Submitter : **Kim Kinkead-Amiot** **Date: 08/20/2007**

Organization : **AANA**

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

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,

____Kim Kinkead-Amiot CRNA____________________
Name & Credential
1301 Covered Bridge Rd____________________
Address
Columbia MO 65203____________________
City, State ZIP

Submitter : **Dr. Phil Hopkins** **Date: 08/20/2007**

Organization : **APhA**

Category : **Pharmacist**

Issue Areas/Comments

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Proposed Elimination of Exemption for Computer-Generated Facsimiles

I understand the government s disappointment with the slowness (reluctance?) of physician offices to adopt e-scribe procedures. Fax elimination, however, will not speed up the conversion process, unless phone orders from physician s offices are also addressed. Elimination of faxes will simply result in more phoned orders from physician offices, and there are already plenty of these. No doubt many offices are waiting until the 11th hour to convert to electronic transmission, but as long as another option remains, it will be utilized preferentially over e-scribe. No adult I know needs training on how to use a phone and all offices and pharmacies already have one. If any change needs to be made it is the elimination or severe limiting of phone orders from physician s offices to community pharmacies; then worry about the faxes.

CMS-1385-P-6868

Submitter : Dr. George Lampe **Date:** 08/20/2007

Organization : Dr. George Lampe

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support an increase in compensation for Anesthesiologists, who have for years been singled out for unfair recognition of our services. Our compensation has been found by your department to be unfair. and I urge you to correct this grievance so that we can continue to attract physicians to our specialty. I urge you to enact the recommendations of your task force, and that Anesthesiologists compensation be increased to a fair level...Thank you George H. Lampe M.D.

Submitter : **Dr. Henry Shih** **Date: 08/20/2007**

Organization : **Univ of Pennsylvania**

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

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

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

Thank you for your consideration of this serious matter.

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

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Physical therapists have an independent scope of practice and rigorous graduate level academic education as well as extensive clinical training. They are licensed in all jurisdictions. Therefore, they are considered an independent and autonomous profession and should not be considered as an ancillary service to a physician's practice. Further, serving as such is simply one mechanism that allows physicians to circumvent the Stark Laws which were put in place for the public protection of over-utilization of services for financial gain. Please consider eliminating the use of physical therapy as an ancillary service in any capacity and recognize the practice of physical therapy by any professional other than a physical therapist as a violation of professional scope of practice.

CMS-1385-P-6872

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

Organization : South Coast Anesthesia

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
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

Ken Kane, CRNA, MSN
President
South Coast Anesthesia

Submitter : Dr. min yoon **Date:** 08/20/2007

Organization : Dr. min yoon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

http://www.accessdata.fda.gov/scripts/oc/dockets/comments/COMMENTQUESTIONS.CFM?EC_DOCUMENT_ID=143&SUBTYP=Not&ZIP=94965&COUNTRY=USA&PREFIX=Dr.&FIRST_NAME=min&LAST_NAME=yoon&ORGANIZATION=Dr.%20min%20yoon&CATEGORY=Physician&COMMENTER_ID=239643&ISSUE_AREA=DME%20Update&AGENCY=CMS

Submitter : **Dr. Barbara Pero** **Date: 08/20/2007**

Organization : **Santa Fe Anesthesia Consultants**

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

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.

Barbara Pero MD
Santa Fe, NM 87508

Submitter : Ms. becky edwards **Date:** 08/20/2007

Organization : midwest cardiac sonographer society

Category : Individual

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

i'm a cardiac sonographer and want to comment on this issue.when an echo is ordered with a doppler and colorflow, the amount of time to complete the test is extended as well as addidional time for the physician to interpret the test

Submitter : **Dr. Margaret Charsley** **Date: 08/20/2007**

Organization : **Santa Fe Anesthesia Services**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

It is vital that anesthesia services for medicare and medicaid patients are adequately reimbursed. This issue has been neglected far too long.

Submitter : **Dr. Joel Stockman** **Date: 08/20/2007**

Organization : **Dr. Joel Stockman**

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.

Sincerely,

Joel Stockman, MD
Anesthesiology Resident
Northwestern University

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

Organization : **Resurgens Orthopaedics**

Category : **Physician**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physician owned or "in House" Physical therapy provides several advantages for my patients. Patients benefit primarily from continuity of care. We have the ability to discuss the patient's care on a dailt basis thus avoiding prolonged and unnecccessary treatment. The most common question that I am asked by patients when Physical Therapy is mentioned is "Will I be having my therapy here?" What would you think? This is even more important in post-operative patient care. Patients deserve the right to choose and feel comfortable about their cboices when healthcare is involved. Competition is important to control costs and is even more important in improving quality. I urge you to tell CMS to close the Stark Referral for Profit Loophole.

CMS-1385-P-6880

Submitter : Dr. Claude Brunson **Date:** 08/21/2007

Organization : Univ. of MS Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

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

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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. Joyce Phillips

Date: 08/21/2007

Organization : University of New Mexico

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly encourage the increase in reimbursement fee schedule for anesthesia services provided for CMS.

Submitter : **Dr. Steven Whittler** **Date: 08/21/2007**

Organization : **Whittler Anesthesia, PC**

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;

Steven G. Whittler, MD
Whittler Anesthesia, PC

CMS-1385-P-6883

Submitter : Dr. David Deutmeyer **Date:** 08/21/2007

Organization : Dr. David Deutmeyer

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
Attn: CMS-1385-P
PO Box 8018
Baltimore, MD, 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5year 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 services. I am pleased that the Agency accepted this recommendation in its propsed rule and I support full implementation of the RUC recommendation.

This is necessary to ensure that our senior patients have access to expert anesthesia medical care. It is imperative :that CMS follow through with the proposal ain the Federal Registry by fully and immediately implementing thtte anesthesia conversion factor increase as recommended by the RUC.
I also feel that it is important that anesthesiologist are appropriately compensated for their services and treated fairly in referances to other physicians.

Thank you for your consideration of this matter.

Sincerely,

David J Deutmeyer, M.D.

Submitter : **Dr. J. Cameron Hall** **Date: 08/21/2007**

Organization : **Tennessee Society of Pathologists**

Category : **Physician**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 21, 2007

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. I practice in Memphis, Tennessee, as part of a 14-member pathology group that operates a histology and cytology laboratory and provides anatomic and clinical pathology services to a large healthcare system in the metropolitan Memphis area. I also serve as the president of the Tennessee Society of Pathologists (TSP).

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area and in several cities in Tennessee that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services. All members of TSP feel strongly that strong actions must be taken to eliminate existing loopholes that referring physicians are using to enhance their practice revenues by pocketing fees for anatomic pathology services that they themselves do not perform.

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

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

All of my colleagues in my practice and all of the TSP members are quite concerned about disruptions in the continuity of patients' care as the result of biopsies being sent far away from local physicians' practices. Often, a radical definitive surgical procedure will be performed in our local hospitals, yet the pathologists do not have access to the biopsies that generated the need for the surgical procedure. We are dismayed that patients' care is following this unfortunate pattern too often.

Thank you for your careful review of my comments. On behalf of all of the members of the Tennessee Society of Pathologists, I appreciate your efforts to ensure that patients receive the best possible care.

Sincerely,

J. Cameron Hall, M.D.
President, Tennessee Society of Pathologists
6046 Knight Arnold Road - Suite 101
Memphis, Tennessee 38115
office phone: 901-542-6800
office fax: 901-542-6871
e-mail: jhall33@comcast.net

Submitter : **Ms. Diana Reardon** **Date: 08/21/2007**

Organization : **AANA**

Category : **Other Practitioner**

Issue Areas/Comments

Background

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Dear Ms. Norwalk:

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Diana Reardon, CRNA, MSNA

Submitter : Mr. andrew WEISMER **Date:** 08/21/2007

Organization : pHYSIOTHERAPY ASSOCIATES

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physical therapy is an indepcndant profession from all physicians and medical providers that refer to our knowledge and expertise to benefit patients. While many providers believe that they understand physical therapy, they cannot perform the many skilled interventions required to both assess and treat patients effectively.

The core issue of self referral for profit is based in the above statement which recognizes that the therapist who has the professional traing and expertise should be making the decisions regarding what therapy interventions. frequency and duration is needed. this is consistent with any specialty in the field of medicine

Self referral for profit most times employs therapists for substantially greater pay and to do this varies the volume of the physical therapist caseload dramatically higher without recognition of the loss of quality of care. This cycle affects outcomes in a negative way and reflects poorly to patients. other medical providers, payors (insurance carriers), and the community. ultimately, the field of physical therapy is damaged from a public relations standpoint as to its usefulness and effecting reimbursement down the line as well.

All of the above mentioned issues do not even address the utilization increase done not due to needs of patients but for the added profit that can be earned from the physical therapy services rendered. Unfortunately, there are many more people that could benefit from physical therapy services as a conservative treatment option that is very cost effective and has prolonged and potentially life changing effects on individual's health and well-being. BUT these are not the reasons that more patients are referred for physical therapy when self referral for profit is allowed.

Physical therapy is an individual, stand alone profession as with any other medical profession. Internists do not employ and own Orthopedic surgeon practices simply because they understand that orthopedic consults are warranted. Additional consults may simply be ordered if there was a finacial reward for them. The field of orthopedic surgeons recognizes their independance and need to determine what is appropriate practice independant of other professions. Physical therapy is no different in this regard. physical therapy partners well with medical providers that recognize the benefits to patients and have care in mind rather than profit to be made on another profession.

I believe strongly that there are many practitioners that partner well with physical therapy but the policing, policy and procedures, and utilization of physical therapy should be done by those trained in the field of physical therapy. Physician self referral as a whole has many more negative aspects that clearly outweigh any positives.

I expect this committee and Congress to recognize the fact that professions are independant of eachother. Therefore, physician self referral for profit is a poor model for individuals to recieve physical therapy. It will dilute the quality of services offerred, the quality of the profession, the practice standards, and reimbursement in the future as well. It may lead to the demise of the primary cost effective, non-invasive, physical well-being education field in the medical community.

Submitter : **Carol Powell** **Date: 08/21/2007**

Organization : **Carol Powell**

Category : **Other Technician**

Issue Areas/Comments

GENERAL

GENERAL

As a registered diagnositic medical sonographer, I oppose the proposed changes which would result in eliminating payment for colorflow doppler. Colorflow is NOT used in every instance, and is an additional skill requiring training and understanding by both the technician and the interpreter. I urge you to reconsider.
Carol Powell, RDMS, RVT, RDCS

Submitter : Dr. Margaret Brennan **Date:** 08/21/2007

Organization : Dr. Margaret Brennan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CODING-ADDITIONAL CODES FROM 5 YEAR REVIEW
72 Federal Register 38122
Color flow Doppler is a powerful tool for the diagnosis of heart disease. It takes twelve to eighteen months for a sonographer to learn: quality is maintained by regular feed back from the cardiologist reading the studies. It is not done on every examination, when done it requires more sonographer time to perform the examination and more physician time tot interpret the examination. Payment for the color flow Doppler code is compensation for time spent.
Together we can find a way to identify studies where the code is charged but a thorough examination has not been done. But eliminating payment for color flow Doppler done well is a disincentive to excellence.
Margaret Brennan MD American Society of Echocardiography member, Board Certification Echocardiography 2006

Submitter : **Dr. Bradley Stalter** **Date: 08/21/2007**

Organization : **Dr. Bradley Stalter**

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,

Bradley A. Stalter, M.D.

Submitter : **Mr. Anderson Waldon** **Date: 08/21/2007**

Organization : **The Cleveland Clinic**

Category : **Nursing Aide**

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.
Anderson Waldon

Submitter : **Miss. carol oliver** **Date: 08/21/2007**

Organization : **ccf**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

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.
carol oliver

Submitter : **Miss. delena clemon** **Date: 08/21/2007**

Organization : **ccf**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.
delena clemon

Submitter : **Dr. Margarita Martirena** **Date: 08/21/2007**

Organization : **CCF**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.
Margarita Martirena,MD

Submitter : **Mr. Barry Marks** **Date: 08/21/2007**

Organization : **CCF**

Category : **Health Care Professional or Association**

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.
Barry Marks MSIV

Submitter : **Mrs. Rosalie Watkins** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.
Rosalie Watkins

Submitter : **Dr. Federico Osorio** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.
Federico Osorio M.D.

CMS-1385-P-6897

Submitter : **Dr. Michelle Lotto** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.
Dr. Michelle Lotto

Submitter : **Dr. John Bergfeld** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
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Thank you for your consideration of this serious matter.
John Bergfeld

Submitter : **Dr. Alexandru Gottlieb** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
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A Gottlieb

Submitter : Dr. Oscar Penate
Organization : Cleveland Clinic
Date: 08/21/2007
Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Osar Penate, MD

Submitter : **Dr. Mangalakaraipudur Ramachandran** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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M. R. Ramachandran

Submitter : **Dr. Zeyd Ebrahim** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.
Z.Y.Ebrahim

Submitter : **Miss. Barbara Mastrey** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Individual**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Barbara Mastrey

Submitter : Mr. Greg Bozimowski

Date: 08/21/2007

Organization : Mr. Greg Bozimowski

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
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,

Greg Bozimowski, CRNA MS
5522 Bentwood Lane
Commerce, MI. 48382

Submitter : **Dr. Peter Rasmussen** **Date: 08/21/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

Peter A. Rasmussen, MD

Submitter : **Joseph Locke** **Date: 08/21/2007**

Organization : **Joseph Locke**

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.
Joseph Locke

Submitter : **Jeremiah Blankenship** **Date: 08/21/2007**

Organization : **Jeremiah Blankenship**

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. Worasak Keeyapaj** **Date: 08/21/2007**

Organization : **Dr. Worasak Keeyapaj**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Deanna Fox

Date: 08/21/2007

Organization : Kansas University Anesthesiology Foundation

Category : Physician

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

CMS-1385-P-6912

Submitter : **Mrs. tahira husamadeen** **Date: 08/21/2007**

Organization : **cleveland clinic foundation**

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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Thank you for your consideration of this serious matter.
tahira husamadeen

CMS-1385-P-6913

Submitter : Mrs. cheryl cordell **Date:** 08/21/2007

Organization : cleveland clinic

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.
cheryl cordell

CMS-1385-P-6914

Submitter : Mr. Philip Sarge **Date:** 08/21/2007

Organization : AANA

Category : Other Practitioner

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,

Philip G. Sarge, CRNA
4431 Pine Ln
Green Bay , WI 54313

Submitter : Dr. Suzanne Martin **Date:** 08/21/2007

Organization : University of South Alabama Hospital System

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a resident physician in pathology and a junior member of the College of American Pathologists. As a third year resident at the University of South Alabama in Mobile, Alabama, I am beginning to need to decide where my future in pathology is headed. As I get closer to concluding my residency, I am beginning to realize how important it is to keep the practice of pathology and medicine as a whole secure.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

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

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

Sincerely,

Suzanne Hicks Martin, M.D.

Submitter : **Mr. KRAIG TAYER** **Date: 08/21/2007**

Organization : **CLEVELAND CLINIC**

Category : **Other Health Care Professional**

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.
KRAIG W. TAYER, CER. A.T.T.

Submitter : Mr. Kevin LeBlanc **Date:** 08/21/2007

Organization : Mr. Kevin LeBlanc

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,

Kevin LeBlanc CRNA, MNA
Name & Credential

Address
Lexington, SC, 29072
City, State ZIP

Submitter : **Mr. Robert Koch** **Date: 08/21/2007**

Organization : **Cleveland Clinic Foundation**

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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Robert K. Koch

Submitter : Dr. Ryan Romeo **Date:** 08/21/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter : Dr. Gary Simon

Date: 08/21/2007

Organization : Resurgeons

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physical therapists that I am confident in and am familiar with help to ensure optimal patient outcomes. The ability to directly oversee and interact with maximizes this ability. To loose this availability by limiting self referrals would ultimately compromise patient care!!

Submitter : **Andrew Benko** **Date: 08/21/2007**

Organization : **Cleveland Clinic Health System**

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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Andrew Benko

Submitter : **Mr. Warner Doctor** **Date: 08/21/2007**

Organization : **Cleveland Clinic Foundation**

Category : **Individual**

Issue Areas/Comments

GENERAL

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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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Thank you for your consideration of this serious matter.

Warner D. Doctor CBET

Submitter : Ms. Elizabeth Calamante **Date:** 08/21/2007

Organization : Cleveland CLinic Health System

Category : Other

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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Submitter : Ms. Elizabeth Calamante **Date: 08/21/2007**

Organization : Cleveland CLinic Health System

Category : Other

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.

Elizabeth Calamante

Submitter : **Ms. Donna Jarrell** **Date: 08/21/2007**

Organization : **cleveland clinic foundation**

Category : **Individual**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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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.
Donna Jarrell

Submitter : **Ms. Jennifer Reichley** **Date: 08/21/2007**

Organization : **Children's Hospital, Columbus**

Category : **Hospital**

Issue Areas/Comments

Impact

Impact

Fully electronic prescription writing and communication is highly desirable for its safety and security benefits; however, this deadline is premature. I believe that eliminating the ability to fax prescriptions by January 2009 is too soon and that a date of January 2010 would remove undue hardship on many healthcare providers who are still planning for and implementing the new technology. Then, I recommend that even after the final ePrescribing requirement date that computer-generated faxing still be allowed as a back-up for communicating prescriptions in the event that the fully electronic system fails for any reason for a particular transaction

Submitter : **Dr. Ronald M Meyer** **Date: 08/21/2007**

Organization : **self**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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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Thank you for your consideration of this serious matter

Submitter : **Dr. Christopher Adolay** **Date: 08/21/2007**

Organization : **American Society 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:

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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Thank you for your consideration of this serious matter.
Christopher J. Adolay M.D.

Submitter : **Kenneth E. Marler** **Date: 08/21/2007**

Organization : **Anesthesia Specialists of Albuquerque**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Support proposed increase to bring up to Medicarc standards.

Submitter : **Mrs. Judy Castagna** **Date: 08/21/2007**

Organization : **Alan S. Routman, MD PA**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Regarding PT in the physician office - most patients and physicans like it because of the direct feed back on the treatment and any potential problems during treatment. As having been a patient at one time myself, I found the physician based therapy worked out very well since the therapist knew & followed the protocol given for my problem.

Submitter : **Mr. Edward Lashomb** **Date: 08/21/2007**

Organization : **North Country Orthopaedic Group**

Category : **Health Care Provider/Association**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I work in an orthopaedic practice that provides in-office physical therapy services. Our patients benefit from the coordination of care between physicians and therapists. Care is rendered in a timely and compassionate manner. Treatment protocols developed by our therapists and physicians ensure that referrals to our therapy unit are appropriate and consistent with prevailing guidelines. To resrict our practice's ability to refer patients to our therapy program would be detrimental to patient compliance and continuity of care, which are so important to achieving a successful medical outcome.