Submitter : Mr. Hank Hester **Date:** 08/21/2007

Organization : City of Longview Tx, Fire Department

Category : Local Government

Issue Areas/Comments

Ambulance Services

Ambulance Services

See Attached

CMS-1385-P-7016-Attach-1.DOC

#7016

20 August, 2007

TO: Centers for Medicare & Medicaid Services, (CMS)

From: Captain Hank Hester, City of Longview Texas Fire Department

Ref: BENEFICIARY SIGNATURE

To Whom It May Concern,

In dealing with the proposed changes in Section 424.36, "BENEFICIARY SIGNATURE", the Longview Fire Department would like to express its concerns and *disapproval* of such changes in the rule as outlined in the following.

The proposal focuses on the instances of "emergency ambulance transports", and the provider's ability to obtain signatures. Emergency ambulance providers are frequently faced with the task of locating individuals authorized to sign documents in the event that the beneficiary is unable due to mental or physical status. This process is time consuming and burdensome to the provider and often results in confusion and distraction. The process will only become more burdensome by requiring an additional signature from the receiving facility. This additional signature *will* result in conflict with the receiving facilities (emergency departments) secondary to apprehensive employees signing a liable document or statement. In addition, this extra signature signifies less trust in the emergency ambulance provider's ability to declare a patient incapable of signing the claim.

In summary, the Longview Fire Department believes the proposal is not sympathetic to the emergency ambulance providers. This rule will only imply that emergency ambulance professionals cannot make sound decisions without additional documentation from emergency departments. We believe that an ambulance provider can document the inability of the beneficiary to sign, and no individual was able or willing to sign for the beneficiary, and include the date and time the beneficiary was transported, without receiving a signed statement from the receiving facility.

Thank you for your attention in this matter,

Captain Hank Hester
EMS Coordinator
Longview Fire Department

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

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physicians should not be able to profit from PT services. This allows for them to self refer, possibly when not even necessary for the patient to receive the service. Ethically, the patient shoulder always have the choice where they receive their services from. Therefore, please remove PT from the in office ancillary services exception to the federal physician self referral laws.

Submitter : Dr. Roger Royster **Date:** 08/21/2007

Organization : Wake Forest University School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

My academic anesthesiology department is losing more than a million dollars each year and we desparately need increase anesthesia payments under the 2008 Physician Fee Schedule. My hospital has a payer mix which includes almost 50% medicare patients. The revenue loss increases as our payer mix becomes more medicare and medicaid and will continue to increase as the baby boomer generation demands more health care. 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 $15.45 per unit in North Carolina. This amount does not cover the cost of caring for our nation s seniors, our department loses financially on each medicare patient and this is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Naveen Nathan **Date:** 08/21/2007

Organization : Dr. Naveen Nathan

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.

Submitter : Dr. Ravindra Prasad **Date:** 08/21/2007

Organization : Univ. of N. Carolina School of Medicine

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.

Submitter : Dr. Michael Greco **Date:** 08/21/2007

Organization : University of New Mexico HSC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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 : **Date: 08/21/2007**

Organization : **Mo State Board of Healing Arts Adv Comm for PT's**

Category : **State Government**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-7022-Attach-1.DOC

#7022

Matt Blunt
Governor
State of Missouri

DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
Douglas M. Ommen, Director

3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
573-751-0293
573-751-4176 FAX
800-735-2966 TTY
800-735-2466 Voice Relay Missouri

David T. Broeker
Division Director

http://www.pr.mo.gov

August 22, 2007

Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-1850

Re: CMS-1385-P
THERAPY STANDARDS AND REQUIREMENTS

Dear Sir or Madam:

The Missouri State Board of Healing Arts' Advisory Commission for Physical Therapists submits the following comments on the proposed rules changing the definition of "physical therapist" in Section 484, Title 42 of the Code of Federal Regulations. The proposed rules are part of the 2008 Proposed Revisions to Payment Policies Under the Physician Fee Schedule and Other Part B Payment Policies for Calendar Year 2008, found in Volume 72 of the Federal Register, published on July 12, 2007.

Under subsection (i)(B) and (ii)(B) of the proposed definition of "physical therapist" an applicant would need to have "[p]assed the National Examination approved by the American Physical Therapy Association." We strongly suggest that CMS rely on state licensure and that the additional examination requirements contained in subsections (i)(B) and (ii)(B) of the definition of "physical therapist" be deleted from the final rule. At the very least, the Centers for Medicare and Medicaid Services ("CMS") should delay promulgation of the proposed rule until CMS has had an opportunity to understand the examination, credentialing, and licensing processes currently in place.

We, along with all of the other state boards of physical therapy examiners, have already adopted a national qualifying exam for physical therapists, the National Physical Therapy Examination ("NPTE"). The Federation of State Boards of Physical Therapy ("FSBPT") develops and administers the NPTE in close collaboration with the state boards. Working together, we have

developed a national passing score. The FSBPT has done an outstanding job of meeting our needs. Likewise, the NPTE has been a valuable tool in screening physical therapist applicants. Through the NPTE, we have been able to successfully filter applicants. In turn, we, as a policing body, have been able to protect the public by ensuring that only qualified therapists are licensed care for our citizens.

CMS should not usurp the states' function of licensing physical therapists and other professionals. Health care professional credentialing and licensing is a classically state function. Licensing and credentialing are the domain of the states. CMS' proposal would inappropriately transform a state function into a federal function. There is no justification for this action, and CMS should prevent it by removing the proposed rule.

CMS respects states' rights and state licensure for other health care professions, and it should continue to do so with respect to physical therapists. For example, CMS' regulations define a physician as a "doctor of medicine ... legally authorized to practice medicine and surgery by the State in which such function or action is performed." 42 C.F.R. § 484.4 (2006). Likewise, a registered nurse is defined as "[a] graduate of an approved school of professional nursing, who is licensed as a registered nurse by the State in which practicing." 42 C.F.R. § 484.4. Establishing requirements that are different than what the states require for licensing PTs would be inconsistent with not only the rights of the states, but also CMS' own standards.

Moreover, the federal government should not impose an additional burden on the states, particularly since its stated desire for a national examination already satisfied and its other stated goals would not be better met by the burden it proposes to impose. The proposed unfunded mandate could result in the development of a second exam, which would create confusion and more work for the states, without benefit. Our resources are already limited and stretched.

In the preamble to the proposed regulations, CMS says that it is seeking uniformity. The fact of the matter is that uniformity and consistency across the nation and across provider settings already exists. State licensing requirements apply to physical therapists without regard to where they practice. All states accept CAPTE accreditation. All states accept the NPTE and have adopted the same passing score. No federal regulation is required.

In fact, the proposed regulations would likely defeat CMS' own goal of uniformity. If, for example, the APTA were to approve a different exam than the NPTE, which the regulations would permit it to do, physical therapists, patients, including Medicare and Medicaid beneficiaries and recipients, and others could face substantial confusion and interruption of service. As a state board of physical therapy examiners, we would continue to have authority to select an exam of our choice for licensing purposes. However, under the proposed rule, a physical therapist would have to pass a second exam approved by the APTA to qualify for Medicare reimbursement. Thus, patients might be forced to change physical therapists as they become Medicare or Medicaid eligible, and the current uniformity and continuity of standards across the country would be lost. Thus, the proposed rules undermine CMS' ambition for uniformity of standards.

CMS and the federal government should not empower an advocacy group, like the APTA, to establish an examination or any qualifications for professionals to provide healthcare services to

patients. The APTA's mission is to advocate and promote the profession. As a licensing body, our mission is to ensure that physical therapists are qualified to provide physical therapy services and are authorized to do the work for which they are trained. The FSBPT, the organization to which we look for the national licensing exam, was created to eliminate, protect against and prevent the inherent conflict of interest that the APTA would have if it were to have authority over the examination and credentialing processes. Even the APTA recognized this conflict of interest problem two decades ago when it created the Federation of State Boards of Physical Therapy. CMS must not allow this conflict of interest to become a rule.

The Missouri State Board of Healing Arts' Advisory Commission for Physical Therapists strongly urges CMS to require only state licensure. Most importantly, CMS should remove the additional examination requirements contained in subsections (i)(B) and (ii)(B) of the definition of "physical therapist." At a minimum , CMS should delay promulgation of the proposed rule until CMS has had an opportunity to understand the examination, credentialing, and licensing processes currently in place.

We appreciate the opportunity to comment on the proposed rules regarding physical therapist and physical therapy assistant qualification requirements.

Respectfully yours,

Melinda Christianson, P.T.
Advisory Commission Chair

Submitter : Mrs. Amanda Youth **Date:** 08/21/2007

Organization : Mrs. Amanda Youth

Category : Other Practitioner

Issue Areas/Comments

Background

Background

August 21, 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,

Amanda Youth, CRNA
105 Huntsmoor Lane
Cary, NC 27513

Submitter : Dr. JOHN SHIM **Date:** 08/21/2007

Organization : Florida Sports, Orthopaedics and Spine Medicine

Category : Physician

Issue Areas/Comments

Ambulance Services

Ambulance Services

Thank you for allowing comments on the ability for physicians to offer in office physical therapy and occupational therapy services. Our practice (Four person orthopaedic group) has now offered such services for the past 16 months. It has been a very favorable situation for the patients. We do not employ any PT assistants or Techs. All patients receive individual one on one time with the Therapists. The outcomes have been outstanding and the patient satisfaction excellent. The patients have commented that the convenience of having therapy in the office is great. They have comfort in knowing that the physician is also in the office to guide the therapists. Because we do not have the economic pressure of marketing for referrals, we are able to spend more time caring for patients instead of adminstration.

It has been a win-win for the patient and physician group in that the outcomes and satisfaction has been excellent. It is our understanding that the Physical Therapy Lobbying groups are attempting to limit the ability for physicians to provide therapy. Based on our experience, it will not reproduce the excellent outcomes and satisfaction.

Sincerely,

John H. Shim, M.D.

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

Organization :

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Ann Bailey **Date:** 08/21/2007

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jonathan Clarke **Date:** 08/21/2007

Organization : Children's Anesthesia Medical Group, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

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

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

Organization : University of North Carolina

Category : Physician

Issue Areas/Comments

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

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

Organization : American Society of Anesthesiologists

Category : Congressional

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter :

Date: 08/21/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

Please see attached file.

CMS-1385-P-7032-Attach-1.PDF

#7032

August 21, 2007

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

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

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Sincerely,

Mark A. Beresh, CRNA
664 Georgetown Drive NW
Concord, NC 28027

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

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

8/21/08
Re: Stark physician self-referral law

Please consider closing the loophole in the Stark physician self-referral law as proposed in the rule for the 2008 Medicare physician fee schedule.

This would be detrimental to the practice and provision of Physical Therapy services. Physical therapy services should be included in the In-office ancillary services exception!

This loophole would lead to a physician-controlled referral process for profit, which could compromise the care of the elderly. It could possibly limit the patient s choice of physical therapists which may direct the patient to less experienced practices. Experienced Physical Therapists in private practice could be in danger of closing their clinics.

Please STOP referrals for PROFIT, and remove physical therapy from the in-office ancillary services exception to the federal physician self-referral laws.

Thank you.

Submitter : Mr. Bill Turpin **Date:** 08/21/2007

Organization : Santa Barbara County Fire Dept Ambulance

Category : Local Government

Issue Areas/Comments

Beneficiary Signature

Beneficiary Signature

August 21, 2007

Santa Barbara County Fire Department
4410 Cathedral Oaks Road
Santa Barbara, CA 93110

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention CMS 1385-P

RE: BENEFICIARY SIGNATURE. Proposed change Section 424.36

The Santa Barbara County Fire Department operates an emergency ambulance service within it s jurisdiction. The Department compliments CMS for attempting to improve the authorization process by which providers are allowed to bill for emergency services. However, we believe the present proposal adds additional complications to an already burdensome process. Therefore the Department recommends against adoption of the proposed change for the following reasons.

1) The proposed change is presented as a sympathetic effort to provide ambulance providers with an additional option for obtaining authorization in the absence of a beneficiarity signature. However, the proposed change does not remove previous requirements but only adds the additional requirement of obtaining a signature from a receiving facility. This adds an additional requirement to an already burdensome process performed during delivery of emergency medical care to an injured or ill patient.
2) The proposed change implies that the emergency treatment process stops when the
patient is delivered to the treatment facility. The real circumstances of emergency medical care is that when a patient is delivered to a treatment facility, the personnel of that facility take over the patient s emergency care. The projected 5 minute time period for obtaining a signature is not realistic since the treatment facility personnel are usually committed to providing continuing care to the patient. Assisting with ambulance provider authorization becomes a low priority.
3) Upon delivery of the patient to the treatment facility, the priority of the ambulance provider is to return the ambulance to its service area, which is often quite distant. A requirement to stay at a treatment facility, waiting for a signature, will slow down a return to it s service area.
4) The proposed change requires the ambulance provider to obtain a signature from the treatment facility contemporaneous to delivery of the patient. The proposed change does not require the treatment facility to provide such a signature. As indicated above, provision of such a signature will not be a priority of the treatment facility and will likely have the unintended consequence of degrading the timely recovery of the ambulance response capability.

In closing, the Santa Barbara County Fire Department recommends not adopting the recommended change to Section 424.36. If you have questions concerning the Department s position and understanding of this issue, please contact Bill Turpin of the Department s ambulance billing section at the above address or by telephone at 805-681-5520 or by email at bill.turpin@sbcfire.com.

Sincerely, Bill Turpin,Departmental Assistant

CMS-1385-P-7034-Attach-1.DOC

#7034

August 21, 2007

Santa Barbara County Fire Department
4410 Cathedral Oaks Road
Santa Barbara, CA 93110

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention CMS-1385-P

RE: "BENEFICIARY SIGNATURE, Proposed change Section 424.36

The Santa Barbara County Fire Department operates an emergency ambulance service within it's jurisdiction. The Department compliments CMS for attempting to improve the authorization process by which providers are allowed to bill for emergency services. However, we believe the present proposal adds additional complications to an already burdensome process. Therefore the Department recommends against adoption of the proposed change for the following reasons.

1) The proposed change is presented as a sympathetic effort to provide ambulance providers with an additional option for obtaining authorization in the absence of a beneficiarity signature. However, the proposed change does not remove previous requirements but only adds the additional requirement of obtaining a signature from a receiving facility. This adds an additional requirement to an already burdensome process performed during delivery of emergency medical care to an injured or ill patient.
2) The proposed change implies that the emergency treatment process stops when the patient is delivered to the treatment facility. The real circumstances of emergency medical care is that when a patient is delivered to a treatment facility, the personnel of that facility take over the patient's emergency care. The projected 5 minute time period for obtaining a signature is not realistic since the treatment facility personnel are usually committed to providing continuing care to the patient. Assisting with ambulance provider authorization becomes a low priority.
3) Upon delivery of the patient to the treatment facility, the priority of the ambulance provider is to return the ambulance to its service area, which is often quite distant. A requirement to stay at a treatment facility, waiting for a signature, will slow down a return to it's service area.
4) The proposed change requires the ambulance provider to obtain a signature from the treatment facility contemporaneous to delivery of the patient. The proposed change does not require the treatment facility to provide such a signature. As indicated above, provision of such a signature will not be a priority of the treatment facility and will likely have the unintended consequence of degrading the timely recovery of the ambulance response capability.

In closing, the Santa Barbara County Fire Department recommends not adopting the recommended change to Section 424.36. If you have questions concerning the Department's position and understanding of this issue, please contact Bill Turpin of the Department's ambulance billing section at the above address or by telephone at 805-681-5520 or by email at bill.turpin@sbcfire.com.

Sincerely, Bill Turpin,Departmental Assistant

Submitter : Dr. Ted Peterson **Date:** 08/21/2007

Organization : Dr. Ted Peterson

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-7035-Attach-1.PDF

7035

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 : **Date: 08/21/2007**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

In doctor's office Physical Therapy and imaging is convenient for me and my doctor. The therapists, xray people, and radiologists can all communicate directly and efficiently through electronic records and email. I have seen other doctors who have PT who will not see Medicare because of the high restrictions. Please don't add restrictions to an already long list, so I can keep going to the same PT, and my doctor has more involvement in the PT! Thank you.

Submitter : Dr. C D Redger JR **Date:** 08/21/2007

Organization : Bassett Army Community Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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.

CD Redger JR
MAJ, MC, USA
Medical Director, Anesthesia Services
& Chief, Anesthesiology
Bassett Army Community Hospital
Ft. Wainwright, AK 99703
907-353-5255

Submitter : Tim Morrison **Date:** 08/21/2007

Organization : UTC SON

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
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.
ı 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.
ı 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.
ı Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.
Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).
America s 36,000 CRNAs provide,some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency s acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Submitter : **Mrs. Sara Hope** **Date: 08/21/2007**

Organization : **Mrs. Sara Hope**

Category : **Pharmacist**

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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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 : **Madeline Hope** **Date: 08/21/2007**

Organization : **Madeline Hope**

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Bettye Santistevan **Date:** 08/21/2007

Organization : Bettye Santistevan

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Linda Hope** **Date: 08/21/2007**

Organization : **Linda Hope**

Category : **Academic**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Dr. Debra Tabor** **Date: 08/21/2007**

Organization : **Greater Houston Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS 1385 P

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 the 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. This was due to signigicant undervaluation of anesthesia work compared to other physician services. Medicare payment for anesthesia services today is just $16.19 per unit. This amount does not cover the cost of caring for the population served by Medicare.Furthermore, this amount is creating an unsustainable system in which anesthesiologists are being forced away from areas with large Medicare populations.

In an effort to rectify this situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. This would result in an increase of almost $4.00 per anesthesia unit. This would be a significant step in correcting the undervaluation of anesthesia services. I fully support implementation of the RUC's recommendation.

The Medicare population frequently are amoung the most ill and most fragile patients that require surgery. 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.

Debra Tabor, M.D.

Submitter : **Dr. Robert Laviolette** **Date: 08/21/2007**

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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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

Robert J. Laviolette MD

Anesthesia Consultants of Indianapolis

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

Organization :

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)

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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,
L. Reid Fletcher, MD

Submitter : Dr. Linda Wat **Date:** 08/21/2007

Organization : Loma Linda University Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I as a teaching physician in anesthesiology in a large tertiary care center, I highly support the proposed increase in Medicare anesthesia payments. A significant proportion of my practice involves teaching residents how to provide superior care for total joint replacement, and the majority of these patients are Medicare recipients.

Submitter : Ms. Dora Vasquez **Date:** 08/21/2007

Organization : Ms. Dora Vasquez

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

Ms. Norwalk:

The purpose of this letter is to support the Centers for Medicare and Medicaid Services proposal to boost the value of anesthesia work by 32%.

The approval of the CMS' proposal would benefit not only the CRNA but also the millions of american who require anesthesia services. specially in the rural areas.

I recognize that anesthesia services have been undervalued long enough, so the proposal to increase the value of anesthesia work. by the approval of the CMS' proposal is not only fair but essentially necessary.

Sincerely,

Dora Vasquez, RN

Submitter : Chris Campanotta **Date:** 08/21/2007

Organization : AANA, ALANA (Nurse Anesthetists(

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

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.

ı 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.

ı 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.

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

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

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

Submitter : Dr. Mark Snyder **Date:** 08/21/2007

Organization : Anesth. Associates of Central Kansas

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to strongly support the RUC's recommendation to CMS to increase the anesthesia conversion factor. The current rate is too low to be economically reasonable for any anesthesia provider taking care of a high percentage of Medicare patients as I do. The conversion factor must be increased for us to continue to offer services to Medicare patients. Thank you. Mark Snyder M.D.

Submitter : Mr. Rick Lossing **Date:** 08/21/2007

Organization : Maricopa Medical Center

Category : Other Practitioner

Issue Areas/Comments

Background

Background

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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? 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).

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Sincerely,

Rick N. Lossing, CRNA, MS
skysermer@gmail.com

Submitter : **Dr. chad wagner** **Date: 08/21/2007**

Organization : **Vanderbilt**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

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

Organization : **AANA**

Category : **Nurse 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,

Robert Bonser CRNA, MSN
5435 Burnt Hickory Dr.
Valrico, Fl 33594
813.716.5468

Submitter : Dr. Erin Chaney **Date:** 08/21/2007

Organization : Duke University Hospitals

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.

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 : Mr. Bryce Chaney **Date:** 08/21/2007

Organization : Cirrus Pharmaceuticals

Category : Drug Industry

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 : Mrs. Victoria Kell **Date:** 08/21/2007

Organization : Kell Medical

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Robert Kell **Date:** 08/21/2007

Organization : Kell Medical

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 : Mr. Jacob Garrett **Date:** 08/21/2007

Organization : Kell Medical

Category : Individual

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 : Mr. Jonthan Casey **Date:** 08/21/2007

Organization : AANA

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

As a Nurse Anesthetist & member of the American Association of Nurse Anesthetists (AANA), I am writing to support the Centers for Medicare & Medicaid Services (CMS) proposal to increase the value of anesthesia services by 32%. If passed, the 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.

Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies have demonstrated that Medicare Part B reimburses for most of our services at approximately 80% of private market rates, while reimbursing for anesthesia services at approximately only 40% of private market compensation.

Also, 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.

Finally, the CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have fallen behind inflation. 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).

As a practicing CRNA, working in both a metropolitan & rural areas, I feel this proposal will ensure the availability of quality anesthesia services for my patients in years to come. Thank you.

Submitter : Mrs. Viki Coyne **Date:** 08/21/2007

Organization : AANA

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

I am a nurse anesthetist who has been in practice since 1977. I work independantly of an anesthesiologist and bill for service. My practice is primarily medicare patients. The cut in reimbursement has made a substantial cut in my yearly income and I am now receiving less money than five years ago even though the cost of living has gone up. I strongly urge you to increase the medicare reimbursement. Thank you, Viki Coyne CRNA

Submitter : **Ms. Kristi Tarver** **Date: 08/21/2007**

Organization : **Ms. Kristi Tarver**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Mr. Kenneth Coyne **Date:** 08/21/2007

Organization : AANA

Category : Other Health Care Professional

Issue Areas/Comments

Coding--Multiple Procedure Payment Reduction for Mohs Surgery

Coding--Multiple Procedure Payment Reduction for Mohs Surgery

I an a nurse anesthestist now practicing as a nurse practioner. With the reduction in medicare reimbursement and the soaring cost of malpractice insurance and the fact that 85% of my practice was medicare patients, I am economically better off in a nurse practioner position where my benefits are paid since the medicare reimbursement cuts have occured. This is very disappointing after 30+ years of anesthesia solo practice. Please increase medicare reimbursement. Thank you, Ken Coyne CRNA ARNP

Submitter : Dr. Stephen Tarver **Date:** 08/21/2007

Organization : Univ of KS School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachmcnt

CMS-1385-P-7064-Attach-1.DOC

#7064

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Neal Tarver **Date:** 08/21/2007

Organization : Neal Tarver

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

see attachmcnt

CMS-1385-P-7065-Attach-1.DOC

#7065

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Submitter : Candice Tarver **Date:** 08/21/2007

Organization : Candice Tarver

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-7066-Attach-1.DOC

#7066

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Carolyn Tarver **Date:** 08/21/2007

Organization : Carolyn Tarver

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-7067-Attach-1.DOC

#7067

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Ed Tarver **Date:** 08/21/2007

Organization : Ed Tarver

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-7068-Attach-1.DOC

#7068

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 : Kenan Ryan **Date:** 08/21/2007

Organization : MTSA

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
Baltimore, MD 21244 8018

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

Dear Ms. Norwalk:

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Sincerely,

Kenan Ryan, RN, BSN, SRNA
411 Annex Ave Apt G7
Nashville, TN 37209

Submitter : Fred Tarver **Date:** 08/21/2007

Organization : Fred Tarver

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See attachmcnt

CMS-1385-P-7070-Attach-1.DOC

#7070

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Vu Pham **Date:** 08/21/2007

Organization : Dr. Vu Pham

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.

Vu Pham, M.D.

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

Organization :

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Amy Pham

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

Organization :

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

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.

Suu Thi Vu

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

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

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Minh Pham

Submitter : **Dr. Davd Rogers** **Date: 08/22/2007**

Organization : **Old Pueblo Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Sincerely,

David L. Rogers, M.D.

Submitter : **Dr. Ronald Stevens** **Date: 08/22/2007**

Organization : **Dr. Ronald Stevens**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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Thank you for your consideration of this serious matter.

Sincerely,

Ronald E. Stevens

Submitter : **Dr. Thomas Gaffey** **Date: 08/22/2007**

Organization : **Dr. Thomas Gaffey**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Sincerely,

Thomas Gaffey M.D.

Submitter : Mrs. Linda Bratcher **Date:** 08/22/2007

Organization : Cantrell Center for Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am urging you to remove physical therapy services from the allowed list of in-office ancillary services on the physician fee schedule. I have been a practicing physical therapist for 23 years in many different settings. I have been working in an outpatient clinic setting for the past 10 years. It is common to hear from patients that their referring physician instructed them to get therapy at their in-office clinic and did not let them know they had a choice in where they recieved their therapy. I have even heard of a physician declining to write a therapy referral when notified the patient would be going to another off-site therapy clinic other than the physician-owned clinic. There is an obvious conflict of interest when a physcian owns or profits from a therapy clinic. There is a tendency towards over-utilization of therapy. I again strongly urge you to remove physcial therapy services from the allowed list of in-office ancillary services on the physician fee schedule.

Sincerely,
Linda Bratcher, MPT

Submitter : **Dr. Richard Prielipp** **Date: 08/22/2007**

Organization : **Univ of Minnesota Medical School**

Category : **Physician**

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

--Richard Prielipp

Submitter : Dr. Seth Coren **Date:** 08/22/2007

Organization : Vero Orthopaedics II, PA

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Dear Sirs:
I am a practicing Orthopedist in Florida since 1979. During this time I this in several different settings with, and without in-office physical therapy. I also have a busy Worker's Compensation component to my practice, in which many of the patients are unable to be treated in my facility due to the contractual obligations of the insurance company. It is very obvious to me and to my patients, but the superiority of the treatment that they receive in my facility is quite evident. It is my belief that the ability oversee the daily activities the physical therapy department because of the proximity within my office is one of the major reasons for this. The physical therapist in physical therapy department know that they have the ability to walk directly into a patient care to discuss any changes or problems with the patients treating. This also is a case with the patient's other physicians in our practice. I believe that this provides a far more coordinated and collegially approach to the total patient care that we can provide .

With this in mind, I urge you not to consider changing in office exception of the Stark Rules concerning physical therapy and occupational therapy.

Sincerely yours,

Seth D. Coren M.D.