Submitter : **Dr. Cesar Vargas** **Date: 07/26/2007**

Organization : **Preferred Anesthesia Consultants, P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Cesar Vargas, M.D.

Submitter : **Dr. Oluwaseun Babalola** **Date: 07/26/2007**

Organization : **Preferred Anesthesia Consultants, P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Sincerely,

Oluwaseun Babalola, M.D.

Submitter : Dr. Michael Forsythe **Date:** 07/26/2007

Organization : Dr. Michael Forsythe

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

For years the community of anesthesia care providers has labored under adverse conditions and inadequate compensation for our Medicare patients. Please take this opportunity to correct our reembursment situation.

Submitter : **Dr. William Paganelli** **Date: 07/26/2007**

Organization : **Fletcher Allen HealthCare**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am in support of the upward valuation in the unit values for anesthesiology services. There has been an historical undervaluation of ASA RVU's which has been compounded by the lack of any inflation or other adjustments for a long, long time. Please address this unfairness by adopting the RUC recommendations to increase anesthesia unit values. Thank you.
William Paganelli

Submitter : **Dr. Byron Bankhead** **Date: 07/26/2007**

Organization : **University of Utah**

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.

Byron Bankhead MD

Submitter : Dr. Joseph Rater **Date:** 07/26/2007

Organization : South County Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support the proposed increase in payment for anesthesia services, which has been relatively underfunded and currently stands at $16.19 per unit. This will help to maintain the viability of anesthesia practices with a high percentage of medicare patients, providing more access to care for this population. It also provides some adjustment for inflation.

Thank you,
Joseph Rater, M.D.

Submitter : Horacio Lardo **Date:** 07/26/2007

Organization : St John Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It has been many years of reductions in payments for our services. This will bring mediocre care, and I am concerned as a physician but mostly as a future patient of the medicare system. An increased reibursement for dosctors that treat medicare patients must occur.

Submitter : **Dr. Eduardo Ortiz** **Date: 07/26/2007**

Organization : **Dr. Eduardo Ortiz**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Dear CMS:

I am wrting to express my full support for the proposal to increase anesthesia payments under 2008 Physician Fee Schedule. For many years now anesthesia work has been grossly undervalued. Physicians have been underpaid because of the RBRVS formula. Raising it by nearly $4.00 per unit would not fix the undervaluation, but would certainly be helpful. Reimbursement to anesthesiologists by Medicare is so inadequate that everytime I take care of a Medicare patient it cost's me money. This is not sustainable and will ultimately result in the reduction of available anesthesiologists to take care of our nation's senior citizens. I hope CMS does the right thing and folows through on the anesthesia payment increase.

Eduardo Ortiz Jr., MD

Submitter : **Mr. Jerry Faer** **Date: 07/26/2007**

Organization : **Mr. Jerry Faer**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : **Ms. candace (candida) nagle** **Date: 07/26/2007**

Organization : **st. joseph's homecare network**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

July 25, 2007

I am writing in reference to: CMS-1385-P
Pages 375 381, 388, 522
Physical Therapist Assistants
Equivalency vs. 2 year program

I am in support of a new rule proposed to grandfather in PTA s who got their license prior to 2008 by equivalency; I WOULD LIKE IT TO BE MORE INCLUSIVE and grandfather in those working in homecare and hospice as well. I have 3 reasons for this request:

1.I am a PTA working in homecare and have lost my job because of this exclusion. I know of 3 others, beside myself, who have also lost their jobs. We are all PTA s who have been working since 1988.

2.Because the state of California did not tag licenses to denote equivalency or a 2 -year program, it s not possible to track people and know how many are out there working in homecare or hospice (or any area for that matter) who are still unaware that their livelihood is at risk. There may be numerous people that do not realize their licenses could be rendered useless to them like mine has been. If the purpose of the regulation is to insure quality care, homecare and hospice will lose many good practitioners who have been providing excellent care for years, like me.

3.When I got my license in 1988 I chose the equivalency track because there were very few PTA schools in California; none of these schools were in geographical proximity to me and I was a single working parent. At this time, those of us who are being affected by this regulation are in a similar situation. Though there are many more PTA schools, I am aware of only two programs that are accelerated to meet our current need for fast track accreditation. These cannot meet the needs of all people currently needing an accelerated program.

In addition, if you are unwilling to grandfather in PTA s in homecare and hospice or any other setting, I RECOMMEND AN ADDENDUM TO THIS REGULATION THAT OFFERS A GRACE PERIOD DURING WHICH WE CAN CONTINUE TO WORK IN OUR JOBS WHILE COMPLETING A PROGRAM TO BECOME ACCREDITED. Fortunately, I am one of the folks that got into a program. It is 11 months long and my employer will pay for it and rehire me following this. But, isn t it a shame that I am on unemployment and going into debt instead of at work doing my job while I am going to school? It makes more sense to me to not dislocate people while they are striving to meet these requirements. So, mostly I would like you to let me go back to my job.

Thank you,
Candace (Candida) Nagle, PTA A1953

CMS-1385-P-4188-Attach-1.RTF

July 25, 2007

I am writing in reference to: CMS-1385-P
Pages 375-381, 388, 522
Physical Therapist Assistants
Equivalency vs. 2 year program

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Thank you,
Candace (Candida) Nagle, PTA A1953

Submitter : **Blanche Faer** **Date: 07/26/2007**

Organization : **Blanche Faer**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

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. Donald Brown** **Date: 07/26/2007**

Organization : **Anesthesia Associates of Muskegon**

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.

Donald W. Brown Jr. D.O.

Submitter : **Dr. robert fears** **Date: 07/26/2007**

Organization : **McFarlandclinic**

Category : **Physician**

Issue Areas/Comments

Physician Scacity Areas

Physician Scacity Areas

I wish to support the implementation of CMS 1385-P which would increase the anesthesia conversion factor. As an anesthesiologist working in rural Iowa, I find it increasingly burdensome to continue providing care for medicare recipients due to the low reimbursement. I am not alone in this thinking, as I have spoke with physicians across the country while at meetings. We are headed for a crisis in healthcare access for our elderly if the issue is not addressed proactively. I am encouraged to see that CMS is reevaluating the payment discrepancy between medicare and private insurance. This correction in payment discrepancy is the right thing to do and this is the right time. Thank-you for your consideration. Rob Fears,M.D.

Submitter : **Dr. Alan Olson** **Date: 07/26/2007**

Organization : **Group Anesthesia Services**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Submitter : Dr. Gerald Moody **Date:** 07/26/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

Submitter : **Arun Jayaraman** **Date: 07/26/2007**

Organization : **Arun Jayaraman**

Category : **Academic**

Issue Areas/Comments

GENERAL

GENERAL

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Submitter : **Dr. John Wills** **Date: 07/26/2007**

Organization : **University of New Mexico**

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. Jeffrey Croy **Date:** 07/26/2007

Organization : Albany Anesthesia, P.C.

Category : Physician

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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Thank you for your consideration of this serious matter.

Sincerely,

Jeffrey F. Croy, MD

Submitter : **Ms. Susan Fullenkamp** **Date: 07/26/2007**

Organization : **UIHC - Department of Anesthesia**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
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Submitter : Mr. Kim Tast **Date:** 07/26/2007

Organization : North Memorial Ambulance Service

Category : Other Practitioner

Issue Areas/Comments

Ambulance Services

Ambulance Services

#1. The, proposed additional form signed by the employee present during the ambulance trip attesting to the fact that the patient was physically or mentally unable to sign is unreasonable. Many, if not all, ambulance services have their staff sign their patient care reports. That signature, along with supporting documentation on the PCR should be more then adequate to attest that the patient or other person was not able to sign.
#2. In most cases the date, time and location the beneficiary was brought to the hospital is already on the PCR, and again that PCR should be signed by the employee providing care during transport so why would you need another form?
#3. As for someone at the hospital signing an additional form, in most cases ambulance services have a difficult enough time getting someone at the hospital to sign excepting the patient. If you had a signature on the PCR excepting the patient one would believe that signature should be adequate to attest to the fact that it was a particular beneficiary that arrived at the said facility on the date and time that, in most cases, is present on the PCR.

These proposed additional rules will be a burdon to most ambulance services. In addition, there would be a fairly sizable increase in cost to ambulance provider based on the cost of the forms, additional time it will take to get this accomplished (which means the crews will be out of service unable to responed to other requests). Patient care will suffer because ambulance crews will not be able to respond to other requests until they complete the necessary forms. There would also be a increase in cost for storage of the records and follow up to ensure that they were completed. There are enough issues with reimbursement already, why should another requirement be added that potentially reduces or delays payments more then they are already?

I don't believe this proposed rule is in anyones best interest.

Submitter : Dr. Grace McCarthy **Date:** 07/26/2007

Organization : Duke University Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Submitter : **Dr. Rex Porter** **Date: 07/26/2007**

Organization : **Dr. Rex Porter**

Category : **Physician**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

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. Jaime Ronderos** **Date: 07/26/2007**

Organization : **Pinnacle Partners in Medicine**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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.

Jaime Ronderos, MD

Submitter : Dr. JAMES HELLYER **Date:** 07/26/2007

Organization : Dr. JAMES HELLYER

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am extremely pleased that CMS is considering an increase in the anesthesia conversion factor for 2008 by $3.30 per unit.

Repeated yearly reductions in reimbursement have now reached a level, which in many cases, is below that of Medicaid. Coupled with an ever increasing Medicare population, a situation has been created that makes it more and more difficult to retain and recruit anesthesiologist. The enactment of CMS-1385-P would do a great deal in alleviating the situation.

Please consider this message an indication of my wholehearted support for your consideration of CMS-1385-P.

Submitter : **Date: 07/26/2007**

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

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Brian Jamieson** **Date: 07/26/2007**

Organization : **Wayne Memorial Hospital**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Attention: CMS-1385-P
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Submitter : **Dr. Jaime Ronderos, MD** **Date: 07/26/2007**

Organization : **Pinnacle Partners in Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.
Jaime Ronderos, MD

Submitter : **Dr. Fernando Gutierrez** **Date: 07/26/2007**

Organization : **Anesthesia Associates of Lancaster**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Submitter : **Keith Shultz** **Date: 07/26/2007**

Organization : **Keith Shultz**

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 : **Mr. David Lowak** **Date: 07/26/2007**

Organization : **Mr. David Lowak**

Category : **Individual**

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Long Vu **Date:** 07/26/2007

Organization : Dr. Long Vu

Category : Physician

Issue Areas/Comments

GENERAL

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Please consider this message an indication of my wholehearted support for your consideration of CMS-1385-P.

Submitter : **Dr. Charles Hogue** **Date: 07/26/2007**

Organization : **The Johns Hopkins Hospital**

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.

Charles W. Hogue, MD
The Johns Hopkins Hospital
Baltimore, MD 21287

Submitter : **Dr. Sreehari Gazula** **Date: 07/26/2007**

Organization : **Evanston Northwestern Healthcare**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Robert wegrzyn **Date:** 07/26/2007

Organization : Evanston Northwestern Healthcare

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr. Denise DiCicco **Date:** 07/26/2007

Organization : Dr. Denise DiCicco

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-4213-Attach-1.DOC

#4213

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

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Submitter : **Dr. Francis Zonay** **Date: 07/26/2007**

Organization : **Evanston Northwestern Healthcare**

Category : **Physician**

Issue Areas/Comments

GENERAL

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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. Richard Hirschmann** **Date: 07/26/2007**

Organization : **Evanston Northwestern Healthcare**

Category : **Physician**

Issue Areas/Comments

GENERAL

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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. Christopher Nemeth** **Date: 07/26/2007**

Organization : **The University of Chicago**

Category : **Academic**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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I enthusiastically support the proposal to incrcase anesthesia payments under thc 2008 Physician Fee Schedulc. I am happy to scc that CMS has recognized that anesthcsia serviccs are undervalued, and that the Agency is taking steps to address this issue.

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CMS must follow through with the proposal in the Federal Register by fully and immediately implementing thc ancsthcsia conversion factor increase as the RUC recommended, to ensure that patients have access to expert anesthesiology medical care.

Thank you for including my comment in your deliberations.

Yours truly,

Christopher Nemeth, PhD

Submitter : Dr. Martin Laskey **Date:** 07/26/2007

Organization : Cleveland Clinic Foundation

Category : Physician

Issue Areas/Comments

Ambulance Services

Ambulance Services

Pleasc support and votc in favor of the proposed revision.

Submitter : **Dr. Steven Karan** **Date: 07/26/2007**

Organization : **Dr. Steven Karan**

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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Steven Karan, M. D.

CMS-1385-P-4218-Attach-1.DOC

#4218

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Steven Karan, M. D.

Submitter : **Dr. Claude Vachon** **Date: 07/26/2007**

Organization : **Anesthesia Medical Group / ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
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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,

Claude A. Vachon, MD
Anesthesia Medical Group
Nashville, TN

Submitter : **Dr. Paul Vadnais** **Date: 07/26/2007**

Organization : **Presbyterian Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Dear Ms. Norwalk:

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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% 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 anesthesial services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

Thank you for caring about the patients and your consideraiton of this serious matter.

Submitter : **Dr. Joseph Draper** **Date: 07/26/2007**

Organization : **Sarasota Anesthesiologists PA**

Category : **Physician**

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Joseph W. Draper M. D.

Submitter : **Mr. Don Beeker** **Date: 07/26/2007**

Organization : **Mr. Don Beeker**

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,

Don Beeker

Submitter : **Dr. Camille J. Jeffcoat** **Date: 07/26/2007**

Organization : **Anesthesia Consultants, P.A.**

Category : **Other Health Care Provider**

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
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Thank you for your consideration of this serious matter.

Submitter : **Dr. Charles W. Otto** **Date: 07/26/2007**

Organization : **University of Arizona**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Charles W. Otto, M.D., F.C.C.M.

Submitter : **Jose Guzman** **Date: 07/26/2007**

Organization : **Jose Guzman**

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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Jose Guzman MD

Submitter : Glen Berry **Date:** 07/26/2007

Organization : Glen Berry

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.

Glen Berry MD

Submitter : **Dr. Michael Leavell** **Date: 07/26/2007**

Organization : **Anesthesia Associates of Belleville**

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.

Sincerely,

Michael E Leavell, MD
9 8th Green Ct
Belleville, IL 62220

Submitter : Dr. Marc Falleroni **Date:** 07/26/2007

Organization : ENH

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Bruce Quinn** **Date: 07/26/2007**

Organization : **NHIC - CA Medicare Pt B**

Category : **Physician**

Issue Areas/Comments

IDTF Issues

IDTF Issues

LOCATION OF SERVICE (410.33(e)(2))
42 CFR 410.33(e)(2) states that when one or more aspects of testing are performed at the IDTF, the IDTF (rather than e.g. the patient s home) is the place of service. This wording of this small clause was introduced abruptly into the final, not the proposed, 2007 rule. Therefore, it received no public comment or insight. The phrase "when one or more aspects of testing" is unfortunately open to far-fetched interpretations. For example, a PET scan is done in Alaska or Mexico, and part of the final image processing, such as adjusting contrast or some part of computer rendering is done at an IDTF in California. Since, quite literally, "an element of the test" (final preamble, 71:69698) and 'a part of the test" (c)(2) are done at the IDTF in California, "the IDTF (in California) is the place of service" rather than Alaska or Mexico. Surely CMS did not intend this bizarre, but quite literal, implication of (e)(2). Further instructions have not been manualized as of 7/2007. While public comment on (e)(2) is not required to be open, CMS can take the opportunity to comment on the reasonable interpretation of (e)(2) in the 2008 final preamble, however. I believe this regulation applies to (a) INR testing (G0248/G0249) and (b) tests with an explicit remote office component, e.g. certain remote electrophysiologic monitoring tests. The Medicare patient s physical location (e.g. Alaska for the PET scan) is the location of service for other tests. At 71:69698, CMS stated in passing that home-based testing was located at the patient s home, while other tests will continue to have the IDTF as the place of service of that diagnostic procedure. We believe that CMS s phrase an element outside the testing location refers to an explicit, intrinsic element such as remote monitoring and not a tiny element of a test like a PET scan, separated and arbitrarily shifted to a distant IDTF simply to alter the location of service). The issue is ripe for CMS - one carrier has already had an IDTF offer high-volume, high-dollar cardiac testing services in many states, billing only to CA with its IDTF office as the "location of service" and with only a CA supervising physician. Surely this was not the literal intention of (e)(2). CMS should also clarify that having a PET scanner in Alaska and the IDTF's interpreting physician in California does not make CA the location of service, due to "an element of the service" - the interpretation or even just the supervision by phone - being at the IDTF office in California.

Submitter : **Dr. Jesse Marymont** **Date: 07/26/2007**

Organization : **Evanston Northwestern Healthcare**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Jesse Marymont MD
Evanston Northwestern Healthcare
Evanston, Illinois

Submitter : **Marco Navetta** **Date: 07/26/2007**

Organization : **Marco Navetta**

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.

Marco Navetta, MD

CMS-1385-P-4231-Attach-1.DOC

#4231

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 : **Date: 07/26/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I support CMS-1385-P and believe this proposal is a positive step toward addressing concerns about sufficient Medicare payments.

Submitter : **Dr. Timothy Swift** **Date: 07/26/2007**

Organization : **Pinnacle Anesthesia Consultants**

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.

Submitter : **Dr. Richard Frank** **Date: 07/26/2007**

Organization : **Straith Hospital**

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 : **Lanette Muzie** **Date: 07/26/2007**

Organization : **Lanette Muzie**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,
Lanette Muzic, CRNA
Cleveland, Ohio

Submitter : **Dr. Chandrasekhar Doniparthi** **Date: 07/26/2007**

Organization : **Yuma Anesthesia Medical Services**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I urge you to see the attachment which represents as member of American Socicty of Anesthtesiologists. Thank you.

Sincerely,

C. Doniparthi, MD
Yuma, AZ

CMS-1385-P-4236-Attach-1.RTF

4236

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 Carr** **Date: 07/26/2007**

Organization : **Twin Cities Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Mr. JAMES SIEBEN **Date:** 07/26/2007

Organization : HEALTH BILLING SYSTEMS, INC

Category : Health Care Industry

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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.

James J. Sieben
763.852.0443

Submitter : **Dr. Richard Carr** **Date: 07/26/2007**

Organization : **Twin Cities 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

Re: CMS-1385-P

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Submitter : Mr. JAMES SIEBEN **Date:** 07/26/2007

Organization : HEALTH BILLING SYSTEMS, INC

Category : Health Care Industry

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. David Williams** **Date: 07/26/2007**

Organization : **Capitol Anesthesiology**

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.

Sincerely, David Williams, M.D.

Submitter : **Mrs. Shawneen Williams** **Date: 07/26/2007**

Organization : **Mrs. Shawneen Williams**

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

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,
Shawneen Williams

Submitter : **Dr. Bryce Beverlin** **Date: 07/26/2007**

Organization : **ASA**

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

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

Submitter : **Dr. James Chang** **Date: 07/26/2007**

Organization : **James Chang MD, APC**

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.

James Chang MD

Submitter : Dr. Glen Flaningham **Date:** 07/26/2007

Organization : Hancock Anesthesia Group

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-4245-Attach-1.TXT

#4245

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. Robert Ardis** **Date: 07/26/2007**

Organization : **self**

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 understand CMS is considering increasing the anesthesia fee schedule. I think that is a great idea. I think that is a REALLY GREAT idea. I hope you make it happen.

Respectfully,

Robert Ardis MD
2521 E 5th St
Duluth, MN 55812

Submitter : **Dr. Daniel Mitchell** **Date: 07/26/2007**

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)

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Thank you for your consideration of this serious matter.

Sincerly,

Daniel S. Mitchell M.D.

Submitter : Dr. Robert Wilson **Date:** 07/26/2007

Organization : Oregon Anesthesiology Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment, please.

CMS-1385-P-4248-Attach-1.DOC

CMS-1385-P-4248-Attach-2.DOC

CMS-1385-P-4248-Attach-3.DOC

4248

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

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Sincerely,

Robert D. Wilson MD
10379 SE Crescent Ridge Dr.
Portland, OR 97086

Submitter : **Dr. Craig Doschadis** **Date: 07/26/2007**

Organization : **Anesthesia Associates of St. Cloud**

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,

Craig M. Doschadis, MD

Submitter : **Dr. Justin Chinwah** **Date: 07/26/2007**

Organization : **UAMS**

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 : **Ms. Cynthia Foster** **Date: 07/26/2007**

Organization : **Gentiva Health Services**

Category : **Nurse**

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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Submitter : **Dr. Martin Hurd** **Date: 07/26/2007**

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
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Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,
Martin J Hurd, MD

Submitter : **Dr. Anthony Bommarito** **Date: 07/26/2007**

Organization : **Dr. Anthony Bommarito**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
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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 : Ms. Sandra Habek **Date:** 07/27/2007

Organization : SJH Ultrasound Services, Inc

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

regarding CMS 1385
I am an independent sonographer. As a sonographer color doppler is time consuming and very important in evaluating many cardiac diagnosis. all ccho procedures do not use color doppler beausc color doppler in not necessary to prove diagnosis. it should be let up to the medical pofcssionals if doppler, color doppler is necessary. thank you for you time. Sandra J Habek, RDCS

Submitter : Dr. Jeremy Curry **Date:** 07/27/2007

Organization : Yuma Anesthesia Medical Services

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-4255-Attach-1.TXT

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. Pradeep Nayak **Date:** 07/27/2007

Organization : The Cardiovascular Group, PC

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

RE:CODING ADDITIONAL CODES FROM 5-YEAR REVIEW. The federal register citation is 72 Federal Register 38122 (July 12, 2007)
To Whom It May Concern,
I am a cardiologist in my fifteenth year of private practice. I am board certified in echocardiography, cardiology, internal medicine, and nuclear cardiology and am on the board of directors of our 35-cardiologist single-specialty group. I am a Fellow of the American Society of Echocardiography, and I specialize in providing cardiac ultrasound services, including color flow Doppler imaging, which I understand is being considered for bundling. Because this particular component of the echo exam requires special skills and special time, it should not be bundled as part of the basic 2-D exam. For example, when I perform a stress echocardiogram or am looking for a problem which does not involve the flow of blood through the heart, this special service is not provided, nor billed. However, if I am closely evaluating a cardiac valve, or if there is a complex congenital heart problem, color flow technology, with special skills and additional overhead of technologist time and equipment add-ons, gives me data crucial for accurate diagnosis.

I am working as hard as I can to provide outstanding care to our senior population, and in the future I hope to myself have access to excellent, well-trained providers who can help me, my family and community in times of need. However, without adequate compensation, we Americans will lose future subspecialists to non-medical fields which may also be important, but will not help our aging population as health needs grow. Our attempt to slow the cost of health care services might be better directed at requiring certification and excellence for reimbursement instead. It is difficult to make this request without appearing self-serving, but I believe this particular initiative will be a real barrier to providing the care our seniors deserve. Thank you for your time. Sincerely, Pradeep Nayak, MD, FACC, FASE

Submitter : **Dr. Andrew Zurick** **Date: 07/27/2007**

Organization : **University of North Carolina**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

To whom it may concern:

As a cardiology fellow nearing the end of my training, who provides echocardiography services to Medicare patients and others in Chapel Hill, NC, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler ean be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performanee of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunetion with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years. [Include additional examples from your practice of CPT codes that are rarely billed with color flow Doppler.]

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Andrew O. Zurick III, MD
University of North Carolina
Chapel Hill, NC

Submitter : **Date: 07/27/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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

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

Dear Ms. Norwalk:

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

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. Marvin Mason **Date:** 07/27/2007

Organization : Mr. Marvin Mason

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

CMS 1385 P Support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

Submitter : **Dr. Richard Josephson** **Date: 07/27/2007**

Organization : **Summa Health System**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a cardiologist who provides echocardiography services to Medicare patients and others in Akron, Ohio, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code. When the RBRVS was initiated CMS used data that it had obtained to correctly conclude that color dopler requires additional time, effort, expense, and expertise above and beyond 2 dimensional imaging alone. To make color doppler tests "worthless" flies in the face of CMS's own data!

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Submitter : **Dr. Mario Garcia** **Date: 07/27/2007**

Organization : **Mount Sinai Hospital**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

I am currently Director of Non-Invasive Cardiac Imaging at Mount Sinai Hospital and was previously Director of Echocardiography at Cleveland Clinic. As a physician who has provided echocardiography services to Medicare patients for the last 12 years, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

While it may be truc that color Doppler has become more widely adopted and implemented in the clinical practice, given its unique ability to identify and quantify regurgitant valvular lesions, this application requires significant additional imaging time and expertise by the performing sonographer and the interprcting physician. CMS s proposal to bundle color flow Doppler completely ignores the practice expenses and sonographer and physician work involved in performance and interprctation of these studies. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. This CMS proposal simply eliminates Medicare payment for a service that is important for accurate diagnosis and that is not reimbursed under any other CPT code. Over the last several years, thc depth and complexity of Echocardiographic studics have continucd to increase; yet the reimbursement has progressively declined. This increased level of complexity is evident by the standards that have bcen publishcd and constantly revisitcd by the American Socicty of Echocardiography (www.asecho.org).

I urge you to reconsider from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures. Implementing this change will invariably result in a reduction in quality and an increase in utilization of additional diagnostic procedures such as cardiac catheterization and cardiac magnctic resonance. Most importantly, I strongly belicve that the consequences of these changes will result in a change in practice patterns that will be detrimental for patient s quality of care.

Sincerely,

Mario J Garcia, MD, FACC, FACP
Director of Non-Invasive Cardiac Imaging
Mount Sinai Heart
Profcssor of Medicine and Radiology
Mount Sinai School of Medicine
Onc Gustave Lcvy Placc
Ncw York, NY 10029
Tcl (212) 241-3917
Fax (212) 241-4420
c-mail mario.garcia@mountsinai.org

Submitter : **Dr. Mark Weinfeld** **Date: 07/27/2007**

Organization : **Newton-Wellesley Cardiologists**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Dear Sir/Madam:

I assume this is the section relating to the proposal to bundle echo Doppler with 2-D echo. I am a cardiologist e-mailing you to express my concern about this proposed change. Recent advances in Doppler technology have fundamentall changed this part of echocardiography. The number of Doppler measurements made, the amount of patient cooperation, the number of calculations and estimated made from these measurements have multiplied in recent years with the advent of tissue Doppler imaging. While Doppler studies are usually performed with 2-D studies, the Doppler component of the ehco examination has grown tremendously in recent years and takes substantial extra time for technicians to perform and for physicians to interpret compared to just a few years ago.

Given these fundamental changes in the echo examination and interpretation, bundling of services is not appropriate. I hope you will re-examine and reject this proposal.

Sincerely yours,
Mark Weinfeld, M.D.

Submitter : **Dr. Jason Lemons** **Date: 07/27/2007**

Organization : **Duke University**

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.

Submitter : Dr. Matthew Lemler **Date:** 07/27/2007

Organization : Childrens Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It is important to continue color Doppler has a seperatre code. As a pediatric cardiologist, I spend spend a considerable amount of time with color flow Doppler. It is not unusual to spend 15 min of my time in addition to another 20 min of tech time to perform and review a color Doppler study. The information obtained from clor Doppler is significantly different than the information obtained on a 2-d exam. AS an example last night we performed a very complex surgical procedure, the patient immediately after surgery while still in the operating room had lower oxygenation then we expected. Only with a color Doppler exam could we be confident that there was not a residual lesion that would have required an immediate re-operation. The color Doppler exam was crucial for this determination. I was in in OR with a sonographer for over 30 min performing the study. This prevented the child from needing to go the cardiac catheterizatioin labe immediately after surgery. This would have been a dangerous and expensive procedure

Submitter : **katherine bittner** **Date: 07/27/2007**

Organization : **katherine bittner**

Category : **Other Technician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I am acardiac sonographer and understand that you are trying to bundle colorflow into echo. We do not always use colorflow in every study. This would be detrimentail to physicians services and possibly my wages if you are tocut this payment out and bundle it with echo. Why do you always try to cut payments for medical services when you already pay very little now. Payment for medical services for seniors and other low income citizens is getting less and less and more the patient has to pay when they are already trading food for prescriptions. You need to rethink this idea of bundling the colorflow with echo.

Submitter : **katie bittner** **Date: 07/27/2007**

Organization : **katie bittner**

Category : **Other Health Care Provider**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others at Henry Ford Hospital, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Katherine Bittner, RDCS,CCT, FASE
Henry Ford Hospital

Submitter : Ms. Doreen Cooper **Date:** 07/27/2007

Organization : Crystal Run Healthcare

Category : Other Health Care Professional

Issue Areas/Comments

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Proposed Elimination of Exemption for Computer-Generated Facsimiles

I support the proposed elimination of the exemption for computer-generated faxes only if there is increased acceptance of true electronic prescriptions by our local pharmacies. In our region of New York, 70 miles from Manhattan, only 25% of our pharmacies, including both independent and chain pharmacies, accept electronic prescriptions. Without increased participation on the part of pharmacies, this proposal will place an unnecessary paperwork burden on our medical practice, which has full e-prescribing capability and yet still faxes about 20,000 prescriptions/month to pharmacies that are not able to accept an electronic transaction.

Submitter : **Mr. Bill Ashcraft** **Date: 07/27/2007**

Organization : **Diagnostic Health Services**

Category : **Other Health Care Professional**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a company who provides echocardiography services to Medicare patients and others in Arizona, Illinois, Missouri, Oklahoma, and Texas, we are writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Bill Ashcraft
Director Payer Relations and Contracting
Diagnostic Health Services, Inc. (DHS)

Submitter : **Dr. William Daniels** **Date: 07/27/2007**

Organization : **Dr. William Daniels**

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.

William K Daniels, M.D.

Submitter : Mrs. Cynthia Todd **Date:** 07/27/2007

Organization : UT Southwestern Medical Center - Dallas,TX

Category : Other Technician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others in Dallas, TX, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

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For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Cynthia Todd,RDCS,RCS
Technical Director, UTSW Echo Labs
Dallas, TX

Submitter : **Dr. Dana Dellapiazza** **Date: 07/27/2007**

Organization : **Dr. Dana Dellapiazza**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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

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

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. David Provenzano** **Date: 07/27/2007**

Organization : **Dr. David Provenzano**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Submitter : **Dr. Myron Powelson** **Date: 07/27/2007**

Organization : **Dr. Myron Powelson**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Myron Powelson III, M.D.

Submitter : **Mr. Michael Spellman** **Date: 07/27/2007**

Organization : **Merrill Lynch**

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 : **Date: 07/27/2007**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others in Houston, Texas, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

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Sincerely yours,

Istmenia Ellis

Submitter : **Date: 07/27/2007**

Organization :

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

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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. Robert lounsbury** **Date: 07/27/2007**

Organization : **RiverBend Medical Group**

Category : **Physician**

Issue Areas/Comments

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Proposed Elimination of Exemption for Computer-Generated Facsimiles

See Attachment

CMS-1385-P-4277-Attach-1.DOC

#4277

RiverBend
MEDICAL GROUP

July 27, 2007

Comments on: PROPOSED ELIMINATION OF EXEMPTION FOR COMPUTER-GENERATED FACSIMILES. (CMS-1385-P)

RiverBend Medical Group is a large multi-specialty physician group practice that currently uses a fax server to transmit prescriptions from our electronic medical record to pharmacies. Please consider the following comments about the elimination of the fax exemption:

- To abandon our fax server and move back to paper for new prescriptions and refills would have a negative financial impact on our practice. Using an automated fax server creates significant staff efficiencies which would be lost in moving to a paper system.
- Moving to an e-prescribing system would also create financial penalties to our organization. The implementation costs and the staffing resources that would be required are significant.
- The benefits of this rule change accrue to third party payers, pharmacies, and software companies but physicians will pay for the implementation costs.
- We are informed by colleagues that many pharmacies are not ready to accept digital files and in any event we would be unable to use e-prescribing for controlled substances. Therefore alternatives mechanisms would be required to deal with all of these prescriptions – a double burden on physician practices and additional sources of potential error in prescription handling.
- If this rule change proceeds despite the very real negative impacts it will have on physician practices, adequate time for implementation must be afforded. Our experience and research show that it typically takes a minimum of 4 months to work out contractual arrangements. Implementation would proceed after that period and adequate time is required for software testing and training. A minimum of 18 months would be needed for compliance with this rule change.

Submitter : **Date: 07/27/2007**

Organization :

Category : **Health Care Professional or Association**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a Cardiac Sonographer who provides echocardiography services to Medicare patients and others in USC Medical Center, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decision making process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

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For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Anthony Dominicis

Submitter : **Dr. John Bates** **Date: 07/27/2007**

Organization : **The Care Group, LLC**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in Indianapolis, Indiana, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all cchocardiography proccdurcs.

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Sincercly yours,

John R. Bates, MD, FACC, FASE
Thc Care Group, LLC
10590 North Meridian Street
Indianapolis, IN 46290