Submitter : **Dr. jonathan kroll** **Date: 07/10/2007**

Organization : **Dr. jonathan kroll**

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.

Submitter : **Dr. Joseph Galassi** **Date: 07/10/2007**

Organization : **Allentown 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,

Joseph W. Galassi, Jr., MD
Anesthesiologist
Allentown Anesthesia Associates

Submitter : **Dr. gene brenowitz** **Date: 07/10/2007**

Organization : **Dr. gene brenowitz**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to support the proposed increase in reimbursement for anesthesia services.

Submitter : Dr. Douglas Hagan **Date:** 07/10/2007

Organization : Dr. Douglas Hagan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of CMS-1385-P for raising anesthesia reimbursement as anesthesia services that have been unfairly undervalued.

Submitter : Dr. **Date:** 07/10/2007

Organization : Dr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists are practising medical doctors often taking care of critically ill patients with multiple co-morbidities. These cases are extremely challenging and require great skill and expertise. We do not chose our patients nevertheless gladly help to safely guide these patients through surgery. We should be paid appropriately for professional services.

Submitter : Dr. Praveen Kalra **Date:** 07/10/2007

Organization : OUHSC

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

I would like to bring to your attention that the current Medicare payment criteria is not fair and under pays Physician fees. I am requesting you to please reconsider Medicare payment guidelines and make appropriate adjustments.

Submitter : Dr. Joseph Carter **Date:** 07/10/2007

Organization : Palmetto Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I think increasing the anesthesia conversion factor is long overdue. The reimbursement for anesthesia services within CMS is outrageously low. We spend enormous amounts of extra time and effort with medicare patients. They are always the most ill and generally have more than two, and often three, clinically relevant disease processes, which if not managed well, have dramatic effects on outcome. This in turn requires an enormous amount of extra thought, energy and extra labor, not to mention the level of stress that this places on the anesthesiologist. I implore CMS to act on this measure and increase the rate on the anesthesia conversion factor.

Submitter : **Dr. Bradley Umbarger** **Date: 07/10/2007**

Organization : **Dr. Bradley Umbarger**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-358-Attach-1.DOC

#358

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.

Bradley R. Umbarger, M.D.

Submitter : Dr. Renee Caswell **Date:** 07/10/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Renee E. Caswell MD

Submitter : Dr. Steven Katz **Date:** 07/10/2007

Organization : Anesthesia Services PA of Delaware

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

There is a proposed rule to adopt the recommendation of the American Medical Association s Relative Value Update Committee (RUC) to increase the value of the work component of anesthesia services by 32 percent or $4 per unit.
The trend of decreased reimbursements for this component of our work results in decreased salary for those professionals who care for these patients. They want to care for "commercially insured patients" who result in better incomes. Please don't drive away the most skilled professionals from the sickest patients because they can do better with "out patient surgical centers" with better insurance.

Submitter : Matthew Fisher **Date:** 07/10/2007

Organization : Matthew Fisher

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I'm currently a resident in training for anesthesiology at the University of Texas Medical Branch in Galveston Texas. I'm worry about providing care to individuals as access will decrease as payment for those services decrease. As a result, CMS must make sure that Medicare beneficiaries have adequate access to care. The American Society of Anesthesiologists has well-founded concerns that current Medicare payment levels do not meet this standard and it is encouraging that CMS administrators may act to improve payment that is essential.

The proposal to increase the pay for anesthesia conversion factor is a positive step toward addressing our concerns about sufficient Medicare payments.

I hope you will pass the proposal and appreciate your consideration.

Submitter : **Date: 07/10/2007**

Organization :

Category : **Home Health Facility**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

It is extremely important to increase the payments for anesthesia. We work in an environment where the non-insured and illegal immigrants thrive. At times it feels as though we are not reimbursed for any of our time or work. Please raise the medicare price per unit for all Anesthesiologists.

Submitter : Dr. Charles Cotton **Date:** 07/10/2007

Organization : OUHSC: OSA PAC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Payment for Procedures and Services Provided in ASCs

Submitter : **Richard Cochrane** **Date: 07/10/2007**

Organization : **Richard Cochrane**

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.

Richard H. Cochrane, M.D.
215 Meadowood Place
Vadnais Heights, MN 55127

Submitter : **Dr. Joseph Deck** **Date: 07/10/2007**

Organization : **Dr. Joseph Deck**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Sincerely,

Joseph Deck, MD

Submitter : Dr. Ken Harris **Date:** 07/10/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Ambulance Services

Ambulance Services

Medicare currently pays about 15% of what better private insurance providers pay for anesethesia. If this does not change Medical recipients are going to find it difficult to find care. Would you work for 15% of your normal pay?????????

Submitter : **Dr. Julia McKillen** **Date: 07/10/2007**

Organization : **VCU**

Category : **Physician**

Issue Areas/Comments

GENERAL

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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.

Submitter : Dr. Madison Sample Jr **Date:** 07/10/2007

Organization : Medical Center of Anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am wholly and completely in favor of the proposed INCREASE in the anesthesia conversion factor by Medicare. After so many years of steady or worse declining conversion factors, this would be a welcome change. Our specialty ought to be valued not only by surgeons, and patients but by CMS as well. Madison Sample Jr., MD

Submitter : **Dr. David Colclasure** **Date: 07/10/2007**

Organization : **Dr. David Colclasure**

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.

D. Scott Colclasure, M.D.

Anesthesiologist
Adams Memorial Hospital
1100 Mercer Ave
Decatur, IN 46733

Submitter : Dr. David Black **Date:** 07/10/2007

Organization : Alameda Anesthesia Associates Medical Group

Category : Physician

Issue Areas/Comments

Impact

Impact

To whom it may concern. I write this letter in support of a revision in the rvu payment structure for Anesthesia Services. I practice within a community that has a significant and growing population of the elderly. Over the past 10 years the percentage of patients covered by Medicare has increased dramatically in our practice, and the complexity of surgical procedures and the constellation of co-morbid medical illnesses has increased even more. Our practice is at a cross roads where we cannot attract the skilled physicians necessary to provide the level of care the above referenced patients require because of the disparity between Medicare reimbursement and other payers. Paradoxically, those of us practicing in acute care hospitals who take care of the aged, sick and injured 24 hrs a day find our services reimbursed at a signifieantly lower rate than those practicing in outpatient centers, procedural sites, and surgical centers. The current fee schedule dramatically underestimates the time, effort, and energy Anesthesiologists must commit to the care of the elderly who are sick or injured. The proposed changes to the anesthesia fee schedule would have a significant impact on the financial viability of practices like mine who take care of a disproportionate percentage of the elderly who are sick or injured, and would move the fee schedule in a direction that reflects the physician resources committed to the care of the Medicare population.

Thank you for the consideration you have given this letter.

Signed
David K. Black M.D.

Submitter : **brad bohman** **Date: 07/10/2007**

Organization : **brad bohman**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Please see what you can do to raise anesthesia fees to a fair level. Medicare is paying only 30% of what the managed care payors are paying vs 80-90% for most specialties. Of coarse Tricare fees follow these same rates. The only reason you have any anesthesia coverage is because anesthesiology providers are forced by the facilities they work in to accept these rates.

Submitter : Dr. david iew **Date:** 07/10/2007

Organization : SALSA Anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir,

I wish to state my support for CMS-1385-P and the proposed increase in Medieare reimbursement to anesthesia providers. As you are well aware, the ongoing reductions in reimbursement to this vital subset of medical professionals. By adjusting reimbursement to the proposed levels, you will allow us to continue providing services to the elderly, disabled and low income families without further stress on the financial health of our practices. Thank you again for your consideration in this matter.

Submitter : **Date: 07/10/2007**

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

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Thank you for your consideration of this serious matter.

Submitter : **Dr. adam lichtman** **Date: 07/10/2007**

Organization : **Dr. adam lichtman**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Adam Lichtman MD

Submitter : Dr. Jayesh Patel **Date:** 07/10/2007

Organization : USC Keck School of Medicine, Dept.of Anesthesiolog

Category : Physician

Issue Areas/Comments

Impact

Impact

It has been detrimental to the teaching programs of clinical Anesthesiology and to improve the quality of teaching I strongly urge you to please do Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies; Revisions to Payment Policies for Ambulance Services for CY 2008;

Submitter : Dr. James Doherty **Date:** 07/10/2007

Organization : Dr. James Doherty

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter

Submitter : Dr. Steven J. Weisman **Date:** 07/10/2007

Organization : Medical College of WI/CHildren's Hospital of WI

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Although only a small part of my current practice is Medicare-based, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Even at a Children's Hospital, Medicare reimbursement rates have a major impact on our financial bottom line.

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 or children who are paid under these guidelines. This has created an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare or Title 19 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 serviees. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

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Thank you for your consideration of this serious matter.

Submitter : **Dr. John Camp** **Date: 07/10/2007**

Organization : **Baylor College of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Sincerely,
John F. Camp, M.D.

CMS-1385-P-379

Submitter : Dr. Mark Snyder **Date:** 07/10/2007

Organization : Anesthesia Associates of Central Kansas

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P I am a practicing anesthesiologist in Kansas who supports the above bill before the Congress. Medicare needs to increase anesthesia reimbursement or care to these patients may be limited by the inability to cover expenses with the current fee schedule. Mark Snyder M.D. Salina, KS

Submitter : **Dr. Charles Cassady** **Date: 07/10/2007**

Organization : **OSA**

Category : **Physician**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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,

Charles Cassady MD

Submitter : Dr. Richard Wingo **Date:** 07/10/2007

Organization : Anesthesia Consultants of Dallas, LLP

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment.

CMS-1385-P-381-Attach-1.DOC

CMS-1385-P-381-Attach-2.DOC

#381

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

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

Sincerely,

Richard Wingo, MD
Staff Anesthesiologist
Methodist Dallas Medical Center
Dallas, Texas

Submitter : **Dr. Jeffrey Horswell** **Date: 07/10/2007**

Organization : **Dr. Jeffrey Horswell**

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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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 $16.51 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.

Jeffrey Horswell, MD

Submitter : Dr. Mukesh Patel **Date:** 07/10/2007

Organization : Dr. Mukesh Patel

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : Ms. Tammy Reilly **Date:** 07/10/2007

Organization : XDx, Inc.

Category : Laboratory Industry

Issue Areas/Comments

Clinical Laboratory Issues

Clinical Laboratory Issues

XDx submits these comments on the 2008 Physician Fee Schedule Proposed Rule, released by CMS on July 2, 2007, with regard to the provisions in Section G. relating to clinical laboratory services. XDx appreciates CMS' attention to appropriate billing for clinical laboratory tests over the past year. This letter requests further clarification that clinical laboratories can bill for testing on specimens drawn outside the hospital outpatient setting and by non-hospital personnel on the same date of service as a hospital outpatient visit.

Please see the attached letter for more information.

CMS-1385-P-384-Attach-1.PDF

#384

July 9, 2007

Terry Kay
Director, Division of Hospital and Ambulatory Policy Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Proposed Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008 CMS-1285-P
CLINICAL LABORATORY ISSUES

Dear Mr. Kay,

XDx submits these comments on the 2008 Physician Fee Schedule Proposed Rule, released by CMS on July 2, 2007, with regard to the provisions in Section G. relating to clinical laboratory services. XDx appreciates CMS' attention to appropriate billing for clinical laboratory tests over the past year. This letter requests further clarification that clinical laboratories can bill for testing on specimens drawn outside the hospital outpatient setting and by non-hospital personnel on the same date of service as a hospital outpatient visit.

Background on the AlloMap® Molecular Expression Test

XDx developed AlloMap molecular expression testing, which analyzes the complex signals of the immune system's multiple genes and pathways to distinguish between rejection and quiescence in heart transplant patients. AlloMap testing offers clinicians an additional tool to monitor and predict rejection beyond the traditional invasive endomyocardial biopsy currently used by transplant cardiologists.

Numerous leading U.S. heart transplant centers have incorporated AlloMap testing into their patient management protocols. AlloMap testing requires a blood sample, obtained by routine phlebotomy. The sample is processed by the draw station, and shipped frozen directly to XDx. The test can only be performed at the XDx CLIA-certified high complexity laboratory in Brisbane, California. Testing is usually performed within 1 to 2 business days and the results are returned to the ordering transplant cardiologist.

Overview of Current Medicare Part B Billing Guidance

Generally, CMS policy states the date a specimen is collected is the date of service (DoS) for claims review and adjudication. In the CY 2007 Physician Fee Schedule Final Rule, however, CMS added §414.510, making an exception for the date of service of a clinical diagnostic laboratory test that uses a stored specimen.

For a laboratory test that uses a specimen stored for more than 30 days before testing, the date of service is the date the specimen was obtained from storage. Specimens stored 30 days or less have a date of service noted as the date the test is actually performed only if

> (a) The test is ordered by the patient's physician at least 14 days following the date of the patient's discharge from the hospital;
> (b) The specimen was collected while the patient was undergoing a hospital surgical procedure;
> (c) It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted;
> (d) The results of the test do not guide treatment provided during the hospital stay; and
> (e) The test was reasonable and medically necessary for the treatment of an illness.[1]

CMS established this exception to the general date of service rule to clarify billing for certain tests where a specimen is taken while the patient is treated in a hospital setting, but then later used for testing after the patient has been discharged.

Clarification for Specimens Collected Outside the Hospital

This rule has created some uncertainty about how the date of service provision will be applied in a related situation when a specimen is collected on the same day as an outpatient visit, but is collected outside of the hospital outpatient setting and by non-hospital personnel. In some instances, the blood sample for the AlloMap test may be collected outside of the hospital but occur on the same day as the outpatient visit. In these instances the patient is a non-hospital patient. XDx wants to confirm that the above referenced rules for stored specimens will not indirectly affect payment for claims for laboratory tests performed on a specimen collected on the same day as an outpatient visit.

Medicare currently "bundles" outpatient services for certain clinical laboratory tests for payment purposes. Bundling has generally been intended to include only those services associated directly with an outpatient visit. The hospital billing rules require that services be bundled solely if the beneficiary is an outpatient "at the time the service is furnished."[2] In the initial Hospital Outpatient Prospective Payment System Final Rule implementing the bundled payment system, CMS stated,

> *The hospital is not responsible for billing for [a] diagnostic test if a hospital patient leaves the hospital and goes elsewhere to obtain the test. . . A free standing entity, that is, one that is not provider-based, may bill for services furnished to beneficiaries who do not*

[1] In addition, § 414.510(b)(3) specifies the conditions for the date of service for a chemosensitivity test.
[2] 65 Fed. Reg. 18,440 (Apr. 7, 2000).

meet the definition of a hospital outpatient at the time the service is furnished.[3]

As outlined above, the AlloMap test does not use a stored or archived specimen. Further the specimen is collected from a non-patient. Under this situation, the patient is a non-hospital patient because the beneficiary is not registered at the time of blood draw as an outpatient. According to Medicare Claims Processing Manual 50.3.2 a non-hospital patient is a person who is neither an inpatient nor an outpatient. A hospital outpatient is defined as a person who has not been admitted as an inpatient, but who is registered on the hospital records as an outpatient and receives services directly from the hospital. 42 C.F.R. § 410.2.

This is consistent with the Medicare Benefit Policy Manual, that states, *"[w]here a . . . blood sample . . . is taken by personnel that are neither employed nor arranged for by the hospital . . . . , the tests are not outpatient hospital services since the patient does not directly receive services from the hospital."* [4]

Requested Clarification

XDx would like CMS to confirm in the 2008 Physician Fee Schedule final rule that clinical laboratories can bill for tests when the blood is drawn outside the hospital outpatient setting and by non-hospital personnel on the same date as an outpatient visit. XDx respectfully requests that CMS make the following clarifications in the Final Rule:

A. If a clinical laboratory test specimen is collected outside of the hospital by non-hospital personnel, the beneficiary qualifies a non-patient; and

B. Independent clinical laboratories may bill for tests with the same Date of Service as a hospital outpatient visit if the beneficiary is a non-patient when the sample is collected.

These suggested clarifications are consistent with the Medicare Benefit Policy Manual and the underlying intent of the hospital bundling rule.

We note that the exception established in the 2007 Physician Fee Schedule Final Rule, modified the DoS for certain samples because of concerns about the unintended implications of the DoS rules on billing requirements. Like the tests addressed by that Rule, when the blood draw for the AlloMap test is performed by a non-hospital entity, the test is not "appropriately associated with hospital treatment."[5]

Implementation

Based on our discussions with billing and claims adjudication experts, we believe that this interpretation can be implemented within the current claims processing system on the Form 1500. In line 20 the Form notes whether the test is performed by an "Outside laboratory? Y/N." For all AlloMap tests the answer would be "Y'. Line 24 refers to the Date of Service and 24B specifically requests information on "Place of Service." For AlloMap tests the Form 1500

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[3] *Id.* at 18441-42.

[4] Medicare Benefit Policy Manual § 20.1

[5] 71 Fed. Reg. 69706 (Dec. 1, 2006).

would indicate that the blood was drawn by a non-hospital entity (i.e. neither owned or operated by hospital personnel).[6]

XDx sincerely appreciates your attention to this issue. We hope to continue working collaboratively with CMS to create an appropriate billing structure for breakthrough clinical laboratory tests that were not anticipated by the current outpatient model. Please do not hesitate to contact us if you have any further questions about our comments.

Sincerely,

Tammy Reilly
Vice President of Commercial Operations
XDx, Inc

cc: John Warren
Glenn Kendall

[6] The place of service codes are a listed at http://www.cms.hhs.gov/PlaceofServiceCodes/Downloads/POSDataBase.pdf. The blood draw for AlloMap testing could take place at an office (POS code 11), home (12), mobile unit (15), independent clinic (49), ESRD Treatment Facility (65), or independent lab (81). The hospital bundling rule would apply to blood draws performed at the hospital (e.g. 21, 22, 23).

Submitter : **Dr. Milamari Cunningham** **Date: 07/10/2007**

Organization : **Retired from Cunningham Anesthesia**

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.

I am retired and married to a Medicare recipient who has a transplanted liver with insulin dependent diabetes who has regular skin cancer surgeries due to his immunosuppression as well as history of hepatic cancer. I am very concerned that my husband will have caergivers to take care of his anesthestics which he will need.

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.

Milamari A. Cunningham M.D. Board Certified Anesthesiologist retired

Submitter : Dr. Christopher Clinkscales **Date:** 07/10/2007

Organization : Brooke Army Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-386-Attach-1.DOC

#386

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

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

Sincerely,

Christopher P. Clinkscales, MD
Staff Anesthesiologist
Brooke Army Medical Center
San Antonio, Texas

Submitter : **Dr. Stephen Fanto** **Date: 07/10/2007**

Organization : **Dr. Stephen Fanto**

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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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 : Gelerie Stenbakken **Date:** 07/10/2007

Organization : Gelerie Stenbakken

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly believe that Medicare should increase anesthesia payments instead of decreasing payments. Anesthesia payments by Medicare are significantly less than that of other insurance providers. I do not believe that anesthesiologists are being paid adequately for the complicated and difficult cases that we are involved in when we take care of Medicare patients with their multiple medical problems. If Medicare decreases payments, anesthesiologists will continue rethink their field of practice and may choose other opportunities which may affect overall patient standard of care.

Submitter : **Dr. Peter Hendricks** **Date: 07/10/2007**

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
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Thank you for your consideration of this serious matter.

Submitter : **Dr. Alan Kroll** **Date: 07/10/2007**

Organization : **none**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attatchment

CMS-1385-P-390-Attach-1.DOC

#390

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.

Most sincerely,

Alan D. Kroll, MD
3014 NW 58th Blvd
Gainesville, FL 32606

Submitter : **Dr. Barry Meyer** **Date: 07/10/2007**

Organization : **Anesthesia Consultants of Dallas, L.L.P.**

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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Our anesthesia group specifically struggles to recruit and maintain high quality anesthesiologists due to our high Medicare patient population and poor patient demographics.

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

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Thank you for your consideration of this serious matter.
Respectfully,

Barry D. Meyer, M.D.

CMS-1385-P-391-Attach-1.DOC

#391

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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Anesthesia Coding (Part of 5-Year Review)

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Respectfully,

Barry D. Meyer, M.D.

Submitter : **Dr. Kenneth Bachenberg** **Date: 07/10/2007**

Organization : **Dr. Kenneth Bachenberg**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Michael Wanamaker** **Date: 07/10/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Michael L. Wanamaker, M.D.
Dept. of Anesthesiology, Suite 2A
301 University Blvd.
Galveston, TX 77555-0591

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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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.

Michael L. Wanamaker, M.D.

Submitter : **Dr. Joseph Woods** **Date: 07/10/2007**

Organization : **Dr. Joseph Woods**

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 : **Mrs. Tina Woods** **Date: 07/10/2007**

Organization : **Mrs. Tina Woods**

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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Submitter : **Mrs. Condra Woods** **Date: 07/10/2007**

Organization : **Mrs. Condra Woods**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : **Mr. Rodney Harrell** **Date: 07/10/2007**

Organization : **Mr. Rodney Harrell**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Aeting 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. Anthony Saouaf** **Date: 07/10/2007**

Organization : **Delaware Valley Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : Ravi Pankhaniya **Date:** 07/10/2007

Organization : Ravi Pankhaniya

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P - Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies; Revisions to Payment Policies for Ambulance Services for CY 2008.

The payments for services provided by anesthesia physicians should be increased as they provide critical services that allows surgery to happen. With increase in older population, their services are needed more and more.

Submitter : **Mrs. Eve Harrell** **Date: 07/10/2007**

Organization : **Mrs. Eve Harrell**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Mary Minn **Date:** 07/10/2007

Organization : Anesthesia Associates of Westerly

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Dear Sirs:
In order to maintain our high standards for care for the elderly population, we need to be reimbursed equitably. We are paying more for state of the art monitors and services from anesthesia providers who need to fill in on occasion. Smaller practices, in particular, suffer greatly from cuts, especially in retirement communities. Please consider these issues when contemplating a rise in reimbursement. We work tirelessly on the elderly population which is growing quickly. We will lose physicians in our area if we are not compensated fairly.
Thank you.

Submitter : Dr. Matthew Wenger **Date:** 07/10/2007

Organization : Olympia Anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-402-Attach-1.DOC

#402

Matthew A Wenger, M.D.
9605 South New Haven Avenue
Tulsa, Oklahoma 74137

Olympia Anesthesia PLC

July 12, 2007

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Matthew A. Wenger, M.D.

Submitter : Dr. Charles Lamb **Date:** 07/10/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing this not to encourage you to raise a rate of payment "just because" I insist on a healthier bottom line but because it is the right thing for Medicare to do. The proof of underpayemt has been made. Now it is Medicare's resposibility to do the right thing and live up to an obligation to renumerate for good services rendered.

There will never nor has there ever been substandard care rendered to a Medicare eleigible beneficiary because the reimbursement is too low. This just underscores the dedication of the practice of Anesthesiology to its patients.

One should also note that the IOM study specilically memtioned Anesthesiology as a medical specialty that has worked to improve outcomes and reduce risks of patients. This effort should be recognized.

Submitter : **Dr. Khoa Do** **Date: 07/10/2007**

Organization : **Dr. Khoa Do**

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.

Sincerely,

Khoa D. Do, MD

Submitter : **Dr. Alexander Lim** **Date: 07/10/2007**

Organization : **Dr. Alexander Lim**

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

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Thank you for your consideration of this serious matter.

Alexander J. Lim, M.D.

Submitter : **Dr. Richard Palfreyman** **Date: 07/10/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Richard B. Palfreyman, M.D.

Submitter : **Dr. Aleksey Pryadko** **Date: 07/10/2007**

Organization : **Dr. Aleksey Pryadko**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

It is with entusiasm I found that CMS considers an increase in Medicare payment for anesthesia services. This increase is long overdue.Modern anesthesia requires high experise level of anesthesiologist and use of increasingly sofisticated (and expensive) devices, monitors, drug delivery sistems, etc. Anestheiologist as a group do marvelous job caring for there patients.

Sincerely, Alekse Pryadko, MD

Submitter : **Bradley McPherson** **Date: 07/10/2007**

Organization : **Bradley McPherson**

Category : **Individual**

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
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Submitter : **Carina Stevens** **Date: 07/10/2007**

Organization : **Carina Stevens**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : **Dr. Jeremy Reading** **Date: 07/10/2007**

Organization : **Critical Health Systems**

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.

Jeremy Reading, MD
Critical Health Systems
Raleigh, NC

Submitter : **Dr. Florence Grant** **Date: 07/10/2007**

Organization : **MSKCC**

Category : **Physician**

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

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

Submitter : **Dr. John Newcome** **Date: 07/10/2007**

Organization : **Dr. John Newcome**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Sincerely,

John Newcome, M.D.
Department of Anesthesiology
Methodist Hospital
6500 Excelsior Blvd
St. Louis Park MN 55426

Submitter : **Date: 07/10/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

please increase medicare reimbursement for anesthesia services

Submitter : **Dr. Todd Bertoch** **Date: 07/10/2007**

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Dr. Christopher Young** **Date: 07/10/2007**

Organization : **Western Anesthesiology Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Submitter : **Dr. Faisal Choudhry** **Date: 07/10/2007**

Organization : **Dr. Faisal Choudhry**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Sincerely,
Faisal Choudhry, MD

Submitter : Dr. Fred Carpenter **Date:** 07/10/2007

Organization : Dr. Fred Carpenter

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.

Fred CarpentcerMD

Submitter : **Dr. Philip Evans** **Date: 07/10/2007**

Organization : **The Everett Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Sincerely,

Philip Evans, M.D.

Submitter : **Dr. Nora Fine** **Date: 07/10/2007**

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Nora Fine, MD

Submitter : **Dr. Kevin Walker** **Date: 07/10/2007**

Organization : **Medical University of South Carolina**

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.
Kevin B. Walker M.D.

Submitter : **Dr. Konstantin Ovodov** **Date: 07/10/2007**

Organization : **CPMC**

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.

Konstantin Ovodov, M.D.
Department of Anesthesia
California Pacific Medical Center
2333 Buchanan Street
San Francisco, Ca.,
94107

Submitter : Dr. Patrick Shanahan **Date:** 07/10/2007

Organization : Dr. Patrick Shanahan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please support the change in anesthesia provider payments. The current situation for anesthesiologists and CRNAs seeking support from hospitals to pay staff a competitive wage. Creates an unfair competition with those surgical locations that have a lower percentage of medicare patients thus moving practitioners to these sits. AS a result the aggressive practitioners are not caring for the sicker patients. This will create a problem.

Submitter : **Dr. Jared Nieman** **Date: 07/10/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

I was not able to find a specific area to comment on Proposed Rule CMS-1385-P. Hopefully this is the correct mailbox! Thank you very much for considering this. I understand the diffieult position of raising reimbursements amidst cuts in other reimbursements. I am, of course, in support of this long overdue change in anesthesia reimbursement. As an anesthesiologist, I see physicians of other specialties not mind receiving CMS patients and sometimes happy about their reimbursement for services. This is certainly not the case in anesthesia. As you know, CMS payments are often similar to commercial insurance payment for surgical DRG's, but not for anesthesia reimbursement. It would require about a $20-25 per unit increase to achieve this in anesthesia. In San Diego, where our CMS mix is very high, this disparity in reimbursement makes our overall income quite low compared to other areas of the country, not to mention the regionally depressed CMS payment. All of these factors make it very difficult for us to recruit and retain quality anesthesiologists in a city where the cost of living is very high. In fact, most new hires from the last five years have come into our group as a result of family reasons and usually spousal employement. While I hopefully still have a sympathetic ear, I'd like to remind you that in many areas, like San Diego, anesthesiologists often have opted out (or been forced out) of county foundations for covering uninsured and trauma services. Yes, we literally 'donate' our time on these cases. Combined with low CMS payments relative to commercial payments, low regional CMS payments, and a higher than average mix of CMS patients, and a higher than average overhead, it is very difficult to maintain a quality practice in San Diego. We really need your help and appreciate any improvements in reimbursement. By percentage the increase seems large, but given the reduction of payment compared to cost of living increases in San Diego, the increase is quite deserved. I don't know the numbers exactly, but if we've lost 10 percent over the past few years, it takes 20 percent to get back to baseline, not to mention the increases that should normally occur. Sometimes I think it helps to put into perspective what we're talking about here. Our current reimbursement is about $18/unit, so $64 per hour when we are billing. The base units are supposed to cover our time involved in preparation, IV placement, post-op visit, pre-op visit, turnover time, etc. So, if we increase the unit value by $3.30/unit, then we now are billing $77 per hour. I think when one compares our services and commitment to that of a plumber or an auto mechanic, you can see that our specialty is well underpaid. Last time I took my car in for service, it was $120/hour and they billed me an hour for something that takes five minutes. At $64 per hour, we are making considerably less than the circulating nurse, given the cost of benefits and unpaid down time. I believe our payments should be at least on par with accountants and lawyers, though I'd settle for half of what they bill! So, again, thank you for any consideration of the proposed increased payments for services. Let's make CMS a desired portion of the patient population, rather than a begrudging service we feel obligated to participate in!

Thank You,

Jared Nieman, MD
San Diego, CA
Anesthesia Services Medical Group, Inc.

Submitter : Dr. John Pappas **Date:** 07/10/2007

Organization : Michigan Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

SUPPORT CMS-1385-P

PLEASE SEE ATTACHMENT

CMS-1385-P-424-Attach-1.PDF

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Operations & Regulatory Affairs

The attachment cited in this document is not included because of one of the following:

- The submitter made an error when attaching the document. (We note that the commenter must click the yellow "Attach File" button to forward the attachment.)
- The attachment was received but the document attached was improperly formatted or in provided in a format that we are unable to accept. (We are not are not able to receive attachments that have been prepared in excel or zip files).
- The document provided was a password-protected file and CMS was given read-only access.

Please direct any questions or comments regarding this attachment to (800) 743-3951.

Submitter : **Dr. Robert LaPorta** **Date: 07/10/2007**

Organization : **Dr. Robert LaPorta**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Robert F. LaPorta Ph.D., MD
20 Swarthmore Lane
Dix Hills, NY 11746

Leslie V. Norwalk, Esq.
Aeting Administrator
Centers for Medicare and Medieaid 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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This adjustment to the fee schedule is more than overdue. It is way past time to have a more reasonable rate.

Thank you for your consideration of this serious matter.

Sincerely
Robert F. LaPorta Ph.D., MD

Submitter : Dr. Ed Bartine **Date:** 07/10/2007

Organization : Dr. Ed Bartine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs, I am writing to urge approval for the upgrade in the physician fee schedule in the area of anesthesiology services. The reimbursement adjustments, up or down, in prior years have done nothing to alleviate the serious disparity between the real cost of anesthesiology services and the miserable reimbursement levels the government expects physicians to accept.

Submitter : Dr. Kevin Wheaton **Date:** 07/10/2007

Organization : none

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am now a retired physician and rely on medicare coverage. I hope insurance payments to my physicians allow them to continue my care, so I support increasing payment to anesthesiologists.

Submitter : Dr. Christina Hinz **Date:** 07/10/2007

Organization : Dr. Christina Hinz

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Sincerely,
Christina Hinz

Submitter : **Dr. John Jenkins** **Date: 07/10/2007**

Organization : **Dr. John Jenkins**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

John R. Jenkins, MD

Submitter : Mrs. Allison Pappas **Date:** 07/10/2007

Organization : Patient

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please support CMS-1385 in order to improve access to care for Medicare patients. Many anesthesiologists are leaving hospitals with large medicare populations, due to the low reimbursement that Medicare provides them. This creates difficulty in Medicare patients accessing care. Please support CMS-1385-P. Thank you.

Submitter : **Dr. Brian Voth** **Date: 07/10/2007**

Organization : **Wenatchee 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
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Sincerely

Brian Voth M.D.

Submitter : Dr. Herman B Smith **Date:** 07/10/2007

Organization : Vital Signs Anesthesia, Inc

Category : Physician

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

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Submitter : **Dr. Cathy Petty** **Date: 07/10/2007**

Organization : **Maryville Anesthesiologists, PC**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medieaid Services
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Submitter : **Dr. James Carlson** **Date: 07/10/2007**

Organization : **Dr. James Carlson**

Category : **Physician**

Issue Areas/Comments

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.

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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.

James Carlson
8385 Valley Tarn Dr
Atlanta, GA 30350

Submitter : **Dr. Russell Ford** **Date: 07/10/2007**

Organization : **Critical Health Systems**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Submitter : Dr. Mark Aulicino **Date:** 07/10/2007

Organization : Traverse Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-436-Attach-1.DOC

#436

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.

Submitter : Dr. Jordan Blinder **Date:** 07/10/2007

Organization : Hartford Anesthesiology Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The teaching rule for anesthesiologists covering residents must be repealed. Currently, our reimbursement is only 50% if we cover 2 residents simultaneously. We are not shortchanging our patients! They receive the very best of anesthesia care. It is essential that our residents be allowed to work independantly in order to ensure a strong future for organized medicine. Penalizing the attending anesthesiologist for this sends the wrong message.

Submitter : **Dr. Kenneth Schronk** **Date: 07/10/2007**

Organization : **Dr. Kenneth Schronk**

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.

Sincerely,

Kenneth Schronk, M.D.
Dept. of Anesthesiology
Texas Tech University Health Sciences Center

Submitter : Dr. michael winston **Date:** 07/10/2007

Organization : American Society of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-439-Attach-1.DOC

CMS-1385-P-439-Attach-2.PDF

#439

Michael Winston, M.D.
P.O. Box 260793
Encino, Ca. 91426

July 10, 2007

Dear Sir:

I have been an anesthesiologist for 30 years in private practice in the Los Angeles, Ca. area. Many years ago when medicare calculated values for medical services from the various medical specialties, the anesthesia value was erroneously valued too low by using medicare's own system. All physicians are poorly reimbursed but anesthesiologists are being excessively punished by this system. You have made the medicare patient become a welfare recipient and forced physicians to overwork and spend minimal time with patients because of poor funding.

Finally CMS is considering raising the miscalculated anesthesiology evaluation to closer to appropriate levels. I would appreciate if you could look at this issue and support the improvement in anesthesiology reimbursement.

Sincerely yours,

Michael Winston, M.D.
Member, American Society of Anesthesiology
Member, California Society of Anesthesiology

Submitter : Dr. Tilak Raj **Date:** 07/10/2007

Organization : OUHSC

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

The Centers for Medicare and Medicaid Services (CMS), the government agency that runs the Medicare program, must make sure that Medicare beneficiaries have adequate access to care. ASA has well-founded concerns that current Medicare payment levels do not meet this standard and may have finally convinced CMS administrators that improved payment is essential.

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. If the government follows through on all its proposals, the anesthesia conversion factor could be about $3.30 per unit more than was projected for 2008 before Medicare made its July announcement. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

Thank you.
Tilak Raj

Submitter : Dr. matt matthew **Date:** 07/10/2007

Organization : GAA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P: I support the request that CMS proceed with the proposed increase to anesthesia CF. Operating costs continue to escalate to the point that we may not be able to afford to care for Medicare patients. In our county, Government insurance makes up a significant portion of our patients. Please strongly consider increasing payment to account for cost of living and inflation pressures that we payout to our employees annually.

Submitter : Dr. Ursula Landman **Date:** 07/10/2007

Organization : Stony brook

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please do Incrcase medicare Payments

Submitter : Dr. Jerron Hill **Date:** 07/10/2007

Organization : Jerron C. Hill M.D. PA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern: I am a anesthesiologist and I am in support of docket CMS-1385-P. I have practiced clinical anesthesia for the past 16 years and our elderly pts. who deserve our highest standard of care, are clinically not as healthy as younger pts. and require a high degree of skill and knowledge in getting them safely through surgery. I have always believed that the reimbursement rates for Medicare pts. were extremly low. The ASA has a relative value guide with base units that reflect the complexity of anesthesia required for various surgeries and yet Medicae reimbursement for these cases is much lower for the same procedure for a patient that is younger. I have never understood the rational behind this process. I hope that this proposal will be taken seriously and that our elderly will continue to recieve the highest quality of care that the ASA will continue to provide. Without a fair and reasonable reimbursement system for anesthesiologist for our elderly citizens the quality of professional services will eventually fall short and this will create more of a burden on our government. Respectfully, Jerron C. Hill M.D.

Submitter : **Date: 07/10/2007**

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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Rodney Trytko **Date:** 07/10/2007

Organization : Anesthesia Associates

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Nilesh Bhakta** **Date: 07/10/2007**

Organization : **Oro Valley Anesthesia, PLLC**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Sunil Dogra **Date:** 07/10/2007

Organization : Dr. Sunil Dogra

Category : Physician

Issue Areas/Comments

GENERAL

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It is wise that at last you are increasing the payments for anesthesiologists. You should review and increase the payments in particular for academic anesthesiologists who are short changed by the process and yet provide the training and learning for new anesthesiologists.
Please approve it soonest.

Sunil Dogra

Submitter : Steven Needleman **Date:** 07/10/2007

Organization : Steven Needleman

Category : Individual

Issue Areas/Comments

GENERAL

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Steven Needleman

Submitter : Dr. Robert Early Jr **Date:** 07/10/2007

Organization : American Soc of Anesthesiologists

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Submitter : **Mr. Paul Kappleman** **Date: 07/10/2007**

Organization : **CEO, Northwest Medical Center Oro Valley**

Category : **Hospital**

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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