

Submitter :

Date: 08/22/2007

Organization :

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

The practice of in-house referral to physical therapy from physicians is unethical. It is a drain on the Medicare and Medicaid systems for the financial gain of physician owners. Please put a stop to this for the benefit of Medicare/Medicaid patients and to support the profession on physical therapy.

Submitter : Mrs. Karen Kolb

Date: 08/22/2007

Organization : American Association of 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 (CRNA's) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.

Impact

Impact

America's 36,000 CRNA's provide some 27 million anesthetics in the US 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 anesthetic 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 : Mr. David Andrews
Organization : AANA
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 22, 2007

Office of the 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 Administrator:

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

This increase in Medicare payment is important for several reasons.

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

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

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

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

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

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

Thank you in advance for your help.

Respectfully,

David Andrews, CRNA

1638 Marsh Harbor Lane
 Mount Pleasant, SC 29464
 843-696-6376

Submitter : Dr. Chris Kehler
Organization : Dr. Chris Kehler
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Miss. Courtney Vick
Organization : Miss. Courtney Vick
Category : Other Health Care Provider

Date: 08/22/2007

Issue Areas/Comments

Background

Background

Please see the attached file. Thank you.

CMS-1385-P-7284-Attach-1.RTF

#7284

August 22, 2007

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

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

Dear Ms. Norwalk:

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).

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Sincerely,

Courtney Anne Vick, graduate nurse anesthetist

Name & Credential

2090 Ardmore Village Lane

Address

Winston Salem, NC 27127

City, State ZIP

Submitter : Mrs. Ann Marie Lewis, CRNA
Organization : AANA
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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 Administrator:

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Sincerely,

Ann Marie Lewis, CRNA

Name & Credential

6610 37th St East

Address

Sarasota, FL 34243

City, State ZIP

Submitter : Mr. Ronnie Berrios
Organization : Mr. Ronnie Berrios
Category : Other Health Care Provider

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007

Office of the 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,

Ronnie W. Berrios CRNA
 24 White Crescent Lane
 Simpsonville SC 29681

Submitter : Mrs. Jodi Crawford
Organization : American Assoc. of Nurse Anesthetists
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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 Administrator:

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Sincerely,

Jodi M Crawford CRNA
3654 Stillwater Blvd
Maumee, OH 43537

Submitter : Mr. Matthew Crawford
Organization : Mr. Matthew Crawford
Category : Individual

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007

Office of the 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,

Matthew E Crawford
3654 Stillwater Blvd
Maumee, OH 43537

Submitter : Mrs. Jonnice Grentz
Organization : Mrs. Jonnice Grentz
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

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Submitter : Mr. Donald Gabbert

Date: 08/22/2007

Organization : Mr. Donald Gabbert

Category : Other Practitioner

Issue Areas/Comments

Background

Background

Office of the 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 Administrator:

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

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Sincerely,

Donald W. Gabbert CRNS, MS
3612 Cooper Rd
Duluth, MN 55803

Submitter : Dr. Joseph Tworek
Organization : College of American Pathologists
Category : Physician

Date: 08/22/2007

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 Ann Arbor, Michigan as part of 12 person pathology practice that is both hospital based and based in an independent laboratory. I loudly 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,

Joseph A. Tworek, M.D.

Submitter : Mr. John Morris

Date: 08/22/2007

Organization : Mr. John Morris

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

RE: CMS-185-P (BACKGROUND, IMPACT) ANESTHESIA SERVICES

As a member of the American Association of Nurse Anesthetists (AANA) I write to support the Centers for Medicare and Medicaid (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS' proposed rule Medicare would increase the anesthesia conversion factor by 15% in 2008 compared with current levels. The increase is important for several reasons: 1. Medicare currently under-reimburses for anesthesia services, as AANA has stated previously. Studies by MedPAC and others have demonstrated that Medicare Part B reimburses for most services at approx. 40% of private markets.

2. This proposed rule reviews and adjust anesthesia services for 2008. Most of 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.

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

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

America's 36,000 CRNA's provide some 27 million anesthetics annually, in every setting requiring anesthesia services, and are the predominant provider in rural settings. Medicare patients and healthcare delivery in the U.S. depends on our services. The availability of anesthesia services depends in part of 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,

John Moris, CRNA

Pell City, Alabama 35128

Submitter : Mr. Huy Nguyen

Date: 08/22/2007

Organization : AANA

Category : Other Health Care Provider

Issue Areas/Comments

Background

Background

See attachment

CMS-1385-P-7293-Attach-1.PDF

August 20, 2007

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

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

Dear Ms. Norwalk:

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Sincerely,

Name & Credential

Address

City, State ZIP

Submitter : Mrs. Irene Ponce
Organization : Certified Registered Nurse Anesthetist
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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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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,

Irene Ponce

Certified Registered Nurse Anesthetist
27383 CR 32 Elkhart, IN 46517

Submitter : Miss. Linnea Carlson
Organization : AANA
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007

Office of the 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 Administrator:

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

This increase in Medicare payment is important for several reasons.

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

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Sincerely,

Linnea J. Carlson CRNA, MSN
132 Edgemoor Ave.
Kalamazoo, MI 49001

Submitter : Dr. Keith Fisher
Organization : College of American Pathologists
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a board-certified pathologist and a member of the College of American Pathologists. I practice in Sanford, Florida as part of large private practice in a hospital setting. 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.

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P.

Sincerely,

Keith L. Fisher, MD

Submitter : Dr. Angel Rosario

Date: 08/22/2007

Organization : AMA

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

As a physician in practice at a busy endoscopy center that employs seven CRNA's and an anesthesiologist providing care for approximately 300 patients a WEEK, the medicare reimbursement cut has affected us all. We are seeing and treating more patients than ever and have been punished with a reduction in reimbursement. I urge you to support the CMS proposal to boost the value of anesthesia so we can continue to provide our patients with the continues quality of care they are receiving. Thank you.

Submitter : Mr. Win Nguyen
Organization : Mr. Win Nguyen
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007

Office of the 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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Submitter : Mark Padrnos
Organization : American Assoc Nurse Anesthetists
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007
 Office of the Administrator
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
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 Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

Mark Padrnos

CRNA

1428 Section St

Mt Vernon, WA 98274

Submitter : Dr. Jeffrey Speer
Organization : Dr. Jeffrey Speer
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

As a resident physician in anesthesiology I am concerned about the direction healthcare has taken in this country. I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Jeffrey Speer, MD
2 Estabrook Cir
West Lebanon, NH 03784

Submitter : Mark Padrnos
Organization : American Assoc Nurse Anesthetists
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007

Office of the 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,

Mark Padrnos CRNA

1428 Section St

Mt Vernon, WA 98274

Submitter : Mr. Roger Vaagen
Organization : Mr. Roger Vaagen
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

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

Roger Vaagen, C.R.N.A. _____
Name & Credential
901 32nd Avenue North, Apt. 103 _____
Address
Fargo, North Dakota 58102 _____
City, State ZIP

Submitter : Dr. Carrie Greenberg
Organization : Summit Anesthesia Associates, PA
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter :

Date: 08/22/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

August 20, 2007

Office of the 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,

Thomas "Scott" Leupold CRNA,MS

1190 Hwy C

Brumley, Missouri

65017

Submitter : Mrs. Megan Robertson
Organization : Mrs. Megan Robertson
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-7305-Attach-1.DOC

#7305

August 20, 2007

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

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

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Sincerely,

Megan Robertson, Certified Registered Nurse Anesthetist
3610 N. Gouverneur Cir.
Wichita, KS 67226

Submitter : Dr. Mounir (Mark) Banoub
Organization : Associated Anesthesiologists of Toledo
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : Mr. Robert Austin

Date: 08/22/2007

Organization : USAF

Category : Other Health Care Provider

Issue Areas/Comments

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Sincerely,

Robert J Austin III, Captain, USAF NC, SRNA

Submitter : Dr. Vince Colucci
Organization : Western Montana Clinic
Category : Pharmacist

Date: 08/22/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Dear Ms. Norwalk:

Please accept these comments regards CMS-1385-P Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008 (Proposed Rule) as it relates to the provision of Home INR Monitoring services (G-0248 and G-0249). Currently, a significant portion of my practice consists of managing a large anticoagulation clinic for a group of physicians in the Western Montana Clinic, PC (Missoula, MT); I am also an associate professor of pharmacy at The University of Montana Skaggs School of Pharmacy. Our clinic manages over 1100 patients on oral anticoagulation therapy, most of them Medicare beneficiaries. I also have several patients with home monitoring devices. In screening these individuals for a home Point of Care device, much goes into the process including significant face to face training that I, myself, do. I am also available for considerable followup, again, in face to face manner. I am writing today to express my concerns related to the payment for G0248 and G0249 services and a need to ensure that all G0248 (training) services be performed on a face-to-face (rather than telephonic basis).

Payment Issues (G0248/G0249): I believe that the current method used by CMS provides an inappropriate financial incentive for non-physician providers of INR Monitoring services to mandate weekly testing in order to ensure that they fully recover the cost of the INR monitor. The device cost should be treated as a durable medical supply and a one time payment. The potential for abuse is likely very high if CMS implements the substantial (30-40%) reductions that it is proposing the Fully Implemented PE RVUs. While, I believe that there is substantial evidence to support that weekly testing improves patient safety, I believe that ultimately test frequency should be determined by the patient's healthcare provider for clinical reasons not the financial interests of a non-physician INR monitor provider. To avoid the current payment methodology from enticing certain providers from mandating weekly testing, I would strongly recommend that CMS consider treating the entire cost of the monitor as a one-time upfront cost included in G0248. Although, this will increase the payment rate for the one-time G0248 code, it should result in a reduction in the ongoing G0249 code in perpetuity. Over time this should save CMS money and eliminate the potential overuse of the G0249 code.

Training Issues (G0248): As the use of Home INR Monitoring has expanded in recent years, I have become aware of substantial differences in the methods used for training new patients. Although, I believe that it was always the intent of CMS to require that G0248 services (initial training) be conducted on a face-to-face basis, it has come to my attention that some providers may attempt to provide G0248 services via telephone or by simply providing a DVD for the patient to review without live face-to-face contact. In my professional opinion I do not believe that it is possible to properly train patient in Home INR Monitoring in these alternative methods. For this reason, I recommend that CMS ensure that the resource-based RVUs be based on face-to-face training and that the supporting procedures clearly stipulate that payment for G0248 services will only be made for face-to-face trainings.

Thank you for accepting this commentary

Vince Colucci, PharmD, BCPS
Clinical Pharmacy Specialist, WMC - Missoula
Associate Professor, The UM Skaggs School of Pharmacy
Missoula, MT

Submitter : Dr. leon mead

Date: 08/22/2007

Organization : gulf coast orthopedic specialists

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

As a physician I am concerned about the current thoughts about the In office Ancillary Exception. In particular I'm concerned about in office physical therapy. I have employed 2 therapists for the last 8 years. Prior to this, when I sent a patient to a local therapy center I had absolutely no control over which therapist would care for my patients, sometimes to the detriment to my patients care. Like any specialty, some therapists are just better than others. Prior to having our therapy center, I had little say in how post operative care was being provided and had multiple episodes where inappropriate activities initiated by the therapists caused damage to my patients, occasionally necessitating repeat surgery. I had been in practice for about 10 years before hiring a therapist. I have been able to hand pick an excellent therapist who has been a stable provider for my patients. I have confidence that my patients won't be harmed and my patients have a familiar face that they can count on. They get the same therapist for each therapy session, not a different one each time, and have a true continuity of care. I still use therapists outside of my practice, but have to limit the referrals to only a few providers to ensure quality of care. My patients would be severely negatively impacted by having to go into the "therapy pool". As a plus, though, I would probably get to do more repeat surgery and more primary surgery. A good therapist will actually be able to decrease the need for surgery by providing good hands on therapy. To many contemporary therapist are modality heavy and light on actual rehab. My goal in my practice is to have the highest quality outcomes for my patients, and being able to directly control and oversee the therapy is a vital component to my successful treatment of patients. To not allow a physician to directly oversee the outcomes of his patients would be a huge step back for our patients. This still is about what is best for the patient and not about politics, right?

Submitter : Dr. thomas macdonald
Organization : Anesthesia Associates of Charleston, S.C.
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re:CMS-1385-P

Anesthesia Coding(Part of 5 Year Review)

Dcar Ms.Norwalk:

I am grateful for the opportunity to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am equally grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. A very large payment disparity for anesthesia services was created when the RBRVS was initiated due to a significant undervaluation of anesthesia work compared to other physician services. After more than a decade of using the RBRVS, Medicare payment for anesthesia services is \$16.19 per unit. This amount does not cover the cost of providing anesthesia care for our nation's seniors, and is creating an unsustainable program resulting in anesthesiologists being driven away from locations 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% work underevaluation-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 very pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

Thank you for your kind consideration regarding this matter,

Sincerely,
Dr. Thomas G. MacDonald M.D.
Diplomate of the American Board of
Anesthesiology

Submitter : Dr. Dharamveer Nandal

Date: 08/22/2007

Organization : Dr. Dharamveer Nandal

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

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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,
Dharamveer Nandal, MD
New Jersey

Submitter : Mr. Thomas Guy

Date: 08/22/2007

Organization : CardioVascular Screening, LLC

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

It is true that color-flow mapping is an intrinsic part of echocardiography but it is not used in all cardiac studies. When color-flow is applied, it requires additional time to secure proper angulation, the choice of various variance mapping to determine area of peak velocities. The interpretation of cardiac pathologies with the use of color-flow can be time consuming for the echocardiographer and the cardiologist considering all of the many visible and often not so obvious cardiac diseases that can be demonstrated. The cost of the additional personel time and equipment containing the color-flow as well as the color monitors and recording media needed for storage must be considered. Please remember, 2-D echocardiography without color-flow mapping is in black and white. If continuing reductions in payment for these studies are pursued, soon there will be no one in business to provide health care. Small business in medicine is also great for the economy. It too creates jobs while saving lives and improves the quality of life for so many people.

Submitter : Mr.

Date: 08/22/2007

Organization : Mr.

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I urge you to take a serious stand against the wave of abuse and trade restriction that is currently facing rehabilitation services in physical therapy

CMS-1385-P-7314-Attach-I.DOC

August 22, 2007

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

RE: Physician Self-Referral Issues

Dear Mr. Weems,

I urge you to take a serious stand against the wave of abuse and trade restriction that is currently facing rehabilitation services in physical therapy. Referral for profit by physicians (Physician Owned Physical Therapy Services: POPTS) has all but caused a lack of free competition for the private practitioners who have worked so hard to grow their practices from the ground up by serving the patient as an independent practitioner who works with other professionals in the direct interest of the patient without financial kickbacks.

I am employed as a professor in a physical therapy school but also perform clinical services on a regular part time basis. We inform our students about the ethical and legal issues concerning POPTS but it becomes difficult to convince them of the impact on the profession when these practices outbid private practices because they know they will get the salary back by stacking their clinic with patients of whom they reap a "double" profit.

Up until recently we have had a strong referral base from physicians groups without any issues regarding patient care. In fact these physicians continue to say we are the best but refer patients to their own practice unless those patients specifically mention that they would like to stay with us. Deception is taking place in the exam rooms and patients have no idea that they have a choice where to go. They are afraid to go against the doctor's referral recommendation and they are not told in an ethical manner that the reason the physician is referring to his own "division" is to not more effectively monitor their care but to make money. Its patient solicitation done in a manner directly related to the loopholes created by the Stark Referral for Profit precedent. Although not illegal it is wrong to allow physicians to line their pockets by monopolizing PT services. Physicians can destroy a legitimate practice by slowly siphoning off patients from PT practices that could offer excellent care but are not even given a chance to get the patient in the door.

Many fine practices have been shut out of referrals and no longer exist because of this lucrative and deceptive practice by "entrepreneurial" physicians. Even with direct access in the state where I reside (PA) physician owned PT practices are the major threat to private practices. We can't compete. We welcome the challenge to prove ourselves but provide us with a level playing field. Ultimately my argument is not about the profession of Physical Therapy but the patients we so diligently serve day after day. The delivery of patient care should not be tainted or tempted by referral for profit. Such ethical challenges only lead to poor decision making driven by greed.

I strongly urge the CMS to remove physical therapy as a designated health service (DHS) permissible under the in-office ancillary exception of the physician self-referral laws.

If this continues, the days of free-standing PT clinics, owned by professionals with an ethical obligation to their own profession and patients will be a thing of the past.

Thank you for taking the time to listen to my concerns and for your consideration of my comments. Please do the right thing. Remember someone you know will or has been in the hands of a physical therapist. They are unique in the services they provide but they have to be able to practice in an environment that offers them the freedom they deserve to do their work.

Sincerely,

Submitter : Mr. Jeremiah Wilson
Organization : Mr. Jeremiah Wilson
Category : Other Health Care Provider

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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 Administrator:

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

This increase in Medicare payment is important for several reasons.

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

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

1 Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments. Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

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

Sincerely,

Jeremiah Wilson, CRNA
1949 Frostwood Dr
Tyler, TX 75703

Submitter : Mr. Juan Quintana
Organization : Sleepy Anesthesia Associates PLLC
Category : Other Health Care Professional

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 22, 2007

Office of the 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 Administrator:

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This increase in Medicare payment is important for several reasons.

Submitter : Dr. Ann Buttermann
Organization : Twin Cities Anesthesia Associates
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. James Greenawalt III
Organization : American Society of Anesthesiologists
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

Background

Background

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

James W Greenawalt III, M.D.

Submitter : Dr. Michael Waltz
Organization : Physician Anesthesia Services
Category : Physician

Date: 08/22/2007

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 : David Keefe
Organization : AANA
Category : Other Practitioner

Date: 08/23/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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 Administrator:

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

This increase in Medicare payment is important for several reasons.

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

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

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

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

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

Sincerely,

David Keefe, CRNA
5831 Brittlins Court
Austin, TX 78730
dwkeefe1@yahoo.com

Submitter : Mr. Paul Anderson
Organization : Brookhaven Anesthesia
Category : Other Health Care Professional

Date: 08/23/2007

Issue Areas/Comments

Background

Background

Dear Administrator:

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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Sincerely,

Paul Anderson, CRNA, MSN, APN

Submitter :

Date: 08/23/2007

Organization :

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I have been a physical therapist for 6 years, and I am amazed that physicians can refer to themselves to increase their profits. When physicians were allowed to refer to themselves for MRIs and other diagnostic services, there was a sharp rise in the utilization of MRIs, with nearly all of them at their centers to pad their profits. Well, a similar story can be told for PT referrals.

Another unfortunate event that occurs regularly is that physicians do not offer the choice of other PT providers, even though they are supposed to. I have had many patients that came to me saying their doctor reluctantly allowed them to attend PT at my facility only after they persisted to allow themselves to be seen at my clinic. Thus, not only are they often not offering other facilities, they are reluctant to allow their patients to go there even when the patient chooses this.

Also, with the near-monopoly that physician PT offices have created, there is often a 3-4 week wait on the patient commencing PT. This is unfortunate when most non physician owned PT centers begin their patients within the first week, many times within 48 hours. Study after study has shown that earlier initiation of PT has shown to faster results, saving the taxpayers money.

Please help to stop the physicians to stop focusing their clinical decisions on financial reasons. All of their decisions should be at the best interest of their patients, however utilization studies have shown that this simply is not true if there can be financial gains.

Sincerely,
Ryan

Submitter : Mr. Dean Critel
Organization : Mr. Dean Critel
Category : Other Practitioner

Date: 08/23/2007

Issue Areas/Comments

Background

Background

Dear Ms. Norwalk:

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Sincerely,

Dean Critel

Submitter : Ms. Elaine Ladich
Organization : American Association of Nurse Anesthetist
Category : Other Health Care Professional

Date: 08/23/2007

Issue Areas/Comments

Background

Background

Office of the 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,

Elaine M. Ladich, CRNA

63 Sackarackin Ave.
Dover, Delaware, 19901

Submitter : Dr. Jack Folbe
Organization : Dr. Jack Folbe
Category : Health Care Professional or Association

Date: 08/23/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. Aliana Sindram

Date: 08/23/2007

Organization : Duke University

Category : Physician

Issue Areas/Comments

Background

Background

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.

Submitter : Dr. L Allen Freedman
Organization : ASA
Category : Physician

Date: 08/23/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Susan Whitney

Date: 08/23/2007

Organization : AAKC

Category : Physician

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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. Bruce Adelman
Organization : Physician Anesthesia Service, PC
Category : Physician

Date: 08/23/2007

Issue Areas/Comments

GENERAL

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

Re: CMS-1385-P

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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 :

Date: 08/23/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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 Administrator:

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

This increase in Medicare payment is important for several reasons.

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

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

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

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

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

Sincerely,

Kathleen Donnelly, CRNA

Submitter : Mr. Ron Seligman, CRNA
Organization : Mr. Ron Seligman, CRNA
Category : Other Health Care Professional

Date: 08/23/2007

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the 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 Administrator:

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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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3 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,

Ron S. Seligman, CRNA, MS
222 Cheshire Road
Severna Park, MD 21146-3215

Submitter : Dr. Madhav Swaminathan
Organization : Duke University
Category : Physician

Date: 08/23/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: 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.

Madhav Swaminathan, MD

Submitter : Dr. Michael Ritchey

Date: 08/23/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-7334-Attach-1.DOC

August 23, 2007

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 all of 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 very much for your consideration of this serious matter.

Sincerely,

Michael Ritchey, M.D.
9465 Stone Mill Drive
Mentor, Ohio 44060

Submitter : Dr. Keith Osborn

Date: 08/23/2007

Organization : Resurgens P.C.

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physician owned physical therapy centers offer an important option for patients requiring rehabilitation following orthopedic surgery or as an alternative to surgery. Although patients are never required or coerced into using a particular center, the physician owned centers are carefully monitored for quality and offer communication between the therapist and physician. Costs in my experience are usually lower than community or nationally owned chains and the patients who have worked in both generally prefer the quality and experience in the physician owned setting. It would be a big mistake to prevent these facilities from continuing their good work.

Submitter : Mrs. Laurie Foley, CRNA
Organization : American Association of Nurse Anesthetists
Category : Other Health Care Professional

Date: 08/23/2007

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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Sincerely,

Laurie Anne Foley, CRNA
341 South Pleasant Ave
Dallastown, Pa 17313

Submitter : Dr. George Toma

Date: 08/23/2007

Organization : UT Houston Department of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the increase in RVU's for anesthetic patient care.

Submitter : Dr. Matthew Carr

Date: 08/23/2007

Organization : Dr. Matthew Carr

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 board-certified pathologist and a member of the College of American Pathologists. I practice in Indianapolis, IN as part of a 33 member group providing coverage to more than 12 hospitals and surgery centers.

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. These arrangements promote overutilization and may lead to unnecessary procedures. 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 non-pathologist 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,

Matthew D. Carr, MD

Submitter : Dr. Todd Sacks

Date: 08/23/2007

Organization : Resurgens Orthopaedics

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physician managed and/or owned PT is an integral to patient care, and must be allowed to continue. In this capacity, I can directly over see my patients in therapy. I can immediately alter their care as needed, WITHOUT delays, and therefore minimizing unnecessary complications.

Submitter : Mrs. Ceri Faas

Date: 08/23/2007

Organization : Mrs. Ceri Faas

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

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

This increase is very important as Medicare currently under-reimburses for anesthesia service. Studies by the Medicare Payment Advisory Commission (MedPAC) as well as 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 adjusts anesthesia services for 2008. Third, CMS' proposed change in relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

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

CRNAs, 36,000 strong, provide 27 million anesthetics in the U.S. annually. CRNAs are the predominant anesthesia provider to rural and medically underserved areas. Medicare patients depend on our services. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the Medicare anesthesia payment.

Sincerely,
Ceri Faas CRNA, MSN
30600 Sunderland Drive
Farmington Hills, MI 48331