

CMS-1385-P-8029

**Submitter :** Dr. Sanford Fitzig

**Date:** 08/26/2007

**Organization :** Wichita Clinic

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-8029-Attach-1.DOC

Wichita, KS 67208  
August 26, 2007

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

Dear Mr. Kuhn:

I am a Urologist in Wichita, Kansas and practice at two large hospitals that have a very large Medicare age population of patients. I am writing to comment on the proposed changes to the physician fee schedule rules that were published on July 12, 2007 that concern the Stark self-referral rule and the reassignment and purchased diagnostic test rules.

Through physician ownership in BPH laser services, we have been able to bring this service to the community. Something the hospitals have been unable to do because of financial restraints. This service would not have been available otherwise. If the rules are changes regarding physician participation in ownership, these services will go away. The sweeping changes of the Stark rules are not necessary to protect the Medicare participants and will only limit their care.

Respectfully yours,

Sanford Fitzig, M.D.  
Wichita Clinic

**Submitter :** Dr. Mitchell Evans

**Date:** 08/26/2007

**Organization :** C.A.A.

**Category :** Physician

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

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. Christian Eby  
**Organization :** Dr. Christian Eby  
**Category :** Physician

**Date:** 08/26/2007

**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 :** Mr. Gerald Lolli  
**Organization :** American Assoc. Nurse Anesthetists  
**Category :** Other Health Care Professional

**Date:** 08/26/2007

**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.

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,

\_\_\_\_Gerald Lolli CRNA\_\_\_\_\_

Name & Credential

\_\_\_\_105 Pinebark Ct.\_\_\_\_\_

Address

\_\_\_\_Morganton, NC 28655\_\_\_\_\_

City, State ZIP

**Submitter :** Dr. Ross Dickstein  
**Organization :** Dr. Ross Dickstein  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Heidi Worth  
**Organization :** Dr. Heidi Worth  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

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Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
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Submitter : Ms. Chris Tiller  
Organization : AANA  
Category : Other Health Care Professional

Date: 08/26/2007

Issue Areas/Comments

Background

Background

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

\_\_Chris Tiller\_\_  
Name & Credential  
\_\_3776 S 1st St\_\_  
Address  
\_\_Kalamazoo, MI 49009\_\_  
City, State ZIP



**Submitter :** Dr. Steve Rutman  
**Organization :** Dr. Steve Rutman  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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**Submitter :** Dr. Premal Trivedi  
**Organization :** Dr. Premal Trivedi  
**Category :** Physician

**Date:** 08/26/2007

**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

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**Submitter :** Dr. Leslie Lange  
**Organization :** Greater Rochester Chiropractic  
**Category :** Chiropractor

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Concerning the Medicare/Medicaid revision to not reimburse patients for x-rays ordered by a Chiropractor...First of all, I cannot begin to understand where an idea like this might have even been born. It defies common sense. 8-10 years ago a Chiropractor could not even treat a patient without first demonstrating only on x-ray that a 'subluxation' existed. That foolish requirement mandated the irradiation of thousands of patients without clinical justification over many, many years. Now, even though you give Chiropractors direct access to patients, implying some inherent belief that Chiropractors can diagnose and select which patients they can treat or which should be referred to a Medical Specialist, you want to take away a very important clinical tool in the diagnosis of those very same patients. Also, if Chiropractors have to send patients back to the patients' PCP, the PCP might refuse to order the x-ray even if clinically justified by the Chiropractor's exam or the patient's history, or tell the patient not to return to the Chiropractor for care even if the x-rays are ordered. If anything is changed, you should give Chiropractors the tools to actually diagnose and treat patients that choose to see a Chiropractor rather than a Medical Dr., whatever his/her Medical Specialty, by allowing Chiropractors to order Advanced Imaging and Laboratory Studies. That would be in the best interest of patients, and be efficient to the System---Dr. Lange

**Submitter :** Dr. Thomas Gillock

**Date:** 08/26/2007

**Organization :** Dr. Thomas Gillock

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
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Thank you for your consideration of this serious matter.

Thomas Gillock, MD

**Submitter :** Dr. Rober K  
**Organization :** Dr. Rober K  
**Category :** Chiropractor

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

IF YOU DON'T ALLOW CHIROPRACTIC PATIENTS TO GET X-RAYS BY OTHER PROVIDERS - YOU ARE PUTTING MEDICARE PATIENT AT RISK. X-RAYS ARE VERY IMPORTANT FOR THE CHIROPRACTOR TO TREAT PATIENTS. IF YOU DON'T PAY FOR A CHIROPRACTOR TO TAKE X-RAYS - DON'T TAKE AWAY THE ABILITY FOR A CHIROPRACTOR TO REFER OUT FOR THEM.

**Submitter :** Dr. Denise Drvol  
**Organization :** Dr. Denise Drvol  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

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

**Submitter :** Dr. John Thomas  
**Organization :** Anesthesia Associates of New Mexico  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Lief  
**Organization :** Dr. Lief  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please do not consider limiting the ability of urologist to refer to certain vendors. It is very difficult to obtain maintain and provide these type of complicated servcics. There for we must rely on vendors and special relationships to be in existance to make these services readily available to medicare pts.



**Submitter :** Mr. Tony Spatz  
**Organization :** University of Oklahoma Health Science Center  
**Category :** Other Health Care Professional

**Date:** 08/26/2007

**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 as a 4th year medical student who will begin a residency in anesthesia next summer, 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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Tony W. Spatz  
Medical Student IV  
University of Oklahoma Health Science Center

**Submitter :** Mr. Paul Pawlak  
**Organization :** Certified Registered Nurse Anesthetist  
**Category :** Other Health Care Provider

**Date:** 08/26/2007

**Issue Areas/Comments**

**Background**

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August 26, 2007

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Sincerely,

Paul W. Pawlak CRNA  
52 Feather Ridge  
Marquette, MI 49855

Submitter : Dr. Andrew Kim

Date: 08/26/2007

Organization : Dr. Andrew Kim

Category : Physician

Issue Areas/Comments

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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,

Andrew Kim, MD

**Submitter :** Dr. Nayana Parekh  
**Organization :** Resource Anesthesiology Associates  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

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

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

Dear Ms. Norwalk:

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

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Thank you for your consideration of this serious matter.

Sincerely,

Dr. Nayana Parekh

Submitter : Ms. Janyuan Leu

Date: 08/26/2007

Organization : Ms. Janyuan Leu

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

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Thank you for your consideration of this serious matter.

Sincerely,  
Janyuan Leu

**Submitter :** Dr. Chul Wha Kim  
**Organization :** Dr. Chul Wha Kim  
**Category :** Physician

**Date:** 08/26/2007

**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.

Sincerely,  
Chul Wha Kim

**Submitter :** Ms. Kyung Ja Kim  
**Organization :** Ms. Kyung Ja Kim  
**Category :** Nurse

**Date:** 08/26/2007

**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.

Sincerely,  
Kyung Ja Kim

**Submitter :** Dr. Keh Chun Leu  
**Organization :** Dr. Keh Chun Leu  
**Category :** Individual

**Date:** 08/26/2007

**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.

Sincerely  
Keh Chun Leu



**Submitter :** Dr. Kent Hultquist

**Date:** 08/26/2007

**Organization :** Dr. Kent Hultquist

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Lung Ching Chiao  
**Organization :** Dr. Lung Ching Chiao  
**Category :** Federal Government

**Date:** 08/26/2007

**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.

Sincerely,  
Lung Ching Chiao

**Submitter :** Dr. Lesley Friskel  
**Organization :** Anesthesia Associates of Kansas City  
**Category :** Physician

**Date:** 08/26/2007

**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

Rc: 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. Mark Little  
**Organization :** Dr. Mark Little  
**Category :** Physician

**Date:** 08/26/2007

**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.

Sincerely,

Mark Little

**Submitter :** Mrs. shelly harley  
**Organization :** American Association of Nurse Anesthetist  
**Category :** Other Health Care Professional

**Date:** 08/26/2007

**Issue Areas/Comments**

**Background**

Background

Ms. Leslic 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,

Shelly Harley, CRNA, MHS  
5483 FM 1136  
Orange, TX 77632

**Submitter :** Dr. John Larsen  
**Organization :** Dr. John Larsen  
**Category :** Physician

**Date:** 08/26/2007

**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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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 \$15.84 per unit. This amount does not cover the cost of caring for our nation's seniors. It makes me consider whether we can continue to provide Medicare recipients with elective anesthesia services. Without this change one way or another Medicare patient will lose access to anesthesia services in the very near future.

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 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.

John A Larsen MD

**Submitter :** Mr. Robert Kent Osborn

**Date:** 08/26/2007

**Organization :** american physical therapy association

**Category :** Physical Therapist

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear CMS reviewing committee,

I am an orthopedic manual physical therapist who has seen what the Stark law loophole has done to the distribution of healthcare. While you are surely aware of the landmark studies of Medicare over-expenditures that precipitated the Stark and Stark II legislation, you may not get to see its affect on quality as I do. I have spent the last decade taking roughly four times the continuing education of the average clinician or that which is required in Georgia. I work in a private clinic with therapists similar to myself and local physicians have told us provides far greater quality of care than our competition. Yet referrals to our clinic have dropped over the last several years due to the proliferation of physician owned physical therapy clinics. Many of these are manned by new graduates or therapist with limited training. Is it any wonder that your data is indicating that these physician owned practices are costing more money and requiring more visits per patient? Doctors not only have incentive to over prescribe therapy, but they have incentive to cut costs by hiring less skilled therapists and those therapists require more visits just to attempt to get the desired results. Just as was found in the 1980 s, the outcome is less quality of care for patients and more money for physicians who manipulate the system. The patients are not forced to see the physician s therapist, but how often do those patients look elsewhere when their trusted physician tells them he wants them to see his therapist?

I respectfully request that you close this abused loophole and remove physical therapy from the in-office ancillary care exception.

Sincerely,

Kent Osborn PT, MTC

**Submitter :** Ms. Sharon Griffith

**Date:** 08/26/2007

**Organization :** AANA

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

Please do not support any cuts in reimbursement for CRNA provided anesthesia care.



**Submitter :** Dr. Katherine Grichnik  
**Organization :** Duke University Department of Anesthesia  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

**Submitter :** Mr. Ronald White  
**Organization :** Buffalo Physical Therapy  
**Category :** Physical Therapist

**Date:** 08/26/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

As a practicing Physical Therapist in New York State for the last 15 years I continue to struggle with the understanding of the Stark Rules . My early understanding was that these laws would help to protect practicing Physical Therapists from the threat of Physicians self referring for profit and taking away our opportunity to own, manage and effectively treat our patients. I recently found out how detrimental the loopholes in these laws are to Physical Therapists. I and my partners had leased space in a building with orthopedic surgeons for 7 years. During these 7 years we had built a good relationship with the physician group and maintained a high level of care to our patients. Owning our own practice gave us the ability to decide how many patients to see per day/hour and how to effectively run our clinic. Three years ago this orthopedic group decided to move to a larger building and in turn decided to own their own Physical Therapy group. Despite my numerous attempts to discourage them they went ahead with their new venture. Words cannot do justice to the impact that this had on our practice.

Allowing Physicians to own their own Physical Therapy Group sets up for abuse that is far reaching in not only dollars to Medicare and other insurance agencies but also brings the level of care in question. When care is being driven by monetary numbers all involved are losers. I understand that Physical Therapists do not have the financial ability to fight MD s but I am asking that you please consider the negative ramifications of this and please include Physical Therapy services as an in-office ancillary service exception. On behalf of all Physical Therapist I thank you for this consideration.

Ronald P. White, MS, PT, OCS  
Buffalo Physical Therapy & Sports Rehabilitation, P.C.  
5264 Main Street  
Williamsville, NY 14221  
716-632-9200

**Submitter :** Dr. Ari Weintraub  
**Organization :** Children's Hospital of Philadelphia  
**Category :** Physician

**Date:** 08/26/2007

**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.

Sincerely yours,  
Ari Y. Weintraub, M.D.  
Philadelphia, PA

CMS-1385-P-8066-Attach-1.DOC

**ARI Y. WEINTRAUB, M.D.**  
7930 DORCAS STREET  
PHILADELPHIA, PENNSYLVANIA 19111-2820

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)

September 5, 2007

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Sincerely yours,  
Ari Y. Weintraub, M.D.  
aweintra@umaryland.edu

**Submitter :** Dr. Nam Hoon Park  
**Organization :** Individual anesthesia practitioner  
**Category :** Physician

**Date:** 08/26/2007

**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.

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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. Alan Ross

**Date:** 08/26/2007

**Organization :** Dr. Alan Ross

**Category :** Physician

**Issue Areas/Comments**

GENERAL

GENERAL

See Attachment

4

# ~~85~~  
8068

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

**Submitter :** Dr. I.Michael Goldstein  
**Organization :** UrologyClinics of North Texas  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

If enacted the proposals limiting referral to physician owned lab,radiation therapy and diagnostic radiology facilities will severely limit care options for Medicare patients and I strongly oppose them



**Submitter :** Dr. Jamie Koch  
**Organization :** University of Oklahoma College of Medicine - ASA  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslic 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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Jamic C. Koch - 4th Yr. Medical Student

**Submitter :** Dr. gregory rypel  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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Gregory Rypel, MD

**Submitter :** Dr. Dodd Hyer

**Date:** 08/26/2007

**Organization :** Dr. Dodd Hyer

**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

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

Dodd Hyer, MD

**Submitter :** Dr. Thomas Mote

**Date:** 08/26/2007

**Organization :** Anesthesia Consultants of Indianapolis

**Category :** Physician

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

I realize the constraints on the financing of health care with the constant increases in technology and coming "demographic tsunami" of baby boomers with a smaller ratio of workers to retired to pay for care. However as an anesthesiologist with increasing costs the current Medicare reimbursement threatens the ability to care for this segment of the population. I support the proposed increase in payment. Please see the attached letter.

Sincerely,

Tom Mote M.D., M.P.H.

CMS-1385-P-8073-Attach-1.PDF

CMS-1385-P-8073-Attach-2.DOC

CMS-1385-P-8073-Attach-3.RTF

CMS-1385-P-8073-Attach-4.DOC

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. John Chapman

Date: 08/26/2007

Organization : Dr. John Chapman

Category : Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I am a urologist who practices in Brick and Neptune, NJ. I am in a group practice, and approximately 40% of our practice is composed of Medicare patients. The changes proposed in these physicians self-referral rules will have a serious impact on the way my group practices medicine and will not lead to the best medical practices. With respect to the in-office ancillary services exception, the definition should not be limited in any way. Our practice would be dramatically impacted in multiple ways as a result of the proposed changes.

First, by teaming together with multiple other Urologists in this region, we were able to pool sufficient resources to purchase a laser machine for treating prostate obstruction that would otherwise not have been available in our community. This new treatment modality (Green Light Laser therapy) offers the ability to treat prostate obstruction with much less blood loss, no risk of TURP-syndrome, and with a much quicker post-operative recovery. Often we are able to discharge the patient with no foley catheter the very same day they are treated, as opposed to 3 days later following a standard TURP. Our hospitals frequently are too financially cautious or insufficiently funded to purchase new technology like this to permit us to treat patients with the most up-to-date technology. The proposed regulations would eliminate our ability to purchase and then lease this equipment to the hospital on a per-click basis. This will make it impossible for physicians to directly provide state of the art treatments for our patients.

Additionally, we have begun a venture in creating the most technologically advanced IMRT center in our area. The proposed changes will wipe out our ability to offer the best possible IMRT treatment for our patients in conjunction with our local Radiation Oncologists.

The sweeping changes to the Stark regulations go far beyond what is necessary to protect the Medicare program from fraud and abuse.

The rules should be revised to only prohibit those specific arrangements that are not beneficial to patient care.

Thank you for your consideration,

-John Chapman, M.D.

Submitter :

Date: 08/26/2007

Organization :

Category : Physical Therapist

Issue Areas/Comments

**Therapy Standards and Requirements**

## Therapy Standards and Requirements

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

Dear Mr. Weems:

I am a physical therapist who has been practicing since 1994. I would like to comment on the July 12th proposed 2008 physician fee schedule rule, specifically the issue surrounding physician self-referral and the in-office ancillary services exception.

The company for which I work takes pride in seeking out and hiring very well educated, experienced therapists who provide exceptional care. With declining reimbursement and limited visits with both Medicare and other insurers it has become increasingly difficult financially, for us to provide the high level of patient care our patients are used to. To compound the problem, we have physician groups reaping the financial rewards of referring patients to therapy practices they own instead of therapy practices that may provide superior and more cost-effective care. This is possible due to the in-office ancillary services exception to the Stark Law, as physical therapy is currently considered a designated health service (DHS).

Potential for fraud exists whenever physicians are able to refer to entities that they have a financial interest in. Some general and orthopedic group practices in our area have been profiting from this exception for years. I do applaud a recent ruling that physical therapists shall be performed by a physical therapist, but abuses are continuing. For example a prominent orthopedic group in our area has recently opened its own physical therapy practice with only one physical therapist and multiple athletic trainers to treat all of the practices physical therapy patients. Typically multiple patients are seen at the same time without individual attention. We have seen some of these practices failed patients which have recovered quickly under our care. Another general practice only sends out its toughest patients that are suspected not to recover with its inexperienced staff. I question if all of the Tough are being referred out, in fear of financial penalties imposed by administration. I feel a patient has a right to be seen by the proper therapist for his specific problem.

Generally speaking, physical therapy services are provided on a repetitive basis. That said, it is no more convenient for the patient to receive PT services 2-3 times per week in the physician's office than to attend an independent physical therapy location. Typically physical therapy is not needed to assist in diagnosing a patient. Furthermore, physician-direct supervision is not necessary to administer physical therapy services. In fact, an increasing number of physician-owned physical therapy clinics are using the reassignment of benefits laws to collect payment in order to circumvent incident-to requirements.

Thank you for your consideration of my comments. I hope these comments have helped to highlight the abusive-nature of physician-owned physical therapy services and support PT services removal from permitted services under the in-office ancillary exception.

Sincerely,

A Concerned Physical Therapist in zip code 53211

**Submitter :** Dr. Aaron Ali  
**Organization :** Capitol Anesthesiology Association  
**Category :** Physician

**Date:** 08/26/2007

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

Dear Congressman/Congresswoman:

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

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Thank you for your consideration of this serious matter



**Submitter :** Dr. Genevieve Ali

**Date:** 08/26/2007

**Organization :** Dr. Genevieve Ali

**Category :** Physician

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

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Thank you for your consideration of this serious matter

Submitter :

Date: 08/26/2007

Organization :

Category : Occupational Therapist

Issue Areas/Comments

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Physician Self Referral Issues/In-office ancillary services exception.

To whom it may concern;

I would like to take this opportunity to comment on the issue of Physician owned therapy practices. I have experienced first hand the deliterious effects of this practice. On at least a dozen times in the last year I have been told by patients that a physician told them that if they did not use their 'therapy' they would not provide care. This is clearly a threat to the public. Often, a physician's practice is not convenient to the general public and places undue financial stress on the client.

Additionally, the ability of a free market to produce better healthcare is clearly understood and is at risk if this practice continues. Better health care should be all of our efforts, not increasing the bottom line.

The current 'loophole' is often disussed in our therapy professions and we are frustrated. We all know the financial benefits to the physician is rising. In fact, it is now understood that if you have a good working relationship with a physician and he goes 'in-house' and asks you to work for the practice, we cannot say no. If we did say no, we are branded and will not receive any further referrals.

Medicine continues to downwardly spiral from an 'Art and Science' to a 'Business'. Big Business will continue to attack the innocent public if we let them.

FRAUD, ABUSE, AND OVERUTILIZATION is a burden to our ability to provide quality care to the public. FRAUD, ABUSE, AND OVERUTILIZATION are occuring as we speak due to this loophole. This loophole is very similiar to the issue of a physician owning MRIs. Self-referrals for MRIs became rampant and so are Therapy services.

I am screaming for the CMS to put an end to this issue once and for all. Therapy (OT, PT, Speech) services should not be considered in-office ancillary services. Please close this loophole to prevent further degradation of our ability to provide Healthcare Services.

**Submitter :** Mrs. Gina Kronenberg  
**Organization :** American Association of Nurse Anesthetists  
**Category :** Other Health Care Provider

**Date:** 08/26/2007

**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,

Gina Kronenberg, MS, CRNA  
3525 Ridgcrest Dr  
Elko, NV 89801

**Submitter :** Mr. Gregory Kronenberg  
**Organization :** American Association of Nurse Anesthetists  
**Category :** Other Health Care Provider

**Date:** 08/26/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007

Ms. Leslie Norwalk, JD

Acting Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

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Sincerely,

Gregory Kronenberg, MS, CRNA  
3525 Ridgcrest Dr  
Elko, NV 89801

Submitter : Dr. Jamal Hakim

Date: 08/27/2007

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

Rc: 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: 08/27/2007**

**Organization :**

**Category :       Chiropractor**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

So much has already been taken away from chiropractors that hampers our ability to care for these often neglected patients. If you take away the ability for patients to be reimbursed for radiographs ordered by a chiropractic physician then you are exposing these patients to further risk of injury and limiting their ability to receive desperately needed, quality healthcare. I urge you to reconsider passing this revision as it will only end up hurting the people you are supposed to be working for. Thank you.

**Submitter :** Dr. David Goldstein

**Date:** 08/27/2007

**Organization :** Dr. David Goldstein

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

/Users/davidgoldstein/Desktop/commentlettertemplate.doc

CMS-1385-P-8083-Attach-1.DOC

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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**Submitter :** Ms. Mike Messina  
**Organization :** Ms. Mike Messina  
**Category :** Health Care Provider/Association

**Date:** 08/27/2007

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
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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 :** Dr. joseph kueter  
**Organization :** medical plaza urology associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

please see attached file

CMS-1385-P-8085-Attach-1.DOC

August 27, 2007

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

RE: PHYSICIAN SELF REFERRAL PROVISIONS

Ladies and Gentlemen:

I am writing to you as a practicing physician with an office in Jonesboro, Arkansas. I am deeply concerned about certain proposals made by CMS regarding Medicare, as I believe they will unduly and unnecessarily harm patients and physicians and have a detrimental affect on the healthcare system. I believe that CMS could address its concerns in a much less intrusive manner.

As a urologist at Medical Plaza Urology Associates, I have been involved with providing my patients lithotripsy and other cutting edge therapies for urological disease: services that would not have been widely available to my patients, including Medicare beneficiaries, unless physician joint ventures had provided the services. Urology joint ventures greatly expanded patient access to these technologies. These joint ventures took the risk of providing costly services when hospitals were unwilling to do so. Yet in the July 2, 2007 released 2008 Physician Professional Fee Schedule proposal, CMS attacks the substance of the very joint ventures that by all accounts have saved Medicare millions of dollars and increased beneficiary access to effective treatments.

I believe the following CMS anti-physician ownership proposals will have a negative effect on the healthcare system, if adopted:

1. Under Arrangements
2. Per Click Fee
3. Percentage Fee Reimbursement
4. Stand in the Shoes
5. Burden of Proof

I am asking that you do not implement the above changes as proposed.

In conclusion, I ask CMS to differentiate those beneficial therapeutic joint ventures which are not of themselves DHS from the questionable diagnostic ventures that physicians and hospitals may have propagated. Without a doubt, it should be clear to CMS that the urology community's therapeutic joint ventures have broadened access to new technology for Medicare patients, brought needed efficiency to the market, and simultaneously saved CMS hundreds of millions of dollars. It would be a great mistake to jeopardize such time tested and proven models.

Thank you for your time.

Sincerely,

Joseph C. Kueter, MD  
303 East Matthews, Suite 200  
Jonesboro, AR 72401

**Submitter :** Dr. todd harris

**Date:** 08/27/2007

**Organization :** Dr. todd harris

**Category :** Physician

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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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.

Todd Harris md  
idaho

**Submitter :** Dr. mohammad barra

**Date:** 08/27/2007

**Organization :** Dr. mohammad barra

**Category :** Physician

**Issue Areas/Comments**

**Geographic Practice Cost Indices  
(GPCIs)**

Geographic Practice Cost Indices (GPCIs)

Dear Sir,

There has been a mistake in calculating cost of living in San Benito county, CA. Cost of living in this county is close to Santa Clara county & higher than Monterey county. San Benito medical payments should be raised to level of Santa Clara county. To keep it unchanged would be to penalise the physicians practising in this county. We have difficulty in attracting new physicians to our county due to low level of reimbursement. If we are not bumped up with other counties, this would perpetuate our difficulty.

Thank You

M Aslam Barra, MD

**Submitter :** Mr. Loren Krause  
**Organization :** LoDaKaS, Ltd  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**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.

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.