Submitter : **Ms. Margaret Antoine** **Date: 08/28/2007**

Organization : **Ms. Margaret Antoine**

Category : **Occupational Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am an occupational therapist and a certified hand therapist. Since 1995 I have worked in two separate physician practices which focus on the surgery of the hand. I have also worked in or for independently owned outpatient practices, corporations, hospitals, and CORFs.. so have experienced the broad spectrum of therapy over the course of thirty odd years.

Physican owned practices have received some bad press but so have independent and corporate practices. For example,I chose to leave a well known and now-defunct outpatient system because of unethical practices, but the point is, I urge you not to throw the baby out with the bath water.

In my field, I can say that out-patient hand therapy practices work best from the PATIENT POINT OF VIEW if the hand surgeon and the hand therapist work within the same clinical set-up. Post-op dressings are removed, a protective splint made, and the therapy program begins all on the same day. Problems are resolved immediately and the patient experiences coordination of their care.

From a therapist and hand surgeon point of view, the ultimate efficacy of the surgical procedure depends on the therapist. The surgeon has done his/her job and the hand therapist becomes the primary provider at that point.

From the viewpoint of provider and receiver of health care, I urge you not to restrict options by eliminating or over-regulating practices. We are all against fraud and those who take advantage of systems. From my perspective as a health care provider, the solution if not more regulation but freedom for the independent professional to practice as they please whether for a corporation, independent, or professional practice. Reducing POPs referrals reduces these choices and ironically will result ultimately in less independence, not more. Thank you.

Submitter : Diana Williams **Date:** 08/28/2007

Organization : Macon Orthopaedic & Hand Center

Category : Occupational Therapist

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : **Dr. william paul** **Date: 08/28/2007**

Organization : **asa**

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

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.

Submitter : **Dr. Hugo Tolentino** **Date: 08/28/2007**

Organization : **Gulf Shore Anesthesia Associates**

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

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.
Hugo Tolentino, MD
Department Chairman of Anesthesia, Christus Shoreline

Submitter : **Mr. Darin Powell** **Date: 08/28/2007**

Organization : **CHRISTUS St. Michael**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Darin Powell, ATC, CSCS

Submitter : **Dr. martin griffel** **Date: 08/28/2007**

Organization : **nyu medical center**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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 : Dr. Jeffrey Parks **Date:** 08/28/2007

Organization : Jeff Parks MD, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-9755-Attach-1.PDF

#9755

Jeffrey David Parks, MD
3649 Honolulu Ave.
La Crescenta, CA 91214

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 support the proposed increase in Anesthesiologist payments under the 2008 Physician Fee Schedule.

I understand the financial hardships Medicare is facing, and I am grateful CMS has observed the financial hardships placed on Anesthesiologists as more patients are losing private insurance and being added to Medicare. I personally am an Anesthesiologist who, because of increased numbers of Medicare patients in my patient population, is considering moving my practice. Maybe, as a result of this increase I will be able to continue providing care for my patient population.

Thank you for your consideration of this serious matter.

Jeffrey Parks, MD

Submitter : Dr. Krishna Jayaraman **Date:** 08/28/2007

Organization : Jayaraman Medical Associates LLC

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

This proposal will adversely affect our ability to provide efficient services to our paticnts

Submitter : **Dr. David Eckmann** **Date: 08/28/2007**

Organization : **University of Pennsylvania Dept. of Anesthesiology**

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

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.

Submitter : Dr. John Frazier **Date:** 08/28/2007

Organization : Dr. John Frazier

Category : Chiropractor

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,

John D. Frazier, DC, DIBCN

Submitter : **Dr. Peter Neibert** **Date: 08/28/2007**

Organization : **Xavier University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dcar Sir or Madam:

I am an Athlctic Trainer and Professor of Athletic Training at Xavier Univcrsity in Cincinnati Ohio. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Amerieans, especially those in rural areas, to further restrict their ability to receive those serviees. The flexible current standards of staffing in hospitals and other rehabilitation faeilities are pertinent in ensuring patients receive the best, most eost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Peter J. Neibert, PhD, ATC
Assistant Professor/Clinical Education Coordinator
Xavier University
3800 Victory Parkway
Cincinnati, OH 45207-6312

Submitter : **Mr. Jacob Brening** **Date: 08/28/2007**

Organization : **Lee University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer employed at Lee University in Cleveland, TN. I hold a Master's Degree in Exercise Science and I have been certified as an athletic trainer since 2003.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Jacob Brening, MS, ATC

Submitter : **Dr. David Brewster** **Date: 08/28/2007**

Organization : **Kaiser Permanente, Walnut Creek**

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

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.

Dr. David Brewster
Chief of Anesthesia,
Kaiser Walnut Creek
1425 S. Main Walnut Creek, CA
David.W.Brewster@kp.org

Submitter : **Dr. Hoon Choi** **Date: 08/28/2007**

Organization : **CAA**

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.

Submitter : **Dr. Bradley Hayes** **Date: 08/28/2007**

Organization : **University of Utah**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Dr. Bradley Hayes and I am the Director of Athletic Training Education at the University of Utah. Our program is nationally accredited and graduates 10 - 20 health care professionals annually. Athletic trainers are health care professionals that work with our physicians daily and apply services necessary for the health care of our patients.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for patients.

My students are qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. Specifically, my students are instructed and proficient in the prevention, immediate care (Spinal cord injuries, Heat Stroke, Sudden Cardiac Arrest), and activity specific exercises for the active patient population you will be impacting. My students' education, clinical experience, and national certification exam ensure that their patients receive quality health care. Utah State law (as well as many others) and hospital medical professionals and organizations (for example, the American Medical Association) have deemed certified athletic trainers qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Bradley T. Hayes Ph.D., ATC
Director, Athletic Training Education

Submitter : **Dr. Hector Santiago** **Date: 08/28/2007**

Organization : **Anesthesia Specialists of Houston**

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

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.

Hector L. Santiago, M.D.

Submitter : **Dr. Jason Campagna** **Date: 08/28/2007**

Organization : **Anesthesia Medical Group**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I write many letters to my local, state and federal elected officials, and this particular letter is of particular importance to me and my colleagues. 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 less that $16.00 per unit. This amount does not cover the cost of caring for these patients, 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.

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Thank you for your consideration of this serious matter.

Jason A. Campagna M.D.,Ph.D.
Ventura, California

Submitter : **Dr. Todd Kirschenmann** **Date: 08/28/2007**

Organization : **Dr. Todd Kirschenmann**

Category : **Physician**

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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.

Todd J Kirschenmann MD

Submitter : **Ms. Lisha King** **Date: 08/28/2007**

Organization : **Bothwell Therapy Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello, my name is Lisha D. King, M.S., ATC, LAT. I am a Certified Athletic Trainer at Bothwell Therapy Center in Warsaw, MO. This is a satellite rehabilitation clinic for Bothwell Regional Health Ctr in Sedalia, MO. The hospital has a contract with the local high school in Warsaw for Athletic Training Services, which is where I am the only Certified Athletic Trainer.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.
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Sincerely,
Lisha D. King, M.S. ATC, LAT

Submitter : Dr. Joseph Ferezy **Date:** 08/28/2007

Organization : Dr. Joseph Ferezy

Category : Physician

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

It is inappropriate to create a false financial barrier to discourage patients from seeking chiropractic care. This is being suggested by medicare refusing to pay for an x-ray referred to a radiologist by a chiropractor. It is bad enough that x-rays in chiropractic offices are not reimbursed, but to not reimburse even when referred out will do nothing but discourage the ordering of the x-ray. The x-ray is an excellent and inexpensive tool in finding conditions, particularly when associated with the Medicare population.

Submitter : **Dr. Chris Fichter** **Date: 08/28/2007**

Organization : **Ballas Anesthesia**

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

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 faetor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Chris Fichter
Staff Anesthesiologist
Missouri Baptist Medical Center
St. Louis, MO 63131

Submitter : **Mrs. Melissa Giboney** **Date: 08/28/2007**

Organization : **Cox Health Systems**

Category : **Hospital**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Melissa Giboney and I am a Certified Athletic Trainer who is licenensed in the State of Missouri. I work for Cox Health Systems, which contracts with a local High School. I provide Athletic Training Services to Willard High School. Upon completion of my Masters of Science in Nurtrition and Exercise Science I have also passed the test and requirements of a Certified Strength and Conditioning Specialist.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Melissa Giboney, ATC, CSCS

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Physician Self-Referral Issues

Dear Mr. Kerry Weems: My name is Paul Skramstad and I have been a practicing Physical Therapist for the past 19 years. I currently own a clinic in the city of Parker, Colorado, and we provide out patient ortho services. I feel that the current wording of the 'in-office ancillary services' exception is defined so poorly, that it allows an abusive arrangement to exist between physical therapy and the physician. Due to Medicare referral requirements, the physician has a captive referral base for physical therapy. This does result in inappropriate referrals and prolonged unnecded treatment. The level of experienced therapists that take these positions is limited and typically the physician owned clinic only employs one possibly two therapists. Without more experienced therapist working in these situations, the lesser experienced one's do not have the readily available expertice of a seasoned therapist. This will lead to inefficient treatment and over utilization. I personally have had patients come to my practice stating that they will not return to a physical therapy practice that is owned by a physician group because the 'therapist didn't know what they were doing'! Also I have seen a drop in referrals from these physicians as well. My first committment is to my patients, but we all still need to make a living. I feel that the physicians are trying to take part of the physical therapy pie. We do not try to move into their space, why should they be able to invade ours? Please put an end to the physician owned PT practices, and 'in-office ancillary services'.
Thank you for your time in reading this. If you would like to contact me, I can be reached at 303-840-9202 or write to CACC Parker LLC 10371 Parkglenn Way Parker, Co 80138

Sincerely, Paul Skramstad PT

Submitter : **Mr. Bo Leonard** **Date: 08/28/2007**

Organization : **AthletiCo LTD.**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bo Leonard and I am a Certified Athletic Trainer and a Licensed Athletic Trainer through the State of Illinois. I achieved my athletic training degree from Buena Vista University in Storm Lake, Iowa and also received a Master s Degree in the School of Physical Education with an emphasis in Cardiac Rehabilitation from Eastern Illinois University. I am currently the Assistant Athletic Trainer for the Chicago Fire, a Major League Soccer Organization.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Bo Leonard, MS, ATC, NASM-PES

Submitter : **Dr. Justin Shields** **Date: 08/28/2007**

Organization : **Dr. Justin Shields**

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

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.

Justin Shields MD

Submitter : **Mr. Brett Schulz** **Date: 08/28/2007**

Organization : **Sport and Spine Clinic**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam;

My name is Brett Schulz, I have been a liscensed athletic trainer an employed in the state of Wisconsin for almost 13 years, with an out patient physical therapy clinic for most of my career.

I am writing today to voice my opposition to the therapy standards and requirements in regards to staffing provisions for rehabilitation in hosptials and facilities proposed in 1385-p.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vettin g, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, my state has liscensed myself to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. Along with the state, a national certification exam ensures myself qualified to perform these services that these proposed regulations attempt to circumvent those standards.

As I have worked in an out patient physical therapy clinic for most of my career the shortage of physical therapist that will live and work in an rural area is limited. The flexible and current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the reccommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Brett Schulz LAT

Submitter : **Dr. lauren hodas** **Date: 08/28/2007**

Organization : **Dr. lauren hodas**

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

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.

Sincerely,

Lauren Hodas, MD

Submitter : **Dr. John Badal** **Date: 08/28/2007**

Organization : **University of Arizona**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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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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 Badal, M.D.
Assistant Professor
University of Arizona
Department of Anesthesiology
(520) 626-6938

Submitter : **Dr. Laurie Niederee** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

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

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.

Laurie Niederee MD

Submitter : **Dr. Mark Hudson** **Date: 08/28/2007**

Organization : **Dr. Mark Hudson**

Category : **Physician**

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,

Dr. Mark S. Hudson

Submitter : **Mr. Danny Poole** **Date: 08/28/2007**

Organization : **Clemson University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam

my name is Danny Poole. I am the Director of Sports Medicine at Clemson University..I am writing today to voice opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.As an Athletic Trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy..My years of experience,education, and national certification exam ensure that my patients receive quality health care. Our state law in South Carolina and hosiptal medical professionals have deemed me qualified to perform these services and the proposed regulations attempt to circumvent those standards.
I would venture to say that you yourself have been touched by a Certifeid Athletic Trainer in some way. This may have been from personal experience competing in sport, your children in sports or other relatives. You need to understand that we are PROFESSIONALS and you as a group should recognize Athletic Trainers as such. We are not trying to infringe on physical therapist turf but instead just be recognized as the PROFESSIONALS that we are..
Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and ANY Medicare Part A or B hospital or rehabilitation facility...My last comment is that The United States was founded on the process of providing fair equal competition as long as the credentials are there to back up the folks involved... We as Certified Athletic Trainers are Qualified to carry out duties of physical medicine..

Thank you for your time and for withdrawing the proposed changes

Danny Poole ATC, MEd, State Certified(SCAT)
Director of Sports Medicine
Clemson University

Submitter : **Dr. Stephen Young** **Date: 08/28/2007**

Organization : **University of Lousville Hospital**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

Dear Ms. Norwalk:

I am writing to give my support to 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 addressing this complicated issue. It is of the utmost importance that patients continue to get the highest level on anesthesia care and this bill will help insure this in the future.

Thank you for your consideration of this matter.

Sincerely,
Stephen Young

Submitter : **Mr. William Wardle** **Date: 08/28/2007**

Organization : **The Haverford School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

I am a Certified Athletic Trainer at The Haverford School in Haverford, PA. While I am employed by the school now, I was formerly contracted to this position through a local physical therapy clinic. In addition, I am looking for a new work setting in which I may be employed by a hospital or physician s practice.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.
Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.
Sincerely,
William A. Wardle, MS, ATC, CSCS

Submitter : Dr. Timothy Rinn **Date:** 08/28/2007

Organization : Rinn Chiropractic Center

Category : Other Health Care Professional

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

This is in regard to CMS-1385-P "Technical Corrections"
I am in direct opposition to the porposed changes to the medicare system. If patients of chiropractors are not reimbursed for neccessary x-rays the cost to the patient will go up. This will not only impact the patient cost but will in effect limit diagnostic proceedures that may (wll) affect the health of the patient leading to increased costs when conditions are not diagnosed early. This will also affect treatment options as "to see is to know not to see is to guess" and with the patient not being able to get reimbursement for x-rays treatment may be prolonged or complicating factors may not be known (ie. degenerative disc disease, congenital spinal conditions, assymetry. These factors will cause unneccessary visits to a "primary care doctor" causing costs to increase as well. There is no clinical reason for the changes.

Thank you for your consideration.

Submitter : **Date: 08/28/2007**

Organization :

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

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

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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.

Matthew Malmberg, MD
St. Paul, MN

Submitter : **Benjamin Black** **Date: 08/28/2007**

Organization : **AtheletiCo LTD**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Benjamin Black. I am a certified Athletic Trainer licensed to practice athletic training in Illinois. I have a bachelor's degree in Athletic Training. I work for AthletiCo Physical Therapy.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Benjamin A. Black, ATC

Submitter : Mr. Gary Hill **Date:** 08/28/2007

Organization : KRPT Inc.

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Please remove physical therapy from the "in-office ancillary services" exception to
the federal physician self-referral laws. Physician owned and operated physical therapy clinics are defrauding the public by keeping patients in therapy longer and charging excessive amounts to pad the pockets of their owners.

Submitter : Mr. Ivan Ivanov **Date:** 08/28/2007

Organization : UPMC Sports Medicine

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I have been certified athletic trainer for four years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Ivan Ivanov, ATC

Submitter : Dr. Christopher Walsh **Date:** 08/28/2007

Organization : Dr. Christopher Walsh

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Working closely with in-office affiliated hand therapists has helped provide smoother, more closely surpervised recovery for many of my hand surgery patients. We are able to adjust rehabilitation therapy protocols in response to the patients' progress. Please do not eliminate this important service from physician practices.

Submitter : Mrs. audrey kiernan **Date:** 08/28/2007

Organization : saratoga hospital

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Please consider the medicare/ medicaid increase to anesthesia providers to maintain high quality anesthesia that is provided in this country by professional nurse anesthetist. This is important to the increasing and aging population in the USA.

Submitter : Dr. Tricia Hubbard **Date:** 08/28/2007

Organization : UNC Charlotte

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an assistant professor and athletic training education program director at UNC Charlotte. I am also a certified athletic trainer.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P. While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients. As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards. The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available. Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility. Sincerely, Tricia J. Hubbard, PhD, ATC

Submitter : Kathlene Wright **Date:** 08/28/2007

Organization : Ursinus College

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-9790-Attach-1.DOC

9790

Dear Sir or Madam:

I have been a certified athletic trainer for 20 years with experience at the high school, collegiate, and national team level. I currently work at Ursinus College where I provide athletic training services for our 500 plus athletes and teach a variety of college courses. My credentials include a teaching certificate (kindergarten-grade 12), board certification in athletic training, and a Master's degree in education. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients. Once my athletes leave the college setting, they continue to seek the rehabilitation services of an athletic trainer when injury occurs. The proposed rule changes would infringe on their ability to have the standard of care to which they have been accustomed.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Kathlene Wright, MEd, ATC

Submitter : **Dr. Amanda Colgan** **Date: 08/28/2007**

Organization : **Dr. Amanda Colgan**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : **Bryan O'Dell** **Date: 08/28/2007**

Organization : **KRPT, INC**

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Please remove physical therapy from the "in-office ancillary services" exception to the federal physician self-referral laws. This practice can cost the patients and insurance companies more money. It can prolong therapy services and is not in the best interest of the public.

Submitter : **Mr. Jeremy Erdmann** **Date: 08/28/2007**

Organization : **Murray State University**

Category : **Academic**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jeremy Erdmann, and I am a certified athletic trainer working as an Athletic Training Education Program Director at Murray State University in Murray, Kentucky. I have been certified through the Board of Certification (BOC) for Athletic Trainers for over 10 years. I completed my bachelor's degree at The University of Iowa and my master's degree at Murray State University.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients and those patients my athletic training students will soon be treating.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Jeremy B. Erdmann, MA, ATC
Athletic Training Program Director
Murray State University

Submitter : **Dr. Chris Glover** **Date: 08/28/2007**

Organization : **Dr. Chris Glover**

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

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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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.

Chris

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am writing to express my concerns regarding physician owned physical therapy. My instincts regarding physicians owning physical therapy since I first entered the medical field in 1985 have always been a very negative view simply for the obvious impropriety of a physician referring to his own physical therapy to increase his profit. As I progressed through my career, on occasion, this topic would be broached as physician continued to attempt to own their own physical therapy facility. I felt that this could inherently be a good situation where physicians and physical therapists worked together in both repairing orthopedic problems and rehabilitating patient s problems with good communication. However, I have continued to come back to the very basic premise that human beings will make unethical or immoral decisions if it means increasing their monetary profits. The unfortunate reality that we all have to look at is that without a law in place to prevent physicians from making inappropriate referrals to their own physical therapy, the inappropriate referrals or inappropriate funneling of their surgical patient s strictly to their own physical therapy will happen. I can tell you without hesitation, that I have had returneing patients that come to me from a local orthopedic group here in Pittsburgh that tell me directly that upon visiting their physician after surgery they are sent downstairs to their own physical therapy department. It is done quickly and smoothly as to, in a way, streamline the patient s care. Why wouldn t a patient go to the physician s physical therapy if they trust the physician to do their surgery? Ideally, what is supposed to occur is that the physician is suppose to give the patient the option of seeing their physical therapy office downstairs or going to their own choice of physical therapist that they may already have a relationship with from prior care.

These days everyone is looking for ways to increase their bottom line. Physician owned physical therapy certainly allows for this to occur, at the expense of healthy competition.

Beside the impropriety of physician s referring for profit, this is also an unfair business practice to the other local providers that do not even have a chance at providing physical therapy service to patient s when the physician has directed the patient to their own physical therapy.

There also exists the notion that it is wrong for one profession to profit from the work performed by another profession. We are two separate professions that should provide health care independently of each other.

I implore you to see that laws need to be in place to control human behavior in our society. If the opportunity exists for abuse in this physician owned physical therapy, I am telling you, it does occur and will continue to occur until this Stark Referral for Profit loophole is closed.

Thank you for this forum and the opportunity for physical therapists to express their concerns.

Submitter : Dr. Marie Pickerill **Date:** 08/28/2007

Organization : DePauw University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an Educator in an Athletic Training Curriculum Education Program at DePauw University, with certification as an Athletic Trainer (ATC). I have spent over a decade in treatment of active people and have now moved into an educational role of students interested in pursuit of Athletic Training as a Career.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for patients. With obesity in the forefront of our society, and activity one of our main methods of fighting this condition the role of the Certified Athletic Trainer is crucial in the adequate care of individuals seeking rehabilitation from injuries related to physical activity. Additionally, the evidence shows that satisfaction of care from patients is higher when provided by an ATC, than with a physical therapist. Patients should not be denied the opportunity to select their appropriately educated, trained, and certified health care practitioner.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Marie L. Pickerill, PhD, ATC
Director Athletic Training Education Program
DePauw University

Submitter : **Mrs. Michelle Gifford** **Date: 08/28/2007**

Organization : **Magnolia Regional Health Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Michelle Gifford, and I am a Certified Athletic Trainer. I work at Magnolia Regional Health Center's Outpatient Rehabilitation Center. I work along side of four other athletic trainers who are responsible for sports medicine coverage of five high schools as well as evaluation and rehabilitation in the clinical setting.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my athletes.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

In addition to providing care and treatment in the clinical setting, we as Certified Athletic Trainers also provide care to the secondary schools as an outreach aspect of our job, by which most of them could not afford to have an ATC on staff otherwise. If this privelege is taken away, some athletes will not receive appropriate care or treatment for injuries on the field of play. Most small secondary schools do not have EMS or ambulances on hand at athletic events, which further justifies our presence at these schools.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Michelle Gifford, ATC

Submitter : **Dr. clifton patton** **Date: 08/28/2007**

Organization : **Univ. of miami**

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

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.

Submitter : **Dr. Rosalie Truong** **Date: 08/28/2007**

Organization : **St. Luke's hospital**

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 : **Dr. Mark Sauer** **Date: 08/28/2007**

Organization : **Mark Alan Sauer, MD,PA**

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

Re: CMS-1385-P
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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. Douglas Heise** **Date: 08/28/2007**

Organization : **Heise Chiropractic Clinic, P.A.**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1385-P
P.O.Box 8018
Baltimore, Md 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 detirmine a subluxation, BE ELIMINATED.

By eliminating a Doctor of Chiropractic from feferring for an x-ray study, the costs for patient care will increase significantly and unnecessarily. This would be duplicating services of evaluation and
make it highly impractical for a service that can already be provided
by the treating physician, in this case, the Chiropractor. With patirnt's limited finances, the additional unnecessary costs would be burdensome to the patient and thus forgo needed chiropractic care. Simply put, it is the patient who would suffer.
I strongly urge you to table this proposal. These x-rays, when needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient who will be in the crisis without these necessary services.

Sincerely,

Douglas A. Heise, D.C., D.A.C.B.N.

Submitter : Dr. Kim Johnston **Date:** 08/28/2007

Organization : NEFCS/ FCA

Category : Chiropractor

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I am a practicing chiropractor and we take X-rays in our facility for medicare patients. This proposal is yet another obsurd attempt to not reimburse for services medically necessary regarding medicare patients. You will be doing a dis-service to the medical and chiropractic profession and to the patients seeking services and relief for their ailment. I am opposed to CMS-1385-P.

Submitter : **Dr. Norbert Duttlinger** **Date: 08/28/2007**

Organization : **Rockford Anesthesiologists Assoc., LLC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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 : Dr. Andrew Isaacs **Date:** 08/28/2007

Organization : Dr. Andrew Isaacs

Category : Chiropractor

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

Doctors of Chiropractic must have at their disposal all of the avenues of diagnosis and treatment to ensure maximalzation of clinical improvement and recovery

Submitter : **Dr. Mark Frank** **Date: 08/28/2007**

Organization : **Dr. Mark Frank**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Attention CMS -1385P
Re Technical corrcetions
Please note the rule datcd July 12. this rule needs to be eliminated.It will significantly raise the cost of health care by requiring multiple practioners to see patient and order x-rays which could be done by just the chiropractor seeing the patient. This year I havc found two bone cancers when I referred the patient to a radiologist. This would havc cost two lives if I was unable to refer.
Please table this policy and allow chiropractors to refer to any doctor including radiologists to help their patients

Submitter : **Dr. Matthew Guidry** **Date: 08/28/2007**

Organization : **Dr. Matthew Guidry**

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

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

Sincerely,

Matthew L. Guidry, MD

Submitter : Dr. Steve Meyers **Date:** 08/28/2007

Organization : Texas Health Care Bone and Joint clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a sports medicine physician practicing in Fort Worth, TX.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

I routinely rely upon certified athletic trainers to assist in the treatment of my patients. Athletic trainers are qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. Their education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed ATC's qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Steven J. Meyers, M.D.
Fort Worth, TX 76104

Submitter : **Mr. Michael Montgomery** **Date: 08/28/2007**

Organization : **Pikeville College**

Category : **Other Health Care Professional**

Issue Areas/Comments

Background

Background

_Dear Sir or Madam:

I am a Certified Athletic Trainer currently working in a college setting providing daily care for 400 athletes. In the past I was a physician extender at an orthopedic hospital and clinic in Indianapolis, Indiana. I also was the manager and technician for ESWT (Extracorporeal Shock Wave Therapy). I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.
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Sincerely,
Michael Montgomery, MA, ATC

Head Athletic Trainer
Pikeville College
119A Park Street
Pikeville, KY 41501

Submitter : Dr. Mark Morgan **Date:** 08/28/2007

Organization : Dr. Mark Morgan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9809-Attach-1.DOC

#9809

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.

Submitter : **Mrs. Alana Duttlinger** **Date: 08/28/2007**

Organization : **Mrs. Alana Duttlinger**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

To whom it may concern:

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.

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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 : Mrs. Sharon Weaver **Date:** 08/28/2007

Organization : Mrs. Sharon Weaver

Category : Individual

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

To Whom It May Concern:

I am a concerned citizen who is writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

I am concerned that these proposed rules will create additional lack of access to quality health care for many patients, such as my elderly parents ... as well as myself. State law and hospital medical professionals have deemed athletic trainers as being qualified to perform these services. The lack of access and workforce shortage to fill therapy positions is widely known. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

I would hope to see the CMS consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Sharon J. Weaver

Submitter : Mr. Gary Waller **Date:** 08/28/2007

Organization : TDIC

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Gary Waller. I am a cetified athletic trainer that take care of injuries to staff in the work area. I also, work with a local football team in care of thier athletes.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients reeeive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Gary Waller, ATC

Submitter : **Ms. Marisa Brunett** **Date: 08/28/2007**

Organization : **CORA Health Services, Inc.**

Category : **Other Practitioner**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Dear Sir or Madam:

My name is Marisa Brunett and I am the Director of Sports Medicine for CORA Rehabilitation Clinics- Florida. I am a national board certified and Florida State licensed athletic trainer. I have a Master s degree in Administration and 20 years of experience working in outpatient rehabilitation settings with various other physical medicine and rehabilitation disciplines. During that time I have personally worked as part of rehabilitation teams that have cared for patients that benefited from the specialized education and background that I have as a Certified/Licensed athletic trainer. In my current position as a manager I want to have the option to hire athletic trainer's to be a part of our clinics rehabilitation teams. Again, I have seen the benefits of having athletic trainers on staff and the quality of care that they provide to their patients.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.
Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.
Sincerely,
Marisa Brunett, MS, ATC, LAT

Submitter : **Dr. Nathan Lasiter** **Date: 08/28/2007**

Organization : **Dr. Nathan Lasiter**

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

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

Submitter : **Mrs. sarah nelson** **Date: 08/28/2007**

Organization : **Mrs. sarah nelson**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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.

Sarah Nelson

Submitter : **Dr. Jaren Blake** **Date: 08/28/2007**

Organization : **Dr. Jaren Blake**

Category : **Physician**

Issue Areas/Comments

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Proposed Elimination of Exemption for Computer-Generated Facsimiles

The removal of this exemption couldn't come soon enough. E-prescribing via a surescripts type system is far more beneficial for the patients. Less chance of error and more convience for physicians and pharmacies. I think the current rule doesn't go far enough. I feel that the system should also allow for some controlled substances to be e-prescribed as well. Having the secure hardware handshake should decrease fraudulent prescriptions.

I live in a rural area and all but one of our pharmacies is able to handle this move now.

Thanks for addressing this need for our modernization. I firmly believe any short-term pain is worth the rewards.

Submitter : Dr. Amanda Blackmon **Date:** 08/28/2007

Organization : One-on-One Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physician self-refferal for physical therapy eleminates patient choice in seeking rhabilitation services and promotes profit-driven care rather than quality care. This results in over-utilization of services and fraudulent practices.

Submitter : **Ms. Kim Kandler** **Date: 08/28/2007**

Organization : **New London Family Medical Center**

Category : **Physician Assistant**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer working in a clinical/hospital setting. I have many different areas that I work in, because I work in a small hospital, New London Family Medical Center, New London Wisconsin. I have had to continue education constantly to be able to contribute in the best way possible in my work setting. I even have my masters degree.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients, because I work in so many different areas of the hospital.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. In fact, the therapists that I work with, we all work together in talking about the best way to treat patients. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards!!!

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. We are currently looking for a physical therapist - when I could be taking care of these patients. It is a waste of my talent. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Kim Kandler, MEd, ATC

Submitter : Mrs. Karen Warren **Date:** 08/28/2007

Organization : one on One Therapy

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physician self referral for physical therapy eliminates patient choice, promotes profit driven care versus quality care, and promotes over utilization of services. It is impossible for the physician to see beyond the profit and refer for the patient's best interest.

Submitter : Mrs. Blair Green **Date:** 08/28/2007

Organization : One-on-One Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Self-referral for physical therapy demonstrates a direct conflict between financial desires and doing what is best for the patient. Physicians are unable to differentiate between profit-driven and quality-driven care. This results in over utilization of services and often eliminates patient choice in selecting a provider.

Submitter : Dr. Savas Koutsantonis **Date:** 08/28/2007

Organization : One on One Therapy

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Self referral by physicians for physical therapy is extremely faudulant, profit driven versus quality of care, eliminates patient choice, over utilization of services is well documented in past.

Submitter : **Dr. James Pak** **Date: 08/28/2007**

Organization : **James H Pak MD Inc**

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

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.

Submitter : **Dr. Robin Church-Hajduk** **Date: 08/28/2007**

Organization : **Tejas Anesthesia**

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

Re: CMS-1385-P

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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. Bart Borsky** **Date: 08/28/2007**

Organization : **Dr. Bart Borsky**

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

Re: CMS-1385-P

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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. Rene Shingles** **Date: 08/28/2007**

Organization : **Central Michigan University**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the Director of the Athletic Training Education Program at Central Michigan University.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for patients whom the alumni of my program treat (and the future patients of my current students).
As an athletic trainer and educator, I am qualified to perform and teach physical medicine and rehabilitation, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care, and that my students are prepared to provide such services upon graduation. State law and hospital medical professionals have deemed me and future athletic trainers qualified to perform these services and these proposed regulations attempt to circumvent those standards.
The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.
Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.
Sincerely,
Rene Revis Shingles, Ph.D., ATC
Director and Associate Professor
Athletic Training Education Program
Central Michigan University

Submitter : **Mr. Thad Moore** **Date: 08/28/2007**

Organization : **Maryland Athletic Trainers Association**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Thaddeus Moore and I am the Head Athletic Trainer at Washington College in Chestertown MD. I am also currently serving as the president of the Maryland Athletic Trainers Association. I have been a certified athletic trainer for 10 years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services while under the direction of a licensed physician, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. With this said it doesn't make sense to now limit the health care provider population even further. This proposal would significantly effect the jobs of approximately 200 athletic trainers in the small state of Maryland. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. This proposal is an attempt by one health care provider to create a monopoly. As with any monopoly the people that suffer are the consumers. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facilit and continue to recognize that physician are the ones who should be directing the health care for consumers and not other health care providers.

Sincerely,

Thaddeus L Moore Jr. MA ATC
President Maryland Athletic Trainers Association
Head Athletic Trainer Washington College

Submitter : **Mr. Todd Nelson** **Date: 08/28/2007**

Organization : **Mr. Todd Nelson**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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.

Todd Nelson

Submitter : **Miss. Melissa Piorkowski** **Date: 08/28/2007**

Organization : **ATI Physical Therapy/ Naperville Central HS**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Melissa Piorkowski. I am a Certified Athletic Trainer, splitting my time between a Physical Therapy clinic as well as a secondary school. I recieved my education from an accredited program at Illinois State University, where I worked closely with their football and softball teams, and local area high schools. I have been practicing as a Certified Athletic Trainer after passing my Certification test in March 2005.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Melissa Piorkowski, ATC

Submitter : Dr. **Date:** 08/28/2007

Organization : Dr.

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

see attachmcnt

CMS-1385-P-9829-Attach-1.DOC

#9829

I wanted to take a moment to personally comment on the apparent Stark regulations loophole in regards to physical therapy. I have been a physical therapist since 1997 and have worked in Idaho since 2000. I own 10 physical therapy clinics in Idaho and am actively involved in our state and national associations. I spend a considerable amount of time and energy promoting my practices and our services to a variety of referral sources including family practice physicians, orthopedic physicians, physiatrists and many others. Over the past 5 years we have seen a tremendous increase in the numbers of physician owned physical therapy services in Idaho. As I have talked with physicians over the past few years I have heard every reason under the sun as to why they are opening their own facilities. Most of the comments have a common theme: "increased continuity of care" "more consistency" "more control over what happens with my patients." I believe these are all valid reasons on the surface, however, the reality of the situation is that many of the clinics I have visited are understaffed or improperly staffed and the physician in question rarely if ever has any degree of contorl at the clinic level. In the past 2 years there have been 3 distinct cases in Idaho where large physical therapy practices have been completely destroyed by these types of scenarios.

The core issue in question is proper referral. Are patient's being given the best choices for treatment or is the decision being tainted by a possible referral for profit situation. The idea of referral for profit is completely offensive in medicine. When a consumer approaches any type of sales situation in their daily lives they often go in with their guard up. They shop around and look for good deals and they expect some degree of uncertainty and have a "buyer beware" attitude. However, in medicine people should not have to go in with this same mentality. There is a unique level of trust inherent in medicine. You trust your physician to diagnose your problem and recommend the right course of action based on clinic experience and expertise. You trust your health care provider will recommend the best person for your treatment. It should never enter your mind that your health care providor is referring you to an inferior provider simply because they will profit from it. In my area there is a large orthopedic sports medicine practice that employs 2 physical therapists and 11 athletic trainers. This clinic routinely has 150-200 patients per day come through their doors. The math is very simple, 2 physical therapists cannot treat 150 patients per day with any degree of consistency or continuity. However, the "incident to, in office ancillary service" clause has allowed non-physical therapists (athletic trainers) to provide physical therapy services under the physician's supervision. It is common knowledge that the physicians in this practice never set foot in the therapy clinic. To bill for physical therapy services under this model is wrong. New legislation passed in the last year has started to address this specific issue but nothing has actually changed in this physician owned practice. The rules need to be more clearly spelled out and have some significant consequences if anything is actually going to change.

I want to make it clear that this is not a physician problem as much as it is a bad policy and physical therapist problem. I believe there needs to be very specific rules prohibiting physical therapists from entering into these obvious conflict of interest situations. I have no desire and obviously no ability to control what physicians and other health care providers do. However, I have a very real ability to shape the scope of practice and rules of physical therapy. I believe the solution lies in that realm. We can prohibit physical therapists from entering into potential conflict of interest situations by

changing the "in office ancillary services" clause and taking physical therapy out of the exceptions category.

Submitter : Jayne Coleman **Date:** 08/28/2007

Organization : ASA

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

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.

Jayne Coleman, M.D.

Submitter : **Dr. Lourdes Burgos** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

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.

Submitter : **Dr. Roger Van Syoc** **Date: 08/28/2007**

Organization : **Self**

Category : **Physician**

Issue Areas/Comments

Technical Corrections

Technical Corrections

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

I am writing in strong opposition to the proposal to eliminate the reimbursement by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation.

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,

Roger L. Van Syoc, DC
Winter Springs, FL 32708

CMS-1385-P-9832-Attach-1.TXT

#9832

Roger L. Van Syoc, DC

Doctor of Chiropractic
1340 Tuskawilla Rd, Suite 112
Winter Springs, FL 32708-5030
(407) 695-4800

August 28, 2007

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"

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Sincerely,

Roger L. Van Syoc, DC
Winter Springs, FL 32708

Submitter : **Dr. Mark Berman** **Date: 08/28/2007**

Organization : **SBAMG**

Category : **Physician**

Issue Areas/Comments

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.

Thank you,
Mark H. Berman, M.D.

Submitter : **Sean Degerstrom** **Date: 08/28/2007**

Organization : **College of Mount St Joseph**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Impact

Impact

Dear Sir or Madam:

I am a certified athletic trainer at the collegiate level. I have a master's level education, and I have been working as an athletic trainer for the last 4 years. I have passed the BOC exam and am licensed by the state of Ohio.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Sean Degerstrom, MAEd, ATC, LAT, CSCS
Assistant Athletic Trainer / Instructor of Health Science
College of Mount St. Joseph
Cincinnati, OH

Submitter : Dr. Mark Timmons **Date:** 08/28/2007

Organization : University of Toledo

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer you is currently involved in Athletic Training education. I have also enjoyed a lengthy career as a practicing Athletic Trainer. I believe my experience in the Sports Medicine fields allows me to make the following comments with an informed albeit biased opinion.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for many patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Mark K Timmons PhD, ATC

Submitter : Mr. William Powell **Date:** 08/28/2007

Organization : Mr. William Powell

Category : Other Health Care Professional

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.

? 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, William J Powell, CRNA

Submitter : **Dr. David Austerman** **Date: 08/28/2007**

Organization : **Dr. David Austerman**

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

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

Submitter : Dr. Cheung **Date:** 08/28/2007

Organization : Brigham and Women's Hospital

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Dr Cheung

Submitter : **Dr. Eric Harris** **Date: 08/28/2007**

Organization : **Dr. Eric Harris**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

Eric A. Harris MD. MBA

Submitter : Mr. Kenneth Locker **Date:** 08/28/2007

Organization : Presbyterian Hospital of Dallas

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

This proposed change appears to be an effort to take staffing issues out of the hands of hospital medical boards and dictate the staffing levels hospitals can use. There is already a shortage of allied health care professsionals. To restrict the abilty of patients to have access to quality healthcare because a class of health care prfessionals truly believe they are the only ones who can provide these services is at best a pipe dream and at worst a slamming of the door in the face of millions of americans who deserve better care.

Submitter : **Dr. Edwin Nalagan** **Date: 08/28/2007**

Organization : **Dr. Edwin Nalagan**

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
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Thank you for your consideration of this serious matter

Submitter : **Dr. Michael Ashburn** **Date: 08/28/2007**

Organization : **University of Pennsylvania**

Category : **Physician**

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
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Thank you for your consideration of this serious matter.

Michael A Ashburn, MD, MPH, MBA
Professor of Anesthesiology and Critical Care Medicine
Director, Pain Medicine and Palliative Care
University of Pennsylvania

Submitter : Dr. Julian Alvarez **Date:** 08/28/2007

Organization : Dr. Julian Alvarez

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my agreement to revise payment to anesthesiologists. In my opinion we have been underpayed for years.

Submitter : **Dr. Philip Ford** **Date: 08/28/2007**

Organization : **Azusa Pacific University**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Philip Ford PhD, ATC and I am a professor at Azusa Pacific University in our Athletic Training Education Program. I have been a Certied Athletic Trainer (ATC) for over 10 years and dearly value our profession and the quality of services we provide to our patients.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Philip Ford, PhD. ATC, PES

CMS-1385-P-9845

Submitter : Mr. Gregory Kaumeyer **Date:** 08/28/2007

Organization : Physical Therapy and Sports Injury Rehabilitation

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : **Dr. Phillip Brown** **Date: 08/28/2007**

Organization : **Dr. Phillip Brown**

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

Submitter : **Dr. Sheldon Hoxie** **Date: 08/28/2007**

Organization : **Dr. Sheldon Hoxie**

Category : **Chiropractor**

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,
Dr. Sheldon Hoxie

Submitter : **Dr. Scott Palmer** **Date: 08/28/2007**

Organization : **Burlington Anesthesia, PA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V Norwalk, Esq
Acting Administrator
Centers for Medicare and Medicaid Services

Attn: CMS - 1385-P

Dear Ms. Norwalk,

I am writing to express to you my support for the proposal to increase Anesthesia payments under the 2008 physician fee schedule. I feel that when the RBRVS was created it grossly undervalued payments to anesthesiologists compared to other physicians. I am hopefull that this proposal in the federal register will help narrow that desparity.

Thank you,

Scott Palmer, MD
Burlington Anesthesia, PA
Burlington, NC 27215

CMS-1385-P-9849

Submitter : Mr. Michael Ryan **Date:** 08/28/2007

Organization : Champion Sports Medicine and Physiotherapy Assoc.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-9849-Attach-1.DOC

9849

August 28, 2007

Dear Sir or Madam:

I am one of two Directors of Athletic Training for Champion Sports Medicine, Physiotherapy Associates and Rehab Associates in Birmingham, AL. I have national certification in Athletic Training (NATA), Alabama License of Athletic Training and am a Nationally Certified Strength and Conditioning Specialist (CSCS) through the National Strength and Conditioning Association (NSCA). We employ over 50 Athletic Trainers in the Birmingham area and over 75 statewide.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Michael Ryan, ATC, CSCS

Director of Athletic Training

Champion Sports Medicine, Physiotherapy Associates and Rehab Associates

Submitter : Dr. Guy Pelchat **Date:** 08/28/2007

Organization : Guy Yves Pelchat, DC PA

Category : Physician

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

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.

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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,

Guy Yves Pelchat, DC

Submitter : Dr. Floyd Minana **Date:** 08/28/2007

Organization : Dr. Floyd Minana

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

Technical Corrections

I oppose the policy change that would eliminate payment of x-rays for a beneficiary who obtains the x-ray to determine a subluxation. This is a vital service that allows beneficiaries to obtain drug free chiropractic treatment and avoid more costly medical interventions. These services represent a small amount of money but a large benefit. Please continue to reimburse for these x-rays.

9853

School of Allied Health Sciences
Department of Physical Therapy

Mr. Kerry N. Weems
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

Eric Robertson, PT, DPT
Assistant Professor
Dept of Physical Therapy
Medical College of Georgia
918 St Sebastian Way
Augusta, GA 30912-0800

Subject: Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Proposed Rule, Docket 1385-P.

Topic: Physician Self-Referral

Administrator-Designate:

I would like to thank you for allowing me this opportunity to offer some feedback on the subject of the Stark Laws and "in-office ancillary services" exception. Like my professional association, the APTA, I strongly urge the CMS to remove physical therapy as a designated health service (DHS) permissible under the in-office ancillary exception of the federal physician self-referral laws. In support of my opinion, I would like to tell a story of events which happened to me which are directly attributable to this provision.

In 2005, I began operating a private physical therapy practice in North Augusta, South Carolina. As you may know, the SC Supreme Court has ruled against referral for profit arrangements between physicians and physical therapists. Through that ruling, I felt assured of protection and fair market competition as I embarked on my business venture. Unfortunately, I soon learned I was mistaken due to a unique facet of my geographic location. North Augusta, SC lies on the SC/GA border, as a suburb of August, GA. There is no regulation against physician self-referrals to physical therapy services in Georgia. As such, 3 large orthopaedic group practices exist, each with their own physical therapy practices inclusive. In fact, most health care for residents of North Augusta is delivered by physicians located in Georgia and almost 100% of orthopaedic care.

I was not able to convince any of the physicians in these practices to refer patients outside of their practice. This occurred despite my convenient location for citizens of North Augusta, late hours, and demonstrable adherence to evidence-based practice principles. When I was able, on several occasions, to convince a patient directly to seek my services, the patient often reported back to me, that they "were not allowed to see another physical therapist."

School of Allied Health Sciences
Department of Physical Therapy

With the monopoly on orthopaedic physical therapy patients held by physicians in Augusta, I was left with only 2 small family practices from which to draw patients. Needless to say, my business did not flourish.

The point of my story was not to tell a sad tale of a failed business, but to highlight the types of abuses of this system by physicians who are able to self-refer for physical therapy services. The opportunity for over-utilization of Medicare services, anti-competitive practices, and the elimination of the patient's right to choose a provider is very real and occurring as long as physical therapy remains a DHS permissible under the in-office ancillary exemption. Furthermore, because of Medicare referral requirements for physical therapy, physicians have a captive referral base of physical therapy patients in their offices. I cannot understand why an agency charged with providing cost-effective care would allow such relationships to exist at all!

Physical Therapists are skilled, educated health care providers. I am proud of my many years of education and clinical skills. I am saddened, however, by the exploitation of my profession purely for purposes of profit. I am even more distressed by opposition to my position in the form of arguments for patient safety and convenience, as this is exactly the reason I am writing to you today.

In summary, eliminating physical therapy as a designated health service (DHS) furnished under the in-office ancillary services exception, CMS would reduce a significant amount of programmatic abuse, over-utilization of physical therapy services under the Medicare program, and enhance the quality of patient care. Finally, I would extend my warmest gratitude to you for consideration of my comments.

Sincerely,
Eric Robertson, PT, DPT

987 St. Sebastian Way, Health Science Building
Augusta, Georgia 30912 (706) 721-2141 Fax (706) 721-3209

Submitter : **Mr. Nicholas Kulick** **Date: 08/28/2007**

Organization : **Clemson University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Nicholas Kulick. I am a Certified Athletic Trainer working at Clemson University as a Graduate Assistant. I work with the Men's Tennis Team. I am currently working on a Master's of Education in Counseling.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Nicholas Kulick, ATC

Submitter : **Dr. Gl;enn DeBoer** **Date: 08/28/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

SLeslie 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.

cc Attachment

Submitter : **Ms. Kimberly Detwiler** **Date: 08/28/2007**

Organization : **University of La Verne**

Category : **Other Health Care Professional**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Dear Sir or Madam:

My name is Kimberly Detwiler, MS, ATC, CSCS and I work at the University of La Verne in the Movement and Sports Sciences Department. I am an assistant professor in an accredited Athletic Training Education Program and an assistant athletic trainer. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As a certified athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or
financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day to day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Kimberly Detwiler, MS, ATC, CSCS
University of La Verne
1950 Third Street
La Verne, CA, 91750
kdetwiler@ulv.edu
(909) 593-3511 x.4184

Submitter : Ms. Michelle Bensman **Date:** 08/28/2007

Organization : Clemson University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Please see attached letter for comments regarding Docket ID CMS-1385-P.

CMS-1385-P-9857-Attach-1.DOC

#9857.

Dear Sir or Madam:

This letter comes to you from a concerned member of the athletic training profession. I am a recent college graduate, having obtained three degrees related to the medical/rehabilitation field. I possess a Bachelors degree in both Athletic Training and Exercise Physiology, and a Masters degree in Athletic Training. I was until recently employed as a graduate assistant athletic trainer at the University of North Carolina at Chapel Hill. A few months ago, I accepted my first full-time position as an athletic trainer at Clemson University. I feel it is my duty to voice my concerns on behalf of my profession on the subject of the dangerous path that some of this new legislation is leading us down.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P. While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients. As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,
Michelle Bensman MA, ATC, PES

Submitter : Mrs. Ann Livengood

Date: 08/28/2007

Organization : University of Kentucky

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9858-Attach-1.PDF

9858

Dear Sir or Madam:

I have been a Certified Athletic Trainer for 10 years. I received my undergraduate degree from the University of Virginia and my Masters from Temple University. I am currently a doctoral candidate in the Exercise Science program at the University of Kentucky. I have been involved in teaching the next generation of Athletic Trainers in the state of Kentucky, as well as practicing as a ATC at the secondary level.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Ann L. Livengood, ATC, MEd

Submitter : Dr. Julie Stubrud **Date:** 08/28/2007

Organization : Downtown Chiropractic and Wellness Center

Category : Chiropractor

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

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,

Dr. Julie Stubrud

Submitter : Mr. Eric Sorenson **Date:** 08/28/2007

Organization : University of Oregon

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Physician Self-Referral Provisions

Physician Self-Referral Provisions

See Attached

CMS-1385-P-9860-Attach-1.DOC

#9860

UNIVERSITY OF OREGON
College of Arts and Sciences

Dear Sir or Madam:

My name is Eric Sorenson, MS, ATC and I am a doctoral student at the University of Oregon in the Department of Human Physiology. I also work at Tensegrity Physical Therapy in Eugene, OR. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day to day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Eric Sorenson, MS, ATC
Doctoral Student & Graduate Teaching Fellow
University of Oregon
Department of Human Physiology
541.306.2586
esorens1@uoregon.edu

Submitter : Dr. Susan Sands **Date:** 08/28/2007

Organization : FCA

Category : Chiropractor

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

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.

Submitter : **Dr. rachel baluyot** **Date: 08/28/2007**

Organization : **millburn chiropractic arts, llc**

Category : **Chiropractor**

Issue Areas/Comments

Chiropractic Services
Demonstration

Chiropractic Services Demonstration

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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,
Dr. Rachel Baluyot

Submitter : **Dr. Thomas Pajewski** **Date: 08/28/2007**

Organization : **Dr. Thomas Pajewski**

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

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.

Sincerely,
Thomas N. Pajewski, Ph.D., M.D.
3023 Watercrest Drive
Charlottesville, VA 22911

Submitter : **Ms. Kate Murphy** **Date: 08/28/2007**

Organization : **ATI Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer(ATC) and I work for an outpatient physical therapy company called ATI. Icoordinate over 30 other athletic trainers in order to take care of athletes and patients in the Chicagoland area.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Kate Murphy, ATC
Sports Medicine Coordinator
ATI Physical Therapy

Submitter : Chris **Date:** 08/28/2007

Organization : Emory University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a recent graduate from an accredited Athletic Training program and newly Certified Athletic Trainer. I currently am attending graduate school at Georgia State University, and working at Emory University in Atlanta, GA. I have been promoting the profession of Athletic Training throughout my undergraduate career and continue to do so as an ATC.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Christopher Loubier, ATC

Submitter : **Mr. A.J. Duffy III** **Date: 08/28/2007**

Organization : **Widener University**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I have been a practicing certified athletic trainer for the past 26 years, with the last 17 being at Widener University in suburban Philadelphia. I oversee the health care of nearly 500 student-athletes and hold a bachelor's degree from the University of Michigan, a Master Degree from the University of Arizona that specialized in athletic training and a Physical Therapy degree form Drexel University in Philadelphia and hold state credentials for athletic training and physical therapy in Pennsylvania.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for many patients, especially in a Commonwealth such as Pennsylvania.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

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Sincerely,

A. J. Duffy III MS, ATC, PT
Head Athletic Trainer & Physical Therapist
Assistant Professor of Physical Education
Widener University
Immediate Past President - Pennsylvania Athletic Trainers' Society
One University Place
Chester, PA 19013
610.499.4445 - v
610.499.1313 - f

Submitter : Mr. John Phillips **Date:** 08/28/2007

Organization : U.P. Sports Medicine and Therapy Center

Category : Physical Therapist

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a registered Physical Therapist and a Certified Athletic Trainer. I have been practicing in the Upper Peninsula of Michigan for 28 years and own a private physical therapy practice. I have worked with certified athletic trainers for many years and believe strongly they should be considered at least the equivalent of a Physical Therapy Assistant. I believe the CMS should allow physical therapy assistants and certified athletic trainers to work under the direct supervision of a licensed physical therapist.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

John M. Phillips, MS, PT, ATC

Submitter : Dr. Rick Galloway **Date:** 08/28/2007

Organization : Frank Clinic of Chiropractic PA

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

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 dtermine the need for futher diagnositic testing, i.e. MRI or for a referral to the appropriate specialist. By limiting a Doctor of Chiropractic form referring for an X-ray study, hte costs for patient care will go up significantly due to the necessity of a 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 a result of this proposal. I strongly urge you to tabel this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately hte patient that will suffer should this proposal become standing regulation.

Sincerely,
Dr. Rick Galloway

CMS-1385-P-9869

Submitter : Gregory Kaumeyer **Date:** 08/28/2007

Organization : Physical Therapy and Sports Injury Rehabilitation

Category : Physical Therapist

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

See Attachment

Submitter : Mr. James Lewis **Date:** 08/28/2007

Organization : Allen Sports

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Hello, My name is James R. Lewis. I am a Physical Therapist in private practice for the past three years in Allen, Texas. I currently must compete with two large physician groups who routinely refer patients to their PT clinics in different to the patients desires or needs. These two physician groups do not give their patinets any idea that they can go any place they want - they believe they must go where the MD says - this reduces the patients choice and effectively prevents fair competition for private practice clinicians. Additionally, I have seen two other physicians who sent dozens of patiens per month to my clinic open PT practices and stop their referral patterns - the only patients I get from them are the ones that have capitated plans or they are out of network with. In other words, they keep the good paying insurance for themselves and send out the rest.

I believe this practice of restricting choice and hand picking insurance based on reimbursement creates and unfair advantage in favor of the physician owned clinic. Therefore I am requesting the the provision of "in-office referral of ancillary services" be eliminated.

The removal of this provision will improve the choice of the patient, decrease the potential for fraud and over-utilization of service. Closing this loophole with level the playing field for all physical therapy clinics.

Thank you,
Sincerely
James R. Lewis, PT
Allen Sports & SpineCare

Submitter : **Dr. Alan Zablocki** **Date: 08/28/2007**

Organization : **St. Johns Clinic**

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

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.

Submitter : Dr. Glorimar Medina-Rivera **Date:** 08/28/2007

Organization : UT Houston

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

Re: CMS-1385-P

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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. Martin Lesin **Date:** 08/28/2007

Organization : Lesin Chiropractic Office

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

It is necessary to demonstrate a spinal subluxation on X-rays in order for a Chiropractor to get reimbursed for treatments. It is bad enough that you will not pay for the X-rays if taken by a Chiropractor. Please do not disallow Chiropretors to refer patients to a radiologist as well. The ones who will suffer from this rulling will be Chiropractors and their patients. Absolutely nobody will benefit.

Submitter : **Ms. Jan Brooks** **Date: 08/28/2007**

Organization : **Oregon Imaging Centers**

Category : **Radiologist**

Issue Areas/Comments

GENERAL

GENERAL

The Physician Work RVU-CPT 77080 (DXA)
The Direct Practice Expense RVU for 77080 (DXA)
Indirect Practice Expense for DXA and VFA
Deficit Reduction Act
Dear Mr. Weems:
I appreciate the opportunity to offer general comments on the proposed rule regarding changes to the Medicare physician fee schedule CMS-1385-P.
As a provider of DXA and/or VFA services, I request CMS to reevaluate the following:
a. The Physician Work RVU for 77080 (DXA) should be increased from 0.2 to 0.5, consistent with the most comprehensive survey data available;
b. The Direct Practice Expense RVU for 77080 (DXA) should reflect the following adjustments:
? the equipment type for DXA should be changed from pencil beam to fan beam with a corresponding increase in equipment cost from $41,000 to $85,000;
? the utilization rate for preventive health services involving equipment designed to diagnose and treat a single disease or a preventive health service should be calculated in a different manner than other utilization rates so as to reflect the actual utilization of that service. In the case of DXA and VFA, the 50% utilization rate should be changed to reflect the utilization rate for DXA to 12%.
c. The inputs used to derive Indirect Practice Expense for DXA and VFA should be made available to the general public, and
d. DXA (77080) should not be considered an imaging service within the meaning of the section 5012 (b) of the Deficit Reduction Act of 2005 because the diagnosis and treatment of osteoporosis is based on a score and not an image.

Submitter : **Dr. Sharon Young** **Date: 08/28/2007**

Organization : **Mobile Spine and Rehabiliation Center**

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am writing to encourage a change in CMS policy that will discontinue the provision of in-office physcial therapy services. These physician-owned self-referral practices constitute a restraint of trade, especially for those of us in private practice. Since physician referrals are required for provision of physical therapy in my state are are required for insurance coverage of services, the use of physician self-referral for physical therapy services would appear to constitute a form of monopsony, and ought to be prohibited based on Federal Trade Commission statutes as well as the Sherman Act.

Further, it has been established that patients receiving physical therapy in physician-owned clinics are seen for greater durations and have significantly higher charges. There is no evidence of improved patient care in physician owned clinics, as is claimed by physician groups, simply over-utilization of services.

I strongly encourage you to close the loopholes which allow these practices to persist.

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am opposed to physician-owned physical therapy services because it is a PROVEN FACT through numerous studies that physicians who provide physical therapy within their offices are more likely to overutilize physical therapy services. The obvious reason is for financial gain. It is with my own experience with 2 local orthopedic surgeons that happen to be our largest referral source that they plan on providing their own physical therapy services in the near future because they are in a 'money crunch' and 'all the other orthopedists are doing it'. In fact, this 'business expanding idea' is preached at their continuing education courses and conferences. These doctors even plan on adding diagnostic services (MRI) for the same reason. Our two offices are side by side and I get this information from their administrative staff. They have even attempted to solicit our physical therapy staff to work for them and at one time the doctors have threatened us with no referrals if we didn't sell our business to them. These doctors don't care about quality; they care about the bottom line. They figure that if they add these ancillary services to their practice it will make their business more appealing for other physicians to join and eventually buy them out when it's time for retirement. I can't tell you how many private practice physical therapy offices have run into the same problems but it is rampant. I feel that the physical therapy profession should have autonomy - separate from the ancillary services physicians are allowed to provide. Physical therapists are now required to receive a Master's degree in PT and many are going as far as receiving a doctorate degree.

Further, with the cap on physical therapy services for Medicare Part B beneficiaries, this is a very important issue. If physicians are shown to overutilize PT services, this is going to cause more of a problem with Medicare patients. Due to the repetitive nature of physical therapy, it is no more convenient for patients to visit their doctor's office than to go to an independent PT practice. Our company delivers quality, one-on-one care and we care about the cost incurred by our patients. We provide the best care while still watching out for our patients' financial interests.

Submitter : **Ms. Yolanda Diaz** **Date: 08/28/2007**

Organization : **Espanola Public Schools**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am Yolanda Diaz, an Athletic Trainer at Espanola Valley High School. I received a BS at University of New Mexico, I am Nationally certified and have also worked in the Rehabilitative setting as well. My training is very extensive and in order to maintain licensure and I must work under a physicians licence, as well as continue with education and professional development. I as an athletic trainer am very qualified to offer services to the public.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Yolanda Diaz, BS ATC,LAT

Submitter : Joshua Ice **Date:** 08/28/2007

Organization : Sacred Heart Saint Mary's Hospital

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Joshua Ice and I work in a Hospital setting with outreach to a local high school. I have a Bachelor of Arts Degree in Athletic Training and am also pursuing my Master's Degree.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Joshua Ice, ATC

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Dear Sirs,

The referral of patients by a doctor to his own physical therapist does not give the patient a choice of providers that all patients deserve. As an independent physical therapist with 38 years of experience, I have seen this type of arrangement and it has prevented the patients from getting great care because of the financial considerations by the referring physician. They consistantly refer patients who do not need therapy because they can make money. Statistically, referrals go up with physician onwership of therapy practices. The referral rate is four times higher than the normal rate when the doctors have part of the practice. There are some excellent practices that do not abuse the system, but there are many that do continue to limit choice for the patient and the do not provide skilled, high quality therapy. The chance for abuse is obvious and this loophole should be closed for the patient's sake.

Thank you for this consideration.

Sincerely,

Tim Daley, PT

Submitter : Mr. Gregory Janik **Date:** 08/28/2007

Organization : King's College

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

To who it may concern,

My name is Gregory Janik and I am the Head Athletic Trainer and an Associate Clinical Professor at King's College in Northeast Pennsylvania.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
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Sincerely,

Gregory Janik, MS, ATC

Submitter : Dr. tim grossman **Date:** 08/28/2007

Organization : Dr. tim grossman

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a Urologist in a rural area and am writing to express my concern regarding the proposed rule changes which will effectively wipe out my lithotripsy partnership. I know it may be difficult for CMS to understand, but your continued assult on physician salaries are going to create access problems as more physicians arc opting for carly retirement. I have to have a source of ancillary revenue to keep me afloat, as Medicare and Medicaid are paying me at or below cost for providing carc. Additionally, 20% of my patients have no insurance or income so I am essentially donating my services without any tax benefit and assuming all the liabilty for their care. This venture has allowed me a source of Stark compliant income, provided a expensive piece of technology shared among other rural hospitals in the state, and made me a limited business partner with other Urologists in the state, creating a collegial environment with my peers.

Submitter : **Ms. Amy Zawadzki** **Date: 08/28/2007**

Organization : **King's College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Amy Zawadzki and I work at King's College in Wilkes-Barre, Pennsylvania, which is a small private Division III institution. I am a certified athletic trainer as well as an associate clinical professor there. I hold a masters degree and sit on the Pennsylvania Athletic Trainers' Society Board.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
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Sincerely,
Amy Zawadzki,MS, ATC

Submitter : Dr. Robert Donato **Date:** 08/28/2007

Organization : Conrad Pearson Clinic

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

CMS should follow the general rule of fairness in all dealings with large business arrangements -- do not add complexity. Allowing for per annum assessment and changes to Stark rules speaks more to a micromanaging approach. This would result in increasing the size of bureaucracy without any benefit to patient care or access.

Additionally, further restricting physician ventures would decrease innovation and efficiency in delivering healthcare while simultaneously increasing overhead (by reducing a main source of income in these days of decreasing reimbursement). This could also have repercussions in reduced patient choice in healthcare providers and reduction in the number of providers available.

Finally, as the proposals themselves lack sufficient clarity to allow for enforcement, the uncertainty of application of those rules to novel approaches to patient care would have a negative impact on future ventures in medicine, both private and academic.

While I appreciate the need to eliminate fraud and abuse in the federal healthcare system, these proposals would not achieve that goal--they would only act to decrease efficiency, choice and patient access. CMS should neither consider nor make annual changes to the current Stark rulings.

Submitter : **Mr. Eric Shor** **Date: 08/28/2007**

Organization : **Alderson-Broaddus College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Eric Shor and I am a Certified Athletic Trainer employed at Alderson-Broaddus College in West Virginia. I am the Program Director of a nationally accredited athletic training education program and I am concerned about your proposed changes in relation to my fellow athletic trainers and our future graduates.

I am writing to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Eric Shor, MS, ATC

Submitter : **Dr. Douglas Friesen** **Date: 08/28/2007**

Organization : **Heartland Anesthesia Associates, PA**

Category : **Health Care Provider/Association**

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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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.

Douglas A Friesen, MD
Heartland Anesthesia Associates, PA

Submitter : **Date: 08/28/2007**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer currently working in the secondary school setting along with a clinic. I have graduated from an accredited university with a four year bachelors degree in Athletic Training. I have worked hard for many years to become well trained and experienced.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Leslie Kinsaul, ATC

Submitter : Mr. Steven Lumley **Date:** 08/28/2007

Organization : Niagara Falls Memmorial Medical Center

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Steven Lumley, i work for Niagara Falls Memorial Medical Center in Niagara Falls NY. I am an Athletic Trainer that works in the clinical/high school setting. I have a master's degree in Health and Human Performance and am certified by the NATA as an Athletic Trainer and the National Strength and Conditioning Association as a Certified Strength and Conditioning Coach (CSCS).

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Steven Lumley MS,ATC,CSCS

Submitter : **Mr. Christopher Orgeman** **Date: 08/28/2007**

Organization : **Sacred Heart-St. Mary's Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Christopher Orgeman. I am a Licensed/Certified Athletic Trainer for Sacred Heart-St. Mary's Hospital in Tomahawk, WI. I work for the Sports Medicine Department at the Hospital/Rehabilitation Clinic. I have a B.S. degree from the University of Wisconsin-Green Bay and I am a Board Certified Athletic Trainer. I have been practicing Athletic Training for over 3 years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Christopher Orgeman, LAT
Licensed Athletic Trainer
Ministry Rehabilitation Services
401 W. Mohawk Dr.
Tomahawk, WI 54487
(715) 453-7725
corgema@shsmh.org

Submitter : **Mrs. Karen Berney** **Date: 08/28/2007**

Organization : **Healthways**

Category : **Health Care Industry**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Dear Sir or Madam:

I am a Certified Athletic Trainer and have worked for Healthways in the Industrial Rehabilitation setting for 5 years. I provide rehabilation services to employees of General Motor who have sustained work-related or non work-related injuries. I currently have my B.S. in Sports Medicine from Central Michigan University and well as an Associates degree in Pre-Med from Alpena Community College.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Karen Berney, ATC

Submitter : Ms. Mandy Jorzak **Date:** 08/28/2007

Organization : Barrington Orthopedic Specialists

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Mandy Jorzak and I am a Certified Athletic Trainer currently working in an outpatient orthopedic rehabilitation setting. I am a 2003 graduate from Northern Illinois University and have worked a Barrington Orthopedic Specialists for the past 10 years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules wil create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certifcation exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professional that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Submitter : **Miss. Crosby Janda** **Date: 08/28/2007**

Organization : **ATI Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Crosby Janda and I am a certified athletic trainer with ATI Physical Therapy in the Chicago, IL area. My main position within my company is to serve as Head Athletic Trainer for the Chicago Steel, a semi-professional hockey team in the USHL, a league on which I am currently the only female athletic trainer. When my team is not in season, I have the pleasure of working in one of our outpatient physical therapy clinics. Here I have worked along side physical therapists and occupational therapists to provide the best and most comprehensive care for all of our patients while feeding off of eachother's specialties as professionals.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Crosby L. Janda, MS, ATC, LAT
Chicago Steel Head Athletic Trainer
ATI Physical Therapy

Submitter : **Dr. Richard Kaplan** **Date: 08/28/2007**

Organization : **Children's National Medical Center**

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

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.

Submitter : Dr. Damon Dornbier **Date:** 08/28/2007

Organization : Dornbier Chiropractic

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

I would like to comment about the proposal to remove the reimbursement of the x-ray when ordered by a chiropractor. I feel this is can cause increased irreparable harm to the patient. Many older patients suffer with spinal pathologies such as osteoporosis, spondylosis, etc. X-rays are taken to identify subluxations and other compounding conditions but they are necessary to rule out cancer, and other pathology that could affect this patient. In fact, I do recall a medicare patient that I did take a spinal x-ray and did discover a spinal cancer. You see, if I would not have taken this x-ray, then this patients cancer would not have been identified and he would not have had the chance to seek proper care. So, eliminating the x-ray reimburement could cause the patient further harm. I fact this is one reason why I believe chiropractors should be paid to take x-rays. We also serve as a portal of entry for patients. If we are not allowed to have the proper diagnostic tests available and reimbursed for, then it will only increase the risk of harm to the patient.

Submitter : **John Falardeau** **Date: 08/28/2007**

Organization : **John Falardeau**

Category : **Individual**

Issue Areas/Comments

Technical Corrections

Technical Corrections

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 technieal 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,

John Falardeau, Annandale, VA

Submitter : Dr. Luke Cheriyan **Date:** 08/28/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Over two decades ago, I experienced regular deductions in Medicare re-imbursement until about 12 years ago, sustaining an anesthesia practice with employees and office expenses became impossible, making it imperative for my practice to join a larger institution. Other payors tied their reimbursement rates to Medicare's rates, so that there occured regular decreases in revenue from accross the board. I am now on the payroll of a large institution and even though, I do not directly get reimbursements for third party payers, it is relevant that reimbursements I generate, cover expenses to the institution that I also generate (salary, Malpractice, benefits administrative, etc.). An increase in Medicare reimbursements would certainly ease the stranglehold of ever increasing expenditure with ever declining revenues.

Submitter : **Ms. Lorie Allison** **Date: 08/28/2007**

Organization : **St Lukes*Idaho Elks Rehabilitation Services**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Lorie Allison and I have been a Certified Athletic Trainer for 22 years. I have worked in an outpatient setting affiliated with a hospital for most of those years. I have a Bachelor of Science degree from Boise State University and am licensed by the Idaho State Board of Medicine as well as nationally certified as an athletic trainer.

I am currently employed at St Lukes*Idaho Elks Rehabilitation Services which is affiliated with both St Lukes and Idaho Elks Hospitals. I work in the clinical setting as well as community sports outreach programs throughout the Boise, Idaho area.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Lorie Allison, ATC, ATL

Submitter : **Ms. carol fromhart** **Date: 08/28/2007**

Organization : **cascade emergency physicians**

Category : **Physician Assistant**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Dear Senator,
I oppose the 12% Medicare reimbursement reduction proposal for Emergency Dept. Physicians.
I work as a Physician Assistant in a very busy community ER, where most of our population is Medicare, DSHS, or indigent.
Cutting fee reimbursement to our saintly Physicians, is not the way to keep quality Emergency Physicians eager to take care of this high mainntainance population, in our over-crowded Emergency Department.
Thank you for your attention to this serious matter, as our Senator Representative to the State of Washington.

Sincerely,
Carol Fromhart PA-C
Physician Assistant
Auburn Regional Medical Center
Auburn, Washington

Submitter : **Dr. Diane Pond** **Date: 08/28/2007**

Organization : **PIMC**

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

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.

Submitter : Dr. Michael Macabuhay **Date:** 08/28/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Impact

Impact

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. If the government follows through on all its proposals, the anesthesia conversion factor could be about $3.30 per unit more than was projected for 2008 before Medicare made its July announcement. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

CMS-1385-P-9899-Attach-1.DOC

Submitter : **Dr. Jeff Morrison** **Date: 08/28/2007**

Organization : **Integrated Healing Arts**

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Dear Sir, I strongly urge you not to change the rule and deny physicians the ability to be reimbursed for radiology services ordered for use of a chiropractor. These radiology services are necessary for the care and treatment of medicare benificiaries and the cost will then be born by these patients. Once agian these people will have benifits taken away from them and they must burden the cost or go without needed treatment.If they go without treatment there conditions will worsen and be more expensive to treat in the future thus costing medicare even more money. Please review all aspects of this decision before acting.

Submitter : **Miss. Jennifer Watkins** **Date: 08/28/2007**

Organization : **Greeneville Ortho Clinic**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jennifer Watkins. I am a Certfied Athletic Trainer who works at a physician's owned orthopaedic clinic.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Jennifer Watkins, M.A.,ATC

National Athletic Trainers' Association
2952 Stemmons Freeway ? Dallas, TX 75247

Submitter : **Ms. Meaghan Garrity** **Date: 08/28/2007**

Organization : **Valley Physical Therapy, Middletown CT High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Meaghan Garrity, and I am a Certified Athletic Trainer working in a clinic/secondary school setting. I currently work at Valley Physical Therapy and Middletown High School in Connecticut. I enjoy working in the clinic/seconday school setting but due to the current insurance procedures, I am forced to continue my education in a different setting.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Meaghan M. Garrity, ATC

Submitter : **Mr. Michael Andrews** **Date: 08/28/2007**

Organization : **Theramax Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

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 patien 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.

Sincerly,

Michael Andrews, MPT

Submitter : Ms. Marci Cole **Date:** 08/28/2007

Organization : King's Daughters' Hospital and Health Services

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a licensed/certified athletic trainer that performs physical medicine and rehabilitation services under my scope of practice and Indiana licensure. I have a master's degree in Kinesiology with a specialization in athletic training from Indiana University along with a bachelor's degree in Sports Studies with a specialization in athletic training from Indiana State University. I currently have a national certification along with a state licensure.
I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.
While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.
As an athletic trainer, I am qualified to perform physical medicine and rehabiliation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionalshave deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.
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Since CMS seems to have come to these proposed changes without any clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.
Sincerely,
Marci Cole, MS, LAT, ATC

Submitter : Dr. Peter Hill **Date:** 08/28/2007

Organization : Boston Copley Square Chiropractic

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

Technical Corrections

While Subluxation does not need to be detected by X-Ray in some case, the patient will be required in some cases clinically to identify a subluxation, to rule out any "red flags" or to determine diagnosis and treatment options.
X-Rays also me be required to determine need for further diagnostic testing, such as MRI or for a referral to the appropriate specialist.

The act of limiting doctors of Chiropractic from referring X-Rays, the costs to Medicare patients will increase due to the necessity of a referral to a specialist of any kind, prior to referral to a radiologist.

With fixed incomes and limited resources, Medicare patients may chose to forgo x-Rays, rather than pay for them out of pokcet, and thus not receive needed treatment.

This proposed change is not in the best interest of Medicare patients.

Submitter : Dr. LISA GRAMLICH **Date:** 08/28/2007

Organization : LOYOLA UNIVERSITY MEDICAL CENTER

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

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.

Medicaid populations, such as those represented by many of our children and traumas, are also greatly affected. I am the director of pediatric anesthesia at a trauma hospital. One of the constant battles I fight is the poor reimbursements "my patient population" generates and how that strains the institution financially. We have an obligation to our children and our seniors. Sending them to large overburdoned county hospitals is not the answer. Please help us better help our children. I watch us lose good pediatric specialists because of reimbursement dollars. Pediatric anesthesiologists are very specially trained and may not do as many invasive procedure so billable RVUs for care needs to improve to allow pediatric anesthesiologists to remain well paid in the community.

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.

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