**Submitter :** Mrs. Alisa Kardell-Truman **Date:** 08/19/2007

**Organization :** AANA

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

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

Dear Ms. Norwalk:

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

This increase in Medicare payment is important for several reasons.

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

Alisa Kardell-Truman, CRNA
3369 Chasen Dr.
Cameron Park, CA 95682

**Submitter :** Mrs. Jennifer McClain **Date:** 08/19/2007

**Organization :** AANA

**Category :** Health Care Professional or Association

**Issue Areas/Comments**

**Background**

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Sincerely,

Jennifer McClain, CRNAP
700 E. Glen Haven Drive
Suffolk, VA 23437

**Submitter :** **Pamela Kauffman** **Date: 08/19/2007**

**Organization :** **AANA**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Sincerely,

Pamela Kauffman, CRNA
502 Kathmere Road
Havertown, PA 19083

**Submitter :** **Mr. John Buonora** **Date: 08/19/2007**

**Organization :** **American Association of Nurse Anesthetists**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

August 19, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

John E. Buonora CRNA, MS
2420 Marathon Ave
Neenah, WI 54956-4831

**Submitter :** **Eric Benvenuti** **Date: 08/19/2007**

**Organization :** **Eric Benvenuti**

**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)

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.

Eric Benvenuti

**Submitter :** **Eve Benvenuti** **Date: 08/19/2007**

**Organization :** **Eve Benvenuti**

**Category :** **Physician**

**Issue Areas/Comments**

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**Submitter :** **Dr. Robert Kettler** **Date: 08/19/2007**

**Organization :** **American Society of Anesthesiologists**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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**Submitter :** Ms. lu lin **Date:** 08/19/2007

**Organization :** AANA

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

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Sincerely,

Lu Lin CRNA
46 english run circle
sparks MD 21152

**Submitter :** Mr. Michael Perry **Date:** 08/19/2007

**Organization :** American Association of Nurse Anesthetist

**Category :** Other Practitioner

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

I encourage you to increase anesthesia reimbursement as proposed. We as anesthesia providers have taken decreases each and every year to the point of reimbursement of the 80's.
Thank you.

Michael K. Perry CRNA

**Submitter :** **Dr. Cynthia Ferris** **Date: 08/19/2007**

**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
PO Box 8018
Baltimore, ND 21244-8018

RE: CMS-1385-P

Anesthesia Coding

Dear Ms. Norwalk:

I am an anesthesiologist who has been in private practice twelve years. I also supervise residents as part of their adication at Children's Hospital in Omaha, Nebraska. I want to express my support for the proposal to increase anesthesia reimbursement undre the 2008 Physician Fee Schedule. I know this is a very complicated issue.

When RBRVS was initiated, anesthesia services were undervalued in comparison to other physician specialties. The RUC has recommended that CMS increase the anesthesia conversion factor to offset this work undervaluation. I am pleased with this recommendation and support its full implementation.

Thank you for your consideration of this important matter.

Sincerely,

Cynthia A. Ferris, MD

**Submitter :** **Dr. Michael Jankoviak** **Date: 08/19/2007**

**Organization :** **St. Alexius Hospital**

**Category :** **Physician**

**Issue Areas/Comments**

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

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**Submitter :** **Andrew Polatty** **Date: 08/19/2007**

**Organization :** **Andrew Polatty**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

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Andrew Polatty
9856 Brimfield Dr.
Cordova, TN 38016

**Submitter :** **Mr. John Canady** **Date: 08/19/2007**

**Organization :** **United States Army Nurse Corps**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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

LTC John L. Canady, CRNA, MSN
Chief, Anesthesia Services
Irwin Army Community Hospital
600 Caisson Hill Road
Ft. Riley, KS 66442

**Submitter :** **Dr. Steven Ewert** **Date: 08/19/2007**

**Organization :** **UTSW 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)

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Thank you for your consideration of this serious matter.

Dr Steven Ewert
3412 Cole Ave #224
Dallas, Tx 75204

**Submitter :** **Dr. Howard Moritz** **Date: 08/19/2007**

**Organization :** **Dr. Howard Moritz**

**Category :** **Physician**

**Issue Areas/Comments**

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

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.

Respectfully,

Howard Moritz, MD.

**Submitter :** **Dr. Ravi Dammanna** **Date: 08/19/2007**

**Organization :** **North Fulton Anesthesia Associates**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Ravi Dammanna MD
North Fulton Anesthesia Associates
North Fulton Pain clinic
Roswell, GA 30076

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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.

Sincerely,
Ravi Dammanna, MD

**Submitter :** **Mrs. M.B. Edwards** **Date: 08/19/2007**

**Organization :** **Mrs. M.B. Edwards**

**Category :** **Health Care Professional or Association**

**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.

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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.

M.B.Edwards
Sparta, NC

**Submitter :** **Dr. Joel Nagafuji** **Date: 08/19/2007**

**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)

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Thank you for your consideration of this serious matter.

**Submitter :** **Dr. John Myers** **Date: 08/19/2007**

**Organization :** **Dr. John Myers**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Thank you for your consideration of this serious matter.

John M. Myers. M.D.

**Submitter :** **Ms. Lordora Wheeler-robinson** **Date: 08/19/2007**

**Organization :** **AANA**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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

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Sincerely,

Lordora Wheeler-Robinson
1623 Vollbrecht Ct
South Holland, IL 60473

**Submitter :** **Dr. Kristi Pielstick** **Date: 08/19/2007**

**Organization :** **Stark County Anesthesia**

**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.

Sincerely,
Kristi L Pielstick, MD
kpielstick@adelphia.net

**Submitter :** **Mr. Gary Lusin** **Date: 08/19/2007**

**Organization :** **American Physical Therapy Association**

**Category :** **Physical Therapist**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

To: Mr. Kerry N. Weems
Administrator - Designate
CMS
Attn: CMS - 1385-p

Mr. Weems,

I am a physical therapist and have been in private practice in Montana since 1981. I am writing to comment on the proposed rule regarding the removal of physical therapy as a designated health service permissable under the in-office ancillary exception of the federal physician self-referral laws.

I support the removal of physical therapy as a DHS to remove the increasing potential of situations where physicians refer patients to physical therapy services that the physician has a financial interest in.

There are many situations where this is being abused. It can easily be corrected by removing physical therapy from the exception. In fact perhaps all rehab related services should be removed.

There are many opportunities for patients to receive quality physical therapy services that do not have the potential for abuse or conflict of interest for or by the physician. Other situations can be created that allow physicians more contact and communication about their patients progress in physical therapy that keeps the financial conflict of interest out of the picture. This is much better for the patient and the system.

I urge you to remove physical therapy as an exception.

Thank you for you serious consideration of my comments.

Sincerely,

Gary Lusin, PT, MS, ATC, CSCS

**Submitter :** **John Savage** **Date: 08/19/2007**

**Organization :** **John Savage**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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

Dear Ms. Norwalk:

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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).

My practice consists of over 50% Medicare patients. The availability of anesthesia services for these patients depends on fair Medicare payment. I have been forced to leave my present position beginning November 16, 2007 in order to increase my private/commercial patient ratio due to the current low Medicare anesthesia reimbursement. Increasing the current conversion factor by at least 30% would recognize the value of my services and I would be able to continue my present practice ratio. 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,

John Savage MSN, CRNA, APN
MedTrack Anesthesia Services
612 Burghley Place
Franklin, TN 37064

**Submitter :** **Jill Dombrowski,phD** **Date: 08/19/2007**

**Organization :** **Jill Dombrowski,phD**

**Category :** **Federal Government**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

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Thank you for your consideration of this serious matter.

**Submitter :** **Mr. Richard Snyder** **Date: 08/19/2007**

**Organization :** **Mr. Richard Snyder**

**Category :** **Other Practitioner**

**Issue Areas/Comments**

**Background**

Background

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

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Sincerely,

Richard Snyder, BSN, MBA, CRNA
3021 Apache Lane
Provo, Utah 84604

**Submitter :** **Hank Dombrowski** **Date: 08/19/2007**

**Organization :** **Hank Dombrowski**

**Category :** **Federal Government**

**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

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**Submitter :** **Dr. John Dombrowski** **Date: 08/19/2007**

**Organization :** **Dr. John Dombrowski**

**Category :** **Federal Government**

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

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**Submitter :** **Dr. dale cohen** **Date: 08/19/2007**

**Organization :** **ASA**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Thank you for your consideration of this serious matter.

Dale L. Cohen, MD

**Submitter :** **Mr. Tyler Dodge** **Date: 08/19/2007**

**Organization :** **Mr. Tyler Dodge**

**Category :** **Other Health Care Provider**

**Issue Areas/Comments**

**Background**

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

Tyler M Dodge CRNA
P.O. Box 1186
Quechee VT. 05059-1186

**Submitter :** **Julie Antidormi** **Date: 08/19/2007**

**Organization :** **AANA**

**Category :** **Other Health Care Provider**

**Issue Areas/Comments**

**Background**

Background

August 20, 2007
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Acting Administrator
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Department of Health and Human Services
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Sincerely,

Julie Antidormi CRNA MSN
6690 Hauser Road Apt A-201
Macungie, PA 18062

**Submitter :** **Dr. Ricky Cottrell** **Date: 08/19/2007**

**Organization :** **Dr. Ricky Cottrell**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

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

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

Thank you for your consideration of this serious matter.

Ricky Cottrell, M.D.

**Submitter :** **Dr. Sheila Ellis** **Date: 08/19/2007**

**Organization :** **University of Nebraska 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.

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**Submitter :** **Dr. Kumbla P. Bhakta** **Date: 08/19/2007**

**Organization :** **Dr. Kumbla P. Bhakta**

**Category :** **Physician**

**Issue Areas/Comments**

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

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Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 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.

I would like to add that over the years, I have seen the field of anesthesiology evolve into one of the safest specialties, especially for seniors. This was made possible by the relentless and ongoing research and teaching provided by the dedicated anesthesiologists, especially at the academic centers. This increase in our reimbursement will definitely have a positive effect on our specialty to continue these essential efforts to improve patient care.

Thank you for your consideration of this serious matter.

**Submitter :** **Mr. vaughn jones** **Date: 08/19/2007**

**Organization :** **AANA**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

September 17, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Ms. Norwalk:

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

This increase in Medicare payment is important for several reasons.

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

Vaughn Jones SRNA

15 Kelsie cove
Atoka, TN 38004

**Submitter :** Dr. Roy Naturman **Date:** 08/19/2007

**Organization :** Summit Anesthesia Associates, PA

**Category :** Physician

**Issue Areas/Comments**

**Background**

Background

Dear Sirs:

Thank you for the opportunity to comment on the proposed revision to payment policies under the physician fee schedule. As a practicing anesthesiologist for almost 19 years, and as the chair of a group (Summit Anesthesia) providing anesthesia services at two hospitals, three ambulatory surgical centers, and a variety of office settings, I believe that I am in position to be able to share relevant information with you. When I began my practice at Overlook Hospital in Summit, NJ in 1989, I was paid $32 per unit. At the present time, our medicare unit value is approximately 50% of the value in 1989. The current fees my group receives, between $75-90 per hour, is well below the cost of providing services. Stated in another way, medicare only reimburses Summit Anesthesia for less than one-half of its costs. This is clearly not a sustainable strategy for any business. The other issue regarding the current fee schedule is its lack of fairness. Anesthesiology has been singled out by CMS for much lower reimbursement than prevailing rates relative to all other specialties. As a board certified internist as well as anesthesiologist, it is striking to me how the degree of demanding cognitive and physical work in taking care of many very sick elderly patients is not closely accounted for by medicare. As patients become older and sicker, the stress and demands of caring for them are being less and less compensated.

I appreciate all that can be done to rectify this injustice. I am concerned that if this issue is not adequately addressed, the eventual result will be some lack of availability of services. Thank you for your attention to this matter.

**Submitter :** **Mr. Kenneth Spain** **Date: 08/19/2007**

**Organization :** **American Association of Nurse Anesthetists**

**Category :** **Other Health Care Provider**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Sincerely,

Kenneth M. Spain, CRNA MS Ed
10 Downing Rd
Hutchinson, Kansas 67502

**Submitter :** **Mr. Dennis Smith** **Date: 08/19/2007**

**Organization :** **American Association of Nurse Anesthetists**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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

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Sincerely,

Dennis Smith, CRNA, BSN
30 Eastfield Dr.
Lebanon, PA. 17042.

**Submitter :** Mr. **Date:** 08/19/2007

**Organization :** Mr.

**Category :** Physical Therapist

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I was an employee of a pops clinic for 18 months and resigned because I felt like I was not being given enough time to give quality care to my patients. We were told by the Physicans that our quartly bonus was based on the number of patients we saw.WE were told at each monthly staff meeting to increase productivity, "get the patients in and out". After aruging with the Physicans for 18 months trying to get them to see that the patients were not getting quality care I resigned and went to a Private clinic.

**Submitter :** Mrs. Sara Theoharis **Date:** 08/19/2007

**Organization :** Nebraska Association of Nurse Anesthetists

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

Our anesthesia group including six CRNAs and two anesthesiologists are trying to provide services to a hospital and surgery center full-time, a rural hospital one day a week, and an opthamology surgicenter a couple afternoons a week. We are currently trying to recruit three CRNAs as our manpower is stretched too thin. To provide the anesthesia services needed in the community of Hastings, NE, we have been paying two locum tenens CRNAs each week just so we can get all the cases done each day. It is hard enough to recruit CRNAs to Hastings, NE, with the proposed CMS cuts, it will be difficult to interest them in the anesthesia profession at all.

**Submitter :** **Mr. Shannon Eldridge** **Date: 08/19/2007**

**Organization :** **Mr. Shannon Eldridge**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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Shannon D. Eldridge, SRNA
455 College Parkway
Rockville, Md 20850

**Submitter :** **Dr. Timothy Lyons** **Date: 08/19/2007**

**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)

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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Thank you for your consideration of this serious matter.

**Submitter :** **Mr. Richard Parisi** **Date: 08/19/2007**

**Organization :** **Mr. Richard Parisi**

**Category :** **Individual**

**Issue Areas/Comments**

**GENERAL**

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Acting Administrator
Centers for Medicare and Medicaid Services
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**Submitter :** **Patrick Colbert** **Date: 08/19/2007**

**Organization :** **Patrick Colbert**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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

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Sincerely,

Patrick D. Colbert CRNA
1090 Norwood Street
Johnstown, PA 15904

**Submitter :** **Ms. Tara Caudill** **Date: 08/19/2007**

**Organization :** **Ms. Tara Caudill**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

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Tara Caudill
9674 Devedente Drive
Owings Mills, MD 21117

**Submitter :** **Dr. Robert Brandt** **Date: 08/19/2007**

**Organization :** **Indiana 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
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Thank you for your consideration of this serious matter.

Robert W. Brandt, M.D.
Alternate Director, Indiana Society of Anesthesiologists

**Submitter :** **Date: 08/19/2007**

**Organization :**

**Category :** **Physical Therapist**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I am a physical therapist with a well known and respected rehabilitation organization. The purpose of this comment is to address the growing number of physician owned/self-referral physical therapy outpatient practices. There is currently specific legislation that prohibits such practice as it leads to, but not limited to: increased therapy referrals, longer length of stay per claim, limiting patient options, poor quality of care based on the significant numbers of therapy patients these physicians try to push through their doors, which all adds up to driving Medicare as well as other payor costs higher. I know first hand a large group of orthopedists whom their own therapy practices throughout the city. They feed their outpatient rehabilitation clinics with patient referrals with such abundance that they have complete staff turn overs regularly because their Physical Therapists are made out to be money making work horses. It is only being viewed as another means of generating revenue for them, period. Physical therapy is a profession that should be owned and managed by like professionals as this would eliminate the direct monetary link with the referral source. Referrals will then truely be based on medical necessesity and not self prosperity. With the baby boomers coming of Medicare age, it is absolutely vital that this issue be handled proactively and not become a monumental mistake. I could go on for hours but bottom line, it is the ethical and economical choice to be made which I assume comes your way too far and few. Thank you for your time.

**Submitter :** **Dr. Paloma Toledo** **Date: 08/19/2007**

**Organization :** **American Society of Anesthesiologists**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Acting Administrator
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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.

Paloma Toledo, M.D.

**Submitter :** **Date: 08/19/2007**

**Organization :**

**Category :** **Physical Therapist**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I believe this is a dangerous practice and the loophole must be closed. Physical therapy should be performed by physical therapists and no one else. There are very few other professions in which one group continues to infringe on the practice of another group. Clearly the reasons are monetary in nature, which makes it even worse. If this loophole continues to remain open it will continue to be abused.

**Submitter :** Mr. Thomas Harmon **Date:** 08/19/2007

**Organization :** AANA

**Category :** Health Care Professional or Association

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Dear Ms. Norwalk:

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

This increase in Medicare payment is important for several reasons.

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

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

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

Sincerely,
Thomas Harmon ,CRNA,MS

200 Coulson Ln.
Crescent city ,CA,95531

**Submitter :** Mitzi Szemethy **Date:** 08/19/2007

**Organization :** Middle Tennessee School of Anesthesia

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

August 20, 2007

Ms. Leslie Norwalk, JD

Acting Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

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Sincerely,

Mitzi Szemethy

Student Registered Nurse Anesthetist

6341 Masonville Habit Road

Philpot,Ky 42366

**Submitter :** **Dr. Douglas Berebitsky** **Date: 08/19/2007**

**Organization :** **Anesthesia Consultants of Indianapolis**

**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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Thank you for your consideration of this serious matter.

Sincerely Yours,
Dr. Douglas Berebitsky

CMS-1385-P-6658-Attach-1.DOC

#6658

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Operations & Regulatory Affairs

The attachment cited in this document is not included because of one of the following:

- The submitter made an error when attaching the document. (We note that the commenter must click the yellow "Attach File" button to forward the attachment.)
- The attachment was received but the document attached was improperly formatted or in provided in a format that we are unable to accept. (We are not are not able to receive attachments that have been prepared in excel or zip files).
- The document provided was a password-protected file and CMS was given read-only access.

Please direct any questions or comments regarding this attachment to (800) 743-3951.

**Submitter :** **Mark Hanna** **Date: 08/20/2007**

**Organization :** **West Central Anesthesia 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
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Thank you for your consideration of this serious matter.

Mark P. Hanna, D.O.

**Submitter :** **Dr. Ted Uchio** **Date: 08/20/2007**

**Organization :** **Dr. Ted Uchio**

**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

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Sincerely
Ted Uchio, M.D.

**Submitter :** **Dr. Paul N. Clayton** **Date: 08/20/2007**

**Organization :** **Dr. Paul N. Clayton**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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**Submitter :** **Date: 08/20/2007**

**Organization :**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

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Gabriel Punsalan
14056 Valleyheart Drive #309
Sherman Oaks, CA 91423

**Submitter :** **Dr. David Cohen** **Date: 08/20/2007**

**Organization :** **Dr. David Cohen**

**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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David Cohen M.D.

**Submitter :** **Date: 08/20/2007**

**Organization :**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

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Angela Billups
2502 18th St., NE
Washington, DC 20018

**Submitter :** **Dr. Sally Helton** **Date: 08/20/2007**

**Organization :** **Dr. Sally Helton**

**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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Anesthesia Coding (Part of 5-Year Review)

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Sincerely,
Sally Helton, M.D.

**Submitter :** **Dr. Vivek Iyer** **Date: 08/20/2007**

**Organization :** **Dr. Vivek Iyer**

**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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Sincerely,
Vivek Iyer, M.D.

**Submitter :** **Mrs. Jessica Metzger** **Date: 08/20/2007**

**Organization :** **Mrs. Jessica Metzger**

**Category :** **Individual**

**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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Sincerely,
Jessica Metzger

**Submitter :** Dr. Leslie Gunzenhaeuser **Date:** 08/20/2007

**Organization :** Dr. Leslie Gunzenhaeuser

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Acting Administrator
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Attention: CMS-1385-P
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Sincerely,
Leslie Gunsenhaeuser, M.D.

**Submitter :** **Dr. Robert Jacob** **Date: 08/20/2007**

**Organization :** **Dr. Robert Jacob**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Thank you for your consideration of this serious matter.

Sincerly,
Robert Jacob, M.D.

**Submitter :** **Mrs. Beth Jacob** **Date: 08/20/2007**

**Organization :** **Mrs. Beth Jacob**

**Category :** **Nurse**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

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,
Beth Jacob

**Submitter :** **Dr. Stephen Zarrelli** **Date: 08/20/2007**

**Organization :** **Professional Anesthesia Services of Eastern PA**

**Category :** **Physician**

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

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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Stephen Zarrelli, MD

**Submitter :** **Dr. Shyla Banvi** **Date: 08/20/2007**

**Organization :** **UAS**

**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.

Sincerely,

Shyla.Banvi,MD.

**Submitter :** **Date: 08/20/2007**

**Organization :**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** chris d'hespeel **Date:** 08/20/2007

**Organization :** chris d'hespeel

**Category :** Physical Therapist

**Issue Areas/Comments**

**GENERAL**

GENERAL

I would like to comment on the July 12 proposed 2008 physician fee schedule rule, specifically the issue surrounding physician self-referral and the in-office ancillary services exception. The potential for fraud and abuse exists whenever physicians refer Medicare beneficiaries to entities in which they have a financial interest, especially in the case of physician-owned physical therapy services. Physicians who own practices that provide physical therapy services have an inherent financial incentive to refer their patients to the practices they have invested in resulting in overutilization of the PT services. By 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, overutlization of physical therapy services under the Medicare program, and enhance the quality of patient care.

Thanks for your consideration

Sincerely

Chris d'Hespeel PT

**Submitter :** **Date: 08/20/2007**

**Organization :** **Resurgens Orthopaedics**

**Category :** **Physician**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

As a physician, I would like to make a comment in support of continuing to allow physician-owned physical therapy within our office. Having our own therapists offers patients unparalleled access, convenience. Many times, our therapists are able to see them the same day as their appointment. More importantly, having our own therapists allows physicians to have an open line of communication with the therapists, which improves patient care greatly. We are able to avoid delays in identifying and correcting patients' problems before they become irreversible (such as joint stiffness). Physicians can also monitor and maintain quality and appropriateness of therapy services rendered to the patient. Please think of the patient when you make your decision on this issue. After all, that is why we are all in the medical field.

**Submitter :** Mrs. Lois Milosevic **Date:** 08/20/2007

**Organization :** AANA

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

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

Dear Ms. Norwalk:

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

This increase in Medicare payment is important for several reasons.

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

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

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

Sincerely,

Lois Milosevic SRNA

1820 Pickle Rd
Akron, Ohio 44312

**Submitter :** **Mr. Jonathan Cornwell** **Date: 08/20/2007**

**Organization :** **St Joseph Hospital School of Anesthesia for Nurses**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Sincerely,

Jonathan Cornwell, CRNA, MSNA
Program Director
St Joseph Hospital
School of Anesthesia for Nurses
200 High Svc Ave
North Providence, RI
02904

**Submitter :** Todd Laytham **Date:** 08/20/2007

**Organization :** OrthoKC, PA

**Category :** Individual

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I am against the considered tightening of the "Stark" physician self-referral rule that physicians cannot offer PT/OT in their offices. I have seen first-hand that better communication and treatment occurs when doctors and therapists have a common purpose that is vertically aligned to assist the patient in getting better. Especially orthopedic surgeons can work side-by-side in evaluating PT/OT treatment and improve the status of patients. Too often therapists just maximize treatment visits authorized to make their productivity and revenue targets while not actually providing treatment on their PT Factory Floors. There is little supervision from a medical perspective outside of reports and patients returning in a few weeks where sometimes there is not improvement or maximum improvement occured a long time ago and the PT/OT company asks for more visits authorized for various reasons. In seeing how an integrated PT/OT department where physicians own the clinics I have seen that maximum improvement in shorter times occurred. This might not be universal, but under the current system it is difficult for any company (whether owned by MD's or PT/OT's or Hospitals or some corporate giant) to use the fee-for-service system to maximize therapy usage since reimbursement is so good and results are sometimes non-quantifiable. In my experience, my condition with a torn MCL was such that they wanted me to overstate the injury limitations and pain tolerances so that the PT company could get more visits approved by the insurance company and actually show an improvement in the final results or get even more therapy approved later.

I am not naive enough to know that that sort of thing doesn't happen in MD offices, but I hope that CMS is not naive enough to know that it happens everywhere else and especially in PT/OT and hospital owned therapy clinics. The only difference is that these clinics twist the arms of the MD's to get referrals by saying if they don't authorize more visits the patient will get billed or that the patients condition requires more visits and the busy MD is just going off of paperwork that the person is sending them and demanding additional services. There is just as much or more over-use from hospitals and PT clinics.

I encourage CMS to NOT block MD's from owning/managing PT/OT clinics. This only hurts patients and patient care.

**Submitter :** **Mrs. Gail Dombrowski** **Date: 08/20/2007**

**Organization :** **American Association of Nurse Anesthetists**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

August 20, 2007
Ms. Leslie Norwalk, JD
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Sincerely,

Gail Dombrowski, SRNA
360 Booth Rd.
Troy, Mi, 48085

**Submitter :** **Dr. Joseph Mathew** **Date: 08/20/2007**

**Organization :** **Duke University Medical Center**

**Category :** **Physician**

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others at Duke University Medical Center, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantifying the severity of these lesions. In particular, color Doppler information is critical to the decision-making process in patients with heart valve disease undergoing valve surgery. It also allows us echocardiographers in the operating room to guide our surgical colleagues on the indication for valve surgery and immediately evaluate results of surgery. Each of these assessments is crucial to the short and long term outcome of our patients. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the physician time and equipment time that are required for a study; in fact, the physician time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The physician and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Joseph P Mathew, MD, FASE
Perioperative Echocardiography Service
Duke University Medical Center

**Submitter :** **Mr. Greg Downey** **Date: 08/20/2007**

**Organization :** **American Association of Nurse Anesthetists**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Background**

Background

August 20, 2007
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Acting Administrator
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Sincerely,

Greg A. Downey, CRNA, APN, MS.
1321 Beechview Drive
Sevierville, TN 37862