medicine in general but are an incentive for over-utilization and an abuse of the Stark law prohibition against physician self-referrals. I urge you to follow through on revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of any service that is not personally performed or supervised by that physician.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I respectfully disagree. I do agree that the Medicare program should ensure that providers furnish care in the best interests of their patients. Restrictions on physician self-referrals are one safeguard to ensure that clinical decisions are determined solely on the basis of quality, which I think everyone would agree is in the best interest of patients. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,

Thomas Mego, MD

Submitter : Dr. Raymond Nava
Organization : Northwestern Memorial Hospital
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Mrs. yolanda moss
Organization : Cleveland Clinic
Category : Health Care Professional or Association

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.
Yolanda Moss

Submitter : Mrs. martha wall

Date: 08/20/2007

Organization : citizen concerned

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am concerned that as I approach medicare that there might not be any Anesthesia care available to me when I need. It seems amazing that you can only pay them what was usual in customary in the late 70's

Submitter : Dr. Robin Guillory

Date: 08/20/2007

Organization : Dr. Robin Guillory

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Kim Rossell
Organization : cleveland clinic
Category : Nurse

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.
Kim Rossell

Submitter : Mrs. cyntjia hokr

Date: 08/20/2007

Organization : cleveland clinic

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter. Cynthia Hokr

Submitter : joe vincenj
Organization : anesthesia
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.
joseph vincent

Submitter : Dr. Diego Gonzalez

Date: 08/20/2007

Organization : Dr. Diego Gonzalez

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Mr. David Argo

Date: 08/20/2007

Organization : AANA

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Ms. Norwalk:

As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.

This increase in Medicare payment is important for several reasons.

? First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

? Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.

? Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,

David Argo, CRNA _____
Name & Credential
4000 Castlerock Rd. _____
Address
Norman, OK 73072 _____
City, State ZIP

Submitter : Jeffrey Lunn

Date: 08/20/2007

Organization : Jeffrey Lunn

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support the proposed increase in anesthesia fees outlined in CMS-1385-P. I have been a practicing anesthesiologist for about 26 yrs...most of that at Mayo Clinic. I left that institution in 2000 to persue private practice and have been shocked at my specialties condition and steady decline ever since. Our work is systematically undervalued...and it shows ultimately in patient care. We have become a commodity specialty and the more work we can do in the least amount of time is how one makes his salary(NOT GOOD).In addition it greatly harms our teaching and research programs to the point where it is difficult to obtain the best residency candidates possible. More funds via reimbursment would go a long way to alleviate some of the pressures on our critical specialty and I encourage you to act on our behalf. Regards, J Lunn MD

Submitter : Dr. Arthur Wyker
Organization : Urology Associates of Kingsport
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

My name is Arthur Wyker and I practice Urology in Kingsport, TN. Thank you for accepting my comments. I will try to be brief. The reason I became part of a group of urologists that formed a lithotripsy venture to serve our patients was because the local hospitals failed to stay current. Both hospitals were unwilling to invest in better equipment when obsolescence had set in. This caused machine failure, patient delays, and therefore poor patient care for kidney stone patients. Patients now receive prompt and reliable care.

The likelihood of abuse of such a relationship would seem to be low. The diagnosis of a stone and the indications for lithotripsy (ESWL) are straightforward. I treat the patient the same way no matter who owns the lithotripter. What is variable is the maintenance of availability and quality.

I am sure others will speak at length about other issues they feel important, but first hand, I have seen what happens when the physician is left out of the loop when it comes to having a say in what is best for patient care. Thank you again for your interest in getting feedback.

Arthur Wyker
wyker@urologyassociates.com

Submitter : Dr. Neal Gerstein
Organization : University of New Mexico
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Neal Gerstein MD

Submitter : Dr. Scott Morrell
Organization : Resurgens, PC
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I have been spurred to comment after reviewing recent web based publications from the Physical Therapy Association of Georgia (PTAG). That body has adopted a public forum to further their interests, as they should. Unfortunately, I am not convinced that their statements are in the best interest of patient care. Mind you, I am a physician who does have an interest in physician owned ancillary services, including physical therapy.

Restrictive policies have no place in best practice patient care. First and foremost, our patients deserve a right to choose who their providers of health care services will be. Second, restrictions that regulate patient selection of health care services only serve to stifle competition: recent Department of Justice publications have alluded to the fairness of competition for health care services. As competition for services increases in the face of demand, the cost for those services decreases.

Restricting patient choice only leads to increased cost of services. Physician associated ancillary therapy services allow for improved therapist to physician communication, which further benefits patient care. My therapists have open access to me to discuss patient care issues on the spot: regulating physician ancillary services will eliminate this vital communication link. Finally, physician related ancillary services frequently allow for lower therapist to patient ratios, further improving patient care.

While I freely admit to my interest in physician owned ancillary services, I support that interest with the items discussed above. Our patients are given a list of local therapy providers when they are referred for physical therapy services; they may choose any provider they wish. Restricting that choice goes against the very heart of our freedom to choose.

Scott Morrell, MD

Submitter : Mrs. Janet Laughlin
Organization : Mrs. Janet Laughlin
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

Background

Background

Dear Ms. Norwalk:

As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.

This increase in Medicare payment is important for several reasons.

Submitter : Dr. John Hettiarachchy
Organization : Old Pueblo Anesthesia
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. As a recent graduate of an Anesthesiology residency program, I understand the unique challenges in the dynamic field of healthcare reimbursement. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

As the population ages, we need to continue to ensure quality care to all members of society. To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

John Hettiarachchy, M.D.

Submitter : Dr. Janet Wendeln
Organization : Anesthesia Consultants of Indianapolis
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sincerely,

Janet Wendeln, M.D.

Submitter : Mr. Ellis Jackson
Organization : Mr. Ellis Jackson
Category : Other Health Care Professional

Date: 08/20/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Ms. Norwalk:

Medicare patients and healthcare delivery in the U.S. depend heavily on Certified Registered Nurse Anesthetists for their anesthesia services. I am a member of the American Association of Nurse Anesthetists (AANA), and urgently write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.

This increase in Medicare payment is vitally important! Many reasons exist, chief among them:

- A. Medicare currently under-reimburses for anesthesia services. This threatens the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.
- B. This proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.
- C. CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

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Sincerely,

Ellis R. Jackson, CRNA, MSN, Lt Col USAF-RET
427 Fussell Road
Leesburg, GA 31763-5210

Submitter : Dr. Steven Hugenberg
Organization : Indiana School of Medicine
Category : Physician

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sincerely,

Steven Hugenberg, M.D.

Submitter : Mrs. Annette Berka
Organization : Desert HandTherapy
Category : Occupational Therapist

Date: 08/20/2007

Issue Areas/Comments

GENERAL

GENERAL

August 20, 2007

RE: Medicare Physician Fee Schedule revision (CMS-1385-P)
Dear CMS Representative,

I am writing this letter to express my concern regarding the proposed Medicare Physician Fee Schedule (MPFS) revision that will dramatically affect the reimbursement of Physical and Occupational Therapy services provided to elderly patients in my community.

This proposed method for reduction in payment will undoubtedly result in lack of patient access to necessary medical rehabilitation that prevents higher cost interventions, such as surgery and / or long term inpatient care.

I understand that the AMA, the American Physical Therapy Association and the American Occupational Therapy Association, as well as other organizations are preparing an alternative solution to present to Congress. Please give this information much consideration and preserve these patients' right to adequate and necessary medical care.

Sincerely,

Annette Berka, OTR/L, CHT
Desert Hand Therapy
Phoenix, AZ

Submitter : Dr. robert kelly

Date: 08/20/2007

Organization : resurgens orthopaedics

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

The doctor patient relationship is an important bond, as is the physician -physical therapist bond. Those dynamises allow the physician owned facilities a unique(and benefical to the patient) oppportunity to provide the best patient care possible. Ultimately why not let the free market decide.