Submitter : **Dr. David harris** **Date: 08/27/2007**

Organization : **Dr. David harris**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

August 27, 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)

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.

David Harris M.D.

Submitter : **Dr. Robert Toups** **Date: 08/27/2007**

Organization : **American society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,
Robert M. Toups, M.D.

Submitter : **Dr. David Stettler** **Date: 08/27/2007**

Organization : **DMS DO PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.
David Stettler D.O.

Submitter : **Antonio Silva** **Date: 08/27/2007**

Organization : **Northlake Anesthesia Professionals**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. The current system of payments results in an escalating series of subsidies from healthcare facilities to anesthesia practices to cover the costs of providing services to seniors.

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

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Richard Brickner** **Date: 08/27/2007**

Organization : **Dr. Richard Brickner**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Richard L Brickner M.D.
830 Country Place
Lake Forest IL
60045

Submitter : **Dr. Robert Mesirow** **Date: 08/27/2007**

Organization : **Cape Cod Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Sample Comment Letter:

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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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.

Robert Mesirow, D.O.

Submitter : **Dr. Behzad Hejazian** **Date: 08/27/2007**

Organization : **Dr. Behzad Hejazian**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment.

CMS-1385-P-8521-Attach-1.DOC

#8521

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 time.

Behzad Hejazian, M.D.

CMS-1385-P-8522

Submitter : **Dr. Robert Pike** **Date: 08/27/2007**

Organization : **Medical Anesthesia Consultants Medical Group, Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Mr. Ryan Lowery **Date:** 08/27/2007

Organization : Northern Michigan University

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Ryan Lowery. I am a newly certified Athletic Trainer, educated at Northern Michigan University. I will be looking for a job as a certified athletic trainer very soon, so these new standards and requirements may affect me, and many others like me. I am writing today to voice my opposition to the therapy standards and
requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day to day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Ryan Lowery, ATC, EMT-B

Submitter : **Dr. Mark Mueller** **Date: 08/27/2007**

Organization : **University of Illinois Hospital in Chicago**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Mark Mueller, MD

Submitter : **Date: 08/27/2007**

Organization : **Ripon Medical Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

My name is Chris Schattschneider and I am an Athletic Trainer working in a rural hospital in Wisconsin. I have been seeing patients in the clinic at RMC for 15 years as part of our rehab team as well as covering the local high school and college sport and have always felt the Athletic Trainer played a significant role in the rehabilitation of our patients. Today in-fact I was called into the gym to help assess a injury that one of Physical Therapists felt she was unable to treat as effectively.

It came to my attention today that the CMS has left out the Athletic Trainer in the newest round of changes to be discussed. As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,
Chris Schattschneider, MS ATC

Submitter : **Dr. Eric Church** **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
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P.O. Box 8018
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Thank you for your consideration of this serious matter.

Eric Church, MD

Submitter : **Dr. Kabir Ahmed** **Date: 08/27/2007**

Organization : **University of Southern California**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dr. Kabir Ahmed

Submitter : Mr. Chad Keller **Date:** 08/27/2007

Organization : MidAmerica Nazarene University

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Certified Athletic Trainers are Health Care Professionals and should be allowed to staff hospital inpateint and outpatient clinics. We have been recognized by the AMA as health care providers and have a great clinical educational background that can be utilized to decrease costs associated with rehabilitation and care in the hospital setting.

Please do not disregard the improved care and costs that certified athletic trainers provide. Most certified athletic trainers also have master's degrees and are located in various settings where medical care is essential.

Sincerely,

Chad J. Keller, MSEd, ATC, LAT, PES

Head Athletic Trainer

MidAmerica Nazarene University

Submitter : **Dr. Chris LaFleur** **Date: 08/27/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

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. Robert Tostenrud** **Date: 08/27/2007**

Organization : **Dr. Robert Tostenrud**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Sincerely,

R. Paul Tostenrud, MD

Submitter : **Dr. Franklin Banzali** **Date: 08/27/2007**

Organization : **Dr. Franklin Banzali**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Sincerely,
Franklin Banzali, Jr., M.D.

CMS-1385-P-8532

Submitter : **Dr. Jennifer Dagen** **Date: 08/27/2007**

Organization : **Dr. Jennifer Dagen**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

CMS-1385-P-8533

Submitter : **Dr. Steven Sween** **Date: 08/27/2007**

Organization : **Physician Specialists in Anesthesia PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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.

Steven L. Sween, M.D.

CMS-1385-P-8534

Submitter : MAry Peterson **Date:** 08/27/2007

Organization : MAry Peterson

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Mrs. Stacy Niggel** **Date: 08/27/2007**

Organization : **Physiotherapy Association**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

8/27/07

Dear Sir or Madam:

My name is Stacy Niggel. I have been a certified athletic trainer for 16 years. I received my Bachelors in Health Science from Lock Haven University in 1991 and my Masters degree in Exercise Physiology/Sports Medicine from the University of Pittsburgh in 1993. Since graduating I have worked both in the outpatient rehabilitation clinical settings and the high school/college settings. I have worked with all ages and types of athletes and patients.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Stacy Niggel, MS ATC

Submitter : **Miss. Emily Michaels** **Date: 08/27/2007**

Organization : **NovaCare Rehabilitation**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Emily Michaels. I am a certified athletic trainer working for NovaCare Rehabilitation. Currently I am contracted out to provide athletic training services to a local high school. Previously, I worked in a physician owned practice providing physical rehabilitation services for approximately 180 patients per week.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Emily Michaels,B.S.,ATC,EMT-B

CMS-1385-P-8537

Submitter : Dr. JAMES HENSEL **Date:** 08/27/2007

Organization : Dr. JAMES HENSEL

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I SUPPORT THE DECISION TO INCREASE THE ANESTHESIOLOGY CONVERSION FACTOR BY 32%. IN MY OPINION THE INCREASE IS LONG OVERDUE. IM SURE YOU WILL APPRECIATE THE BREVITY OF MY COMMENT.

CMS-1385-P-8538

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist working in private practice and I am concerned about the loophole in the Stark physician self-referral law. I feel physical therapy should be removed from the in-office ancillary services exception.

These self referrals can impact a patient s choice to seek out physical therapy services and it creates a perception that the physical therapists working as employees of the physician are more qualified to treat them. In fact the physical therapist working for the physician may have a less objective view of the patient s case than a PT working outside the physician office and this may lead to over-utilization of PT services.

Another impact on self-referrals is that it limits competition in the marketplace for physical therapy services.

I recommend that CMS close this loophole which has the high potential for increased expenditure and abuse

Sincerely,

A physical therapist 48360

CMS-1385-P-8539

Submitter : Dr. frank bunch **Date:** 08/27/2007

Organization : hazel hawkins hospital

Category : Physician

Issue Areas/Comments

Impact

Impact

SAN BENITO CPCI SITUATION:I AM AN ORTHOPEDIC SURGEON IN SAN BENITO COUNTY.HAZEL HAWKINS HOSPITAL HAS NOT BEEN ABLE TO ATTRACT AN ORTHOPEDIC SURGEON TO PRACTICE A FULL TIME ORTHOPEDIC PRACTICE FOR LONGER THAN TWO TO FOUR YEARS OVER THE PAST 10 TO 12 YEARS DUE TO LOW REIMBURSEMENT CONDITIONS(HEAVY MEDICAL POPULATION,UNINSURED PATIENTS BEING TREATED IN THE EMERGENCY ROOM,AND A LIMITED PATIENT POPULATION WITH GOOD INSURANCE. THE COST TO OPERATE A PRIVATE ORTHOPEDIC PRACTICE IN THS COUNTY IS EQUALLY IF NOT MORE EXPENSIVE THAN THE SURROUNDING COUNTIES. IF THE PAYMENT POLICIES UNDER THE PHYSIAN FEE SERVICE SCHEDULE IS NOT AT LEAST EQUAL TO THE SURROUNDING COUNTIES,ANY CHANCE OF ATTRACTING A QUALIFIED ORTHOPEDIC SURGEON TO THIS COMMUNITY WILL BE KILLED.

Submitter : **Dr. Philip Balestrieri** **Date: 08/27/2007**

Organization : **University of Virginia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Philip J. Balestrieri, MA, MD
Associate Professor of Anesthesiology and Obstetrics and Gynecology

Submitter : **Dr. Jim Sponaugle** **Date: 08/27/2007**

Organization : **Dr. Jim Sponaugle**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Sincerely yours,

Jim Sponaugle, M.D.

Submitter : **Mrs. Courtney Siegel** **Date: 08/27/2007**

Organization : **Columbus Children's Hospital Sports Medicine Cente**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Courtney Siegel, I am an employee of Children's Hospital in Columbus, Ohio. I work along side doctors providing skilled care to patients as well as athletes at a local high school. I am a certified Athletic Trainer and licensed in the state of Ohio. I also have my master's degree in Community Health Education.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Courtney D. Siegel, M.Ed., ATC, LAT

CMS-1385-P-8543

Submitter : **Miss.** **Date: 08/27/2007**

Organization : **University of Florida**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer at the University of Florida. I take care of organizing and giving medical needs appropriate for my team. I graduated from an accredited athletic training undergraduate program at the University of Florida. I then received my Masters degree at The University of Alabama where I was the graduate assistant with their athletic program.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Constance Andrews, MA, ATC, LAT

Submitter : **Dr. Robert Strehlow** **Date: 08/27/2007**

Organization : **Dr. Robert Strehlow**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

The current medicare payment of just over $ 16/ unit is grossly undervalued, and is forcing many anesthesiologists to adjust their practice parameters to avoid these patients.

Thank you for supporting the anesthesia conversion factor increase as recommended by the RUC.

Very Truly Yours;

R. Bucko Strehlow, M.D.

Submitter : **Dr. Chris Metzger** **Date: 08/27/2007**

Organization : **Bellingham Anest. Assoc**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Chris Metzger, MD
145 S. 46th St
Bellingham, WA 98229

Submitter : Dr. Joseph Lee **Date:** 08/27/2007

Organization : Daly City Anesthesia Medical Group

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)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Robert Melashenko** **Date: 08/27/2007**

Organization : **Dr. Robert Melashenko**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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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.

CMS-1385-P-8548

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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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 : Gary Christensen **Date:** 08/27/2007

Organization : Flagstaff Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

August 27, 2007

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,

Gary S. Christensen, MD

Submitter : Mrs. Janis Finch **Date:** 08/27/2007

Organization : Radiology Associates, PC

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

The Physician Work RVU-CPT 77080 (DXA)
The Direct Practice Expense RVU for 77080 (DXA)
Indirect Practice Expense for DXA and VFA
Deficit Reduction Act
Dear Mr. Weems:
I appreciate the opportunity to offer general comments on the proposed rule regarding changes to the Medicare physician fee schedule CMS-1385-P.
As a provider of DXA and/or VFA services, I request CMS to reevaluate the following:
a. The Physician Work RVU for 77080 (DXA) should be increased from 0.2 to 0.5, consistent with the most comprehensive survey data available;
b. The Direct Practice Expense RVU for 77080 (DXA) should reflect the following adjustments:
" the equipment type for DXA should be changed from pencil beam to fan beam with a corresponding increase in equipment cost from $41,000 to $85,000;
" the utilization rate for preventive health services involving equipment designed to diagnose and treat a single disease or a preventive health service should be calculated in a different manner than other utilization rates so as to reflect the actual utilization of that service. In the case of DXA and VFA, the 50% utilization rate should be changed to reflect the utilization rate for DXA to 12%.
c. The inputs used to derive Indirect Practice Expense for DXA and VFA should be made available to the general public, and
d. DXA (77080) should not be considered an imaging service within the meaning of the section 5012 (b) of the Deficit Reduction Act of 2005 because the diagnosis and treatment of osteoporosis is based on a score and not an image.

CMS-1385-P-8551

Submitter : Mr. David Bazett-Jones **Date:** 08/27/2007

Organization : University of Wisconsin-Milwaukee

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a PhD student at the University of Wisconsin-Milwaukee studying rehabilitation science and biomechanics. I am also a certified and licensed athletic trainer who provides physical medicine and rehabilitation services. As an individual seeking to find the best rehabilitation practices through research, these proposed changes are of much concern to me.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As a certified and licensed athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

David M. Bazett-Jones, MS, LAT, ATC, CSCS

Submitter : **Dr. Paul Fulling** **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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Paul Fulling, M.D.

Submitter : **Dr. Todd Schmidt** **Date: 08/27/2007**

Organization : **Commonwealth Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Todd E. Schmidt, MD

Submitter : **Dr. Edward Berry** **Date: 08/27/2007**

Organization : **Dr. Edward Berry**

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
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Thank you for your consideration of this serious matter.

Submitter : **Dr. Steven Stein** **Date: 08/27/2007**

Organization : **Dr. Steven Stein**

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

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Submitter : Dr. William Langeland **Date:** 08/27/2007

Organization : Advanced Pain Management

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

Included in an omnibus physician reimbursement plan promulgated by the Centers for Medicare and Medicaid Services (CMS) on July 12th, was a proposal calling for the elimination of the current regulation that permits reimbursement by Medicare for an X-ray ordered by a non-treating physician, such as a radiologist, and used by a Doctor of Chiropractic to determine a subluxation. As such, the current coverage protocol, which permits the referral of a Medicare patient to a non-treating physician, will be ended. This will result is severe limitation of patient care and unnecessarily complicate the management of the most common ailment, low back pain. This is treated by chiropractors for less than any other care giver, with the greatest satisfaction and with the least risk. The only reason to do this is to harm CMS patients. This is retarded. I use the word literally not in any way degrading those who are mentally impaired and I have such a person in my family. You are trying to do the opposite and you should allow re-imbursement for x-rays by chiropractors to allow better more effective management of back pain. It is the federal government who recommends that back pain patients should see a chiropractor first before any other provider. Lets get going and help chiropractors help tax paying Americans and not harm them.

Submitter : **Dr. Linda Magill** **Date: 08/27/2007**

Organization : **Linda S Magill MD**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Linda S Magill MD
Diplomate of the American Board of Anesthesiology

Submitter : **Dr. Christopher Mills** **Date: 08/27/2007**

Organization : **Anesthesia and Pain Services of Pueblo (CO)**

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

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Sincerely,

Christopher A. Mills, M.D.
Past President, Colorado Society of Anesthesiologists
Member, Anesthesia and Pain Services of Pueblo

Submitter : **Dr. Michelle Lamont** **Date: 08/27/2007**

Organization : **Dr. Michelle Lamont**

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

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Thank you for your consideration of this serious matter.

Michelle K. Lamont, M.D.

Submitter : **Dr. John Lu** **Date: 08/27/2007**

Organization : **Spalding anesthesia Associates, PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : **Mr. Don Koshute** **Date: 08/27/2007**

Organization : **Advance Rehabilitation**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Don Koshute ATC,and I am the Director for Industrial Medicine for Advance Rehabilitation in Rome, GA and I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Don Koshute, ATC
Director of Industrial Medicine
Advance Rehabilitation

Submitter : **Dr. Debbie Craig** **Date: 08/27/2007**

Organization : **Northern Arizona University**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Debbie Craig and I am the Program Director for Athletic Training Education at Northern Arizona University. I have been a Certified Athletic Trainer for 20 years and am enjoying teaching our young professionals currently.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Debbie I. Craig, PhD, ATC, LAT

Submitter : **Dr. Christopher Vasil** **Date: 08/27/2007**

Organization : **Dr. Christopher Vasil**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Christopher Vasil, M.D.

CMS-1385-P-8564

Submitter : **Mr. Steve Friebus** **Date: 08/27/2007**

Organization : **Bixby Public Schools**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Steve Friebus and I am the Head Athletic Trainer at Bixby Public Schools. In the past I have been employed by Hillcrest Medical Center, Healthsouth, Orthopedic Hospital of Oklahoma, and Central States Orthopedic Specialists. All of these organizations see the value of Certified Athletic Trainers.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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If these changes go into effect, these organizations who rely on the knowledge and skills of athletic trainers to perform vital functions within the facility, may have to eliminate their positions and use less qualified individuals, or lose these services altogether.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Steven D. Friebus, M.Ed., ATC, LAT

Submitter : **Ms. Kristine Smith** **Date: 08/27/2007**

Organization : **Detroit Medical Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Kristine Smith and I am a Certified Athletic Trainer who could be negatively affected by this ruling. I currently work in the outpatient orthopedic hospital setting. I am employed by the Detroit Medical Center in Detroit, Michigan. I have been a certified athletic trainer for nearly six years. I completed by BS in Athletic Training from the University of Michigan and my MS in Kinesiology from Indiana University.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

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Sincerely,

Kristine Smith, MS, ATC

Submitter : **Dr. Oksana Redko** **Date: 08/27/2007**

Organization : **NEA Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : **Mr. Matt Satterly** **Date: 08/27/2007**

Organization : **Unic of Louisville School of Medicine**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : Dr. Vijay Saluja **Date:** 08/27/2007

Organization : Dr. Vijay Saluja

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : **Dr. Melissa Noone** **Date: 08/27/2007**

Organization : **Loma Linda University**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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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 : **Date: 08/27/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Continuing to allow physicians to refer to physical therapists that they employ and thus achieve a profit from their services, sets the system up to be abused. Instead of creating a structure for physicians to establish quality relationships with physical therapists for the benefit of their mutual patients, the current rule allows physicians to hire physical therapists without regard to their quality but rather to the monetary value that they will produce for them through self referral. The response from physicians, of course, is that they will be able to monitor the quality of care given by their physical therapist. However, having had the opportunity to train physicians in physical therapy, my experience year after year is that they do not understand the skills and expertise of physical therapists and do not have the time to supervise, oversee or even grossly monitor their actions. Regardless of this lack, unaware patients will continue to follow their physician's advice to see the physical therapist in their office versus elsewhere as their physician will be able to monitor their care more closely. Of course, physical therapy then gets over prescribed out of pure proximity and under supervised out of pure lack of time. However, physicians will benefit from the increased revenue to their practice through increased profit margins and thus receive a positive reward. Behaviorism tells us that this reward, in the absense of conscious thought, i.e. over worked physician, will reinforce their actions to continue to hire more therapists in more locations and refer more patients to phyiscal therapy in addition to influence colleagues to do the same without proper supervision or care for quality of patient care.

A change in this rule to disallow "in-office ancillary services", will require the physician to "think twice" about referring to physical therapy and force the practice to establish positive relationships with quality physical therapists who must produce quality patient care in order for the patient to return to the physician in an improved state of health. If not, the physical therapist will lose the referral source which effects their practice and the physician will be forced to find another physical therapist to provide quality care. Since the physician is not monetarily benefitting from the referral, they have less opportunity to be thoughtless about where they refer their patients. It simply forces more conscious decisions by the physician resulting in better care for their patients through the creation of competition amongst autonomous physical therapy practices.

It is not the conscious efforts of most physicians to abuse the system but rather the lack of knowledge of both what the physical therapist does and the impact of their influence on the patient to see the specialist they refer them to. The latter will remain, but it will be without the monetary reward to the physician and thus much more difficult to ignore in the case the patient returns with complaints of care or without progress in their rehabilitation. In the long run, physical therapy will become less over prescribed and more consciously monitored through the results of the care versus the convenience of care to the physician. The patient will achieve more power in the system and the structure will support better healthcare and a savings to the system, i.e. in order to achieve success, the physical therapist will have to produce successful outcomes that will keep the physician in a positive light with the patient since the referral came from him/her initially. The benefit to the physician is not monetary but rather a positive reputation leading to longer physician-patient relationships and "word-of-mouth" referrals as well as referrals from the physical therapists themselves and creations of strong medical teams all to the greater benefit of the patient not to mention the cost savings to the system overall.

CMS-1385-P-8571

Submitter : **Dr. Rashmi Mueller** **Date: 08/27/2007**

Organization : **UTMB**

Category : **Physician**

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.

Sincerely,

Rashmi Mueller

Submitter : Dr. Christopher Perry **Date:** 08/27/2007

Organization : Newport Harbor Anesthesia Consultants

Category : Physician

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.

Sincerely, Dr. Christopher M. Perry

Submitter : **Mrs. Lauren Hargis** **Date: 08/27/2007**

Organization : **University of Arkansas at Little Rock**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Lauren Hargis and I currently work at the University of Arkansas at Little Rock as an Athletic Trainer. I have a Bachelor of Science degree from the University of Pittsburgh and a Masters in Education from the University of Virginia both with emphasis in Athletic Training. I have been certified as an Athletic Trainer for four years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Lauren Hargis,MEd,ATC