

**Submitter :** Dr. Nader Helmi  
**Organization :** Cleveland Clinic Foundation  
**Category :** Physician  
**Issue Areas/Comments**

**Date:** 08/27/2007

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-8856-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  
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,

Dr. Nader Helmi

**Submitter :** Mr. Henry Hawkins  
**Organization :** Rockdale ISD  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

ie. "See Attachment"

CMS-1385-P-8857-Attach-1.DOC

Dear Sir or Madam:

My name is Henry A. Hawkins III, MS, ATC, LAT, SAQI; I have been a nationally Certified and State Licensed Athletic Trainer for 30 years. I have worked in both the collegiate and secondary school settings. I can attest to the fine quality of work and professionalism that athletic trainers exhibit. Both experienced and those new to the field. My Father, Henry A. Hawkins Jr., MD, worked alongside athletic trainers in the Dallas ISD and speaks most highly of their medical knowledge and skills.

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 through our knowledge and professional standards. State law and hospital medical professionals ( the AMA ) 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.

Athletic trainers have served the public with highest of ethics, standards & concern, and this should be allowed to continue without restriction

Sincerely,

Henry A. Hawkins III, ATC, LAT, SAQI

**Submitter :** Dr. Daniel Levinthal  
**Organization :** Adventist Bolingbrook Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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

Daniel Levinthal, M.D.

**Submitter :** Dr. Keith Burberry  
**Organization :** Anesthesia Associates, PSC.  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Guy Giroux

**Date:** 08/27/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. KISHIN DODWANI  
**Organization :** MEDICAL CENTER ANESTHESIOLOGISTS  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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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  
KISHIN DODWANI



**Submitter :** Dr. Richard Cochane

**Date:** 08/27/2007

**Organization :** Luther

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Mrs. Paula Radulski  
**Organization :** Williams Cone School  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a licensed, certified athletic trainer practicing in the state of Maine. I am currently employed by the MSAD 75 School system as a Health Aide at the Williams-Cone Elementary School. However, I also work throughout the year as an athletic trainer for the local high schools and colleges in this area.

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,

Paula E. Radulski, Licensed, Certified Athletic Trainer, Maine

**Submitter :** Mrs. Jillian Gualdoni  
**Organization :** Mrs. Jillian Gualdoni  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Jill Gualdoni, I am an athletic Training student at Northern Michigan University. I will graduate in December 2008.

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 future patients.

When I become a certified athletic trainer, I will be 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 will 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.

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Sincerely,

Jillian Gualdoni, student AT

**Submitter :** Mr. Michael Pate  
**Organization :** Mr. Michael Pate  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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

Thank you for your consideration of this serious matter.

Sincerely,

Michael Pate  
10 Goodall Ave  
Daytona Beach FL 32117

**Submitter :** Ms. Kristen Agena  
**Organization :** Luther College  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Kristen Agena. I am an athletic trainer in the athletic department, as well as instructor and clinical coordinator for the athletic training education program at Luther College in Decorah, Iowa. I have a masters degree in exercise science, hold my license in athletic training with the Iowa Department of Public Health, and have certification in good standing with the National Athletic Trainers' Association. I have provided therapy services to patients for over twelve years now. Furthermore, I educate, in both the classroom and in clinical settings, future athletic trainers who hope to one day obtain a position providing care to the physically active.

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,

Kristen M Agena, MS, LAT, ATC, CSCS  
Athletic Trainer/Instructor  
Luther College  
700 College Drive  
Decorah, Iowa 52101

**Submitter :** Ms. Rochel Rittgers  
**Organization :** Augustana College Athletic Training  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

I am a 26-year certified athletic trainer, working in a collegiate setting, providing all rehabilitation therapy needs for 250+ athlete related injuries annually. I have an undergraduate degree in athletic training and a master's degree in the science of physical activity. I am also a licensed athletic trainer in the state of Illinois. In addition to my formal education, I have accumulated 850+ contact hours of continuing education in areas of therapy and athletic injury management over the past 26 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.

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Sincerely,

Rochel R. Rittgers, MS, ATC

**Submitter :** Mrs. Patricia Gerjerts  
**Organization :** AthletiCo  
**Category :** Other Health Care Provider

**Date:** 08/27/2007

**Issue Areas/Comments**

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Sincerely,

Patricia E. Gerjerts, MS, ATC

**Submitter :** Dr. Andre Kwa

**Date:** 08/27/2007

**Organization :** Dr. Andre Kwa

**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  
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Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,  
Andre Kwa M.D.



**Submitter :** Colleen Pepper

**Date:** 08/27/2007

**Organization :** Colleen Pepper

**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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**Submitter :** Mrs. Stacie Woodworth  
**Organization :** Midwest Orthopaedic Institute  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Stacie Woodworth and I am certified athletic trainer. I am employed as a clinician in an outpatient orthopedic rehabilitation facility.

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,

Stacie Woodworth, ATC

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

**Date:** 08/27/2007

**Issue Areas/Comments**

**Background**

Background

See attached letter

CMS-1385-P-8873-Attach-1.DOC

#8873

August 28, 2007

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

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

Dear Ms. Norwalk:

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

This increase in Medicare payment is important for several reasons.

- First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.
- Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers' services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.
- Third, CMS' proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

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

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,

Edward Repka, SRNA  
Name & Credential  
631 West Drayton Street  
Address  
Ferndale, MI 48220  
City, State ZIP

**Submitter :** Miss. Trisha Gudex  
**Organization :** Miss. Trisha Gudex  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Trisha Gudex and I am an athletic training major at the University of Wisconsin at Stevens Point. I am currently a senior in the program, preparing to take my certification exam in the spring. I will then continue on with my education by attending graduate school for physical therapy.

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.

Once certified as an athletic trainer, I will be 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,

Trisha Gudex, ATS

**Submitter :** Dr. David Murray  
**Organization :** Washington University in St. Louis  
**Category :** Physician

**Date:** 08/27/2007

**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.

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  
David J Murray MD

**Submitter :** Ms. Katie Hohn  
**Organization :** Peddie School  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

Hello my name is Mary Hohn. I am the assistant athletic trainer at the Peddie School in Hightstown, NJ. I also teach a health class at the school. We are a private, co-ed boarding school, caring for over 500 Peddie students and faculty annually. I graduated from James Madison University's athletic training program and I am excited to see so many other alumni coming into our field of work.

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 athletes and patients.

As a certified 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. Thank you for your time and consideration.

Sincerely,

Mary Hohn, ATC, PES

**Submitter :** Dr. Zubair Ali  
**Organization :** Elkhart General Hospital  
**Category :** Physician

**Date:** 08/27/2007

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

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

Thank you for your consideration of this serious matter.

Sincerely

Zubair Ali MD



**Submitter :** Dr. Creston Martin  
**Organization :** Dr. Creston Martin  
**Category :** Physician

**Date:** 08/27/2007

**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  
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Thank you for your consideration of this serious matter.

Creston Martin, M.D.

**Submitter :** Dr. Jay Ellis

**Date:** 08/27/2007

**Organization :** Tejas Anesthesia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

#8879

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. Milena Pilipovic  
**Organization :** Hershey Medical Center  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Richard Shinaman  
**Organization :** Pain Medicine Consultants  
**Category :** Physician

**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  
Baltimore, MD 21244-8018

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

**Submitter :** Dr. Lancelot Williams  
**Organization :** Presbyterian Intercommunity Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Christopher Jackson  
**Organization :** ASA/DCSA  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

**Submitter :** Dr. Clark Galbraith  
**Organization :** Watson Clinic  
**Category :** Physician

**Date:** 08/27/2007

**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,

Clark H. Galbraith, M.D.



**Submitter :** Dr. Creston Martin  
**Organization :** Dr. Creston Martin  
**Category :** Physician

**Date:** 08/27/2007

**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.

Creston Martin, M.D.

**Submitter :** Dr. Jennifer Austin  
**Organization :** Colby-Sawyer College  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

I am an assistant professor and a certified athletic trainer at Colby-Sawyer College in New Hampshire. I am also the director of the athletic training education program. In my position I am a primary educator of future certified athletic trainers. I, myself, have been a certified athletic trainer for 11 years, have practiced in many different realms, and have been licensed to provide athletic training services in Ohio, New York, and New Hampshire. Also I hold a Bachelor of Science in Athletic Training, a Master of Science in Physical Education, and a Doctor of Philosophy in Higher 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 patients of certified athletic trainers.

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,

Jennifer Austin, PhD, ATC, N.H.LAT

**Submitter :** Ms. Michelle Jones  
**Organization :** Tuality Healthcare  
**Category :** Health Care Professional or Association

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dcar Sir or Madam:

My name is Shelly Jones I work in a hospital based, outpatient physical therapy and sports medicine clinic as a certified athletic trainer. I graduated with a double major in athletic training and exercise science and passed my medical board exam in sports medicine. Therefore, I am a certified athletic trainer and registered through the Oregon Health Division to practice athletic training. I am very concerned that this regulation on how hospitals staff their clinics will directly affect me. Why athletic trainers are not included in the section "Conditions of participation: Rehabilitation Services" seems arbitrary. Athletic trainers are fully qualified to treat patients in outpatient clinics and in fact have more education than some of the practitioners listed. Furthermore, if a physician requests athletic training be performed, this legislation would unfairly limit our ability to deliver healthcare.

As you tell, 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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Sincerely,

Michelle "Shelly" Jones, ATC  
President Oregon Athletic Trainers' Society  
Head Athletic Trainer  
Tuality PT & Sports Medicine @ Bally Total Fitness  
Century High School

**Submitter :** Dr. Thomas Sanneman  
**Organization :** Associated Anesthesiologists, PA  
**Category :** Physician

**Date:** 08/27/2007

**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.

Sincerely,

Thomas C. Sanneman, MD  
Associated Anesthesiologists, PA  
St. Paul, Minnesota

**Submitter :** Dr. Robert Zaremski  
**Organization :** Southern Maryland Anesthesia Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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**Submitter :** John Kindscher  
**Organization :** John Kindscher  
**Category :** Other Government

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Mr. Bernard Walls  
**Organization :** Salve Regina University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

My name is Bernard Walls, I currently work at Salve Regina University. I am the Head Athletic trainer I have 3 assist Athletic trainers who work for me. I currently take care of about 430 athletes. I have a Bachelors Science in Physical education, and a Masters in Athletic Training

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,

Bernard Walls, MS ATC  
Head Athletic Trainer  
Salve Regina University  
100 Ocher Point Ave  
Newport RI, 02840

Submitter : Mrs. sue maurer

Date: 08/27/2007

Organization : butler hs

Category : Health Care Professional or Association

Issue Areas/Comments

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer, I have a masters degree and have been in the industry for well over 20 years. I have worked with both high school, amateur US Olympic, recreational and college athletes. I have been employed by colleges, US Olympic Committee, high schools and hospitals.

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,

Sue P. Maurer, MS, ATC  
244 High Crest Drive  
West Milford, NJ 07480



**Submitter :** Nathaniel Birgenheier  
**Organization :** ASA  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Edelberto Perez  
**Organization :** Park Ridge Anesthesia Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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

Edelberto Perez, MD

**Submitter :** Mr. Michael Odze  
**Organization :** Sunrise Medical Group  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Michael Odze. I am a board certified and state licensed athletic trainer currently working in an outpatient neurological setting. I am married and a father of two young children. I have been working in the outpatient field for 10 yrs.

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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Sincerely,

Michael Odze, ATC

**Submitter :** Sarah Kindscher  
**Organization :** Sarah Kindscher  
**Category :** Individual

**Date:** 08/27/2007

**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  
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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Joseph Callahan  
**Organization :** Dr. Joseph Callahan  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Fcc increase for anesthesia services is long overdue.

**Submitter :** Elizabeth Kindscher  
**Organization :** Elizabeth Kindscher  
**Category :** Individual

**Date:** 08/27/2007

**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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**Submitter :** Dr. C. J. Richardson

**Date:** 08/27/2007

**Organization :** Dr. C. J. Richardson

**Category :** Physical Therapist

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

See attached letter to submit for Rule Making hearing

CMS-1385-P-8899-Attach-1.DOC

#8899

August 24, 2007

Re: Rulemaking for Stark Referral for Profit

Dear Centers for Medicare and Medicaid Services:

I am most appreciative of the Centers for Medicare and Medicaid Services's efforts with investigating the current loop holes in the Stark Laws. I am writing to urge CMS to remove physical therapy from the "in-office ancillary services" exception to the federal physician self-referral laws. I am a physical therapist currently working in a private practice setting and have been employed by a physician group in the past. I have seen first hand the dilution of the quality of therapy services by the elimination of market based competition in the physician owned physical therapy practice setting. It was this innate lack of patient care that I changed employment. It is well documented that this referral for profit scenario negatively impacts costs, utilization, and patient care when a physician has a financial incentive in the delivery of therapy services. In this letter, I will focus on and hope to highlight the negative impact that this conflict of interest has on the health care consumer and more specifically the Medicare beneficiary that I witnessed first hand.

Rightfully, all patients traditionally place great trust in their physician to prescribe and recommend appropriate treatment for their care. When the physician's judgment and referral can be influenced by financial incentives resulting from avoidable conflicts of interest, the trust between the patient and the physician is violated. Further, referral for profit situations may subject the patient to unnecessary inconvenience, extra expense, and the potential risk of unnecessary treatment. Also, the patient's freedom to choose a physical therapist may also be diminished if the physician directs the patient to a specific location for physical therapy, which may not be the most convenient location for the patient. And, it is possible that another physical therapy practice could provide more appropriate care to the Medicare beneficiary.

All of the scenarios outlined above I have been witnessed in some capacity in the last few years. The sinister nature of these patient-physician trust violations is amplified when the referral is based on the physicians financial bottom line. It is this tend that disturbs me the most and it is this tend that I have seen escalate in recent years with the proliferation of physician owned therapy clinics. I have recently experienced an increase in complaints from patients and fellow private practice physical therapist in my region who report that they have experienced a physician insisted that they receive therapy by "their physical therapist" and on many occasions report somewhat aggressive responses when the patient inquires about receiving therapy services from another therapy center independent of the physician's office.



Those in favor of physician owned therapy services cite improved patient quality of care by having physicians readily available to discuss their patients. My perspective is contrary to this argument. physical therapists are highly trained professionals educated to assess and treat impairments and functional limitations associated from neuromusculoskeletal dysfunction and how to recognize other pathology which are outside their scope that can mimic similar signs and symptoms.

The increasing frequency of abuse and increased utilization of physical therapy in a physician owned facility with no valid increase in therapy efficacy can no longer be ignored. I can attest from my experience working for a physician owned physical therapy practice that the shelter of a constant referral stream and above market compensation is a hard situation to leave, however, it was a situation that I recognized didn't incentive me to grow professionally. **No professional grows if they aren't motivated to strive for clinical excellence and autonomy.** In summary, physical therapists can point to egocentric reasons to oppose being employed by a physician or physician group because of the lack of professional autonomy, but the real victim with this situation is the health care consumer who doesn't have a choice to choose a provider (physical therapist) who truly strives for clinical excellence and patient focused outcomes.

Sincerely,

Dr. C. Jason Richardson, PT, DPT, OCS  
917 South Woodstone Lane  
Nashville, TN 37211

**Submitter :** Mr. Gregory Sonnenfeld  
**Organization :** Blount Memorial Hospital  
**Category :** Other Practitioner

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer in Maryville, TN. I have been a Certified Athletic Trainer for 10 years. I have provided physical medicine and rehabilitation for thousands of high level athletes including WNBA, NFL, and international track and field athletes.

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,  
Gregory Sonnenfeld, MBA, ATC

**Submitter :** Dr. Gail Beard  
**Organization :** Dr. Gail Beard  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1385-P  
PO Box 8018  
Baltimore, Maryland 21244-8018

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,

Gail Beard, D.C.

**Submitter :** Dr. Daryl Peake  
**Organization :** University of Mississippi Medical Center  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

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Thank you for your consideration of this serious matter.

**Submitter :** David Kindscher  
**Organization :** David Kindscher  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Sample Comment Letter:

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. Jeffrey Koepf  
**Organization :** Northern Colorado Anesthesia Professional Consultants  
**Category :** Physician

**Date:** 08/27/2007

**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.

Sincerely,  
Jeffrey S. Koepf MD  
Anesthesiologist  
Northern Colorado Anesthesia Professional Consultants  
Fort Collins, Colorado

**Submitter :** Dr. Glen Flaningham  
**Organization :** Hancock Anesthesia Group  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
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Sincerely,  
Glen L. Flaningham MD  
642 N. Senate Ave.  
Indianapolis, IN 46202  
gflaningham@yahoo.com

**Submitter :** Dr. Paul Judson  
**Organization :** American Society of Anesthesiology  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
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**Submitter :** Dr. Jonathan Katz  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Mr. Joseph Scott  
**Organization :** Southcoast Hospitals Group  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Joseph A. Scott and I am a licensed athletic therapist (ATC) practicing in the State of Massachusetts. I am the Clinical Team Leader of outpatient orthopedic rehabilitation for Southcoast Hospitals Group in New Bedford, MA., and have held my current position for over 10 years. In my duties, I oversee the clinical treatment and care of all patients treated in our clinic by Physical Therapist, PTA's, Occupational Therapists, and Athletic Therapists. 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 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. My education and experience have also led to a leadership position within our organizations rehabilitation services department.

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,

Joseph A. Scott MS LAT ATC Clinical Team Leader, Outpatient Orthopedic Rehabilitation  
scottj@southcoast.org

**Submitter :** Caroline Taylor  
**Organization :** AAHPERD  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer who currently works with youth and club athletic teams. I have worked extensively in the clinical setting, rehabilitating patients with orthopedic injuries in addition to working in the university and high school settings. I have a bachelor of science degree in exercise science and a master of science in athletic training.

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,

Caroline Taylor, MS, ATC

**Submitter :** Dr. Scott Boman  
**Organization :** Dr. Scott Boman  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re:CMS 1385 P  
Anesthesia Coding, 5 year review

Dear Ms. Norwalk:

I am a anesthesiologist in private practice in Las Vegas, NV. A large percentage of my patients are Medicare funded. There exists a huge disparity in rcimbursement amongst specialists regarding Medicare reimbursement. This has caused a reluctance among anesthesiologists to provide care to this portion of the population. There is an access problem and it grows worse with every year that passes. The current reimbursement of \$16.19/unit is grossly undervalued. I work with an ophthalmologist and Medicare is one of his best payors.

I would strongly urge you to support the RUC proposal of a \$4.00 increase per anesthesia unit. This would go a long way to preserving access to care for Medicare patients.

Thank you for your consideration. We all appreciate it.

Scott Boman MD  
2635 Box Canyon Dr.  
Las Vegas, NV 89128  
702 386-4700

**Submitter :** Mrs. Sharon Faer Lichtenstein  
**Organization :** Mrs. Sharon Faer Lichtenstein  
**Category :** Individual

**Date:** 08/27/2007

**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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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 :** Meredith Atwood  
**Organization :** Parkridge Medical Center  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Certified and Licensed Athletic Trainer. I work for Parkridge Hospital in Chattanooga, TN performing outreach services to a local college. I have a B.S. in Athletic training/Sports Medicine and an M.S. in Health and Human Performance.

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,

Meredith Atwood, MS, ATC, LAT

**Submitter :** Mr. Paul Slocum Slocum  
**Organization :** PRO Rehabilitation  
**Category :** Physical Therapist

**Date:** 08/27/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Subject: Physician Self-Referral Issues. Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Proposed Rule

Dear Mr. Weems:

I am a physical therapist in Pennsylvania. I have been in practice for over 35 years and, during this time have treated many Medicare beneficiaries. As you know Pennsylvania, and especially where I am in northeastern Pennsylvania, has a high number of senior citizens that receive health care under Medicare. I am contacting you regarding any proposed revisions to payment policies under the Physician Fee Schedule, and other Part B Payment Policies for CY 2008 and any Proposed Rule regarding these policies.

I wish to comment on the July 12 proposed 2008 physician fee schedule rule, specifically the issue surrounding physician self-referral and the in-office ancillary services exception. My comments are directed to concerns I have regarding the potential for the abusive nature of physician-owned physical therapy services. I support physical therapy services to be removed from permitted services under the in-office ancillary exception.

I am concerned about the abuse of financial arrangements with the in-house provision of physical therapy within physician offices. I have had patients inform me that at the time of seeing a physician, the patient has been directed specifically to the in-house physical therapy service. The patient was not given freedom of choice in selecting his/her physical therapy provider. The patient self elected to receive physical therapy at my facility, because as a previous patient, the individual was satisfied with the rendered physical therapy. Nonetheless, the patient(s) have raised comment and concern that the physician directed to where they should receive physical therapy than allowing the patient the liberty to select their physical therapy provider.

The in house ancillary services regulations governing physician owned physical therapy is broadly defined. I think you will agree that there is an inherent potential for abuse. The patient is held captive as the referring physician can direct where the patient is to receive physical therapy service. This is totally unlike a patient and medication, where the physician prescribes a medication and the patient has the choice of which pharmacy to have the prescription filled.

Physical Therapy is a health care service where commonly the patient is receiving treatment within a specific frequency and duration. A fact which is recognized by the Medicare regulations specific to physical therapy documentation. The physician already must certify and re certify the medical necessity of physical therapy, as stipulated under current Medicare regulations.

The in house ancillary services exemption has created a loophole which has resulted in an expansion of physician owned physical therapy services. Due to the Medicare referral regulations, the physicians already have a captive referral base of physical therapy patients. As noted by existing Medicare regulations regarding physical therapy, it is no more convenient for a patient to receive physical therapy in a physician office. Physician control is already present with the physician certification process, and further physician direction is not necessary.

In closing, I ask that you review the potential for the abusive nature of physician-owned physical therapy services. I support physical therapy services to be removed from permitted services under the in-office ancillary exception. I thank you for allowing me to comment and for your consideration to the points raised in this letter.

Sincerely,

Paul G. Slocum PT, MS, ATC

**Submitter :** Dr. Susan Marafino  
**Organization :** HCHC  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

RE: CMS-1385-P. I strongly oppose the proposal to eliminate insurance reimbursement for x-rays ordered by Doctors of Chiropractic. This creates unnecessary barriers to effective patient care, as well as driving up the costs of health care.

Respectfully submitted,  
Dr. Susan Marafino



**Submitter :** Dr. Timothy Seymour  
**Organization :** Rush Foundation Hospital  
**Category :** Hospital

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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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.

Timothy H Seymour, MD  
Rush Foundation Hospital  
August 27, 2007

**Submitter :** Mrs. Harmony Lopez  
**Organization :** Star Physical Therapy  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Harmony Lopez. I am a Certified Athletic Trainer. I work for Star Physical Therapy in Murfreesboro, Tennessee. I recieved my bachelor's degree from The University of Alabama and a Masters degree from Middle Tennessee State 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,

Harmony Lopcz, ATC

**Submitter :** Mrs. Blanche Faer  
**Organization :** Mrs. Blanche Faer  
**Category :** Individual

**Date:** 08/27/2007

**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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