

**Submitter :** Mr. JOSEPH ZYNDA  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES  
Dear Administrator:

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

This increase in Medicare payment is important for several reasons.

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Sincerely,

\_\_\_\_\_  
JOE ZYNDA SCRNA  
Name & Credential

\_\_\_\_\_  
5893 BUECHLER BEND  
Address

\_\_\_\_\_  
COLUMBUS OHIO 43228  
City, State ZIP

**Submitter :** Ms. Alicia Spradlin  
**Organization :** Tuomey Medical Center  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 22, 2007

Office of the Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

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Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

Alicia R. Spradlin Cma

3130 Firestone Court

Sumter SC 29150

**Submitter :** Ms. Patricia Holdsworth

**Date:** 08/22/2007

**Organization :** Ms. Patricia Holdsworth

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

I am writing in support of the CMS proposal to increase anesthesia provision by 32%. CMS is proposing an increase in reimbursement of 15% by 2008. These initiatives would help ensure that Medicare Part B participants would continue to have access to anesthesia care by qualified Certified Registered Nurse anesthetists like myself.

Patricia L. Holdsworth, CRNA, BSN

**Submitter :** Donna Russell  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

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Sincerely,

\_\_\_\_ Donna Russell CRNA \_\_\_\_\_

Name & Credential

\_\_\_\_ 6 East Applewood Dr \_\_\_\_\_

Address

\_\_\_\_ Charlton, MA 01507 \_\_\_\_\_

City, State ZIP

**Submitter :**

**Date: 08/22/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Patients often prefer to see physical therapists that are available in a physician's office for many reasons. If they have come to that doctor's office, it is usually convenient to their home/work; they trust that office/institution; they may have used those same physical therapists in the past. As physicians, we have easy access to those PTs and can speak to them throughout the day if necessary. It is very cost effective to have all services located in one building. I believe our physical therapists enjoy treating patients in a physician's office and have good working relationships with the doctors. Our patients are getting more one on one attention which is becoming more rare these day.

**Submitter :** Kate Hodge  
**Organization :** Fletcher Allen Health Care  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

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Sincerely,

Kate Hodgcrna  
312 Colchester Ave  
Burlington, Vt 05401

Submitter : Mrs. Donna Clark  
Organization : AANA  
Category : Health Care Professional or Association

Date: 08/22/2007

Issue Areas/Comments

Background

Background

August 20, 2007  
Ms. Leslie Norwalk, JD  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

\_\_\_\_\_  
Donna M. Clark CRNA MSN  
Name & Credential  
\_\_\_\_\_  
1635 Waterford Pointe Rd  
Address  
\_\_\_\_\_  
Lexington NC 27292  
City, State ZIP

**Submitter :** Mr. Benjamin Nuti  
**Organization :** University of Iowa Hospitals and Clinics  
**Category :** Other Health Care Provider

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

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August 20, 2007

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Sincerely,

Benjamin S. Nuti  
2557 Whispering Prairie Ave.  
Iowa City, IA 52240



**Submitter :** Mrs. Christina Sharp  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

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Sincerely,

\_\_\_\_Christina Sharp, RN \_\_\_\_\_  
Name & Credential

\_\_\_\_2312 Hickory Drive \_\_\_\_\_  
Address

\_\_\_\_Dyer, Indiana 46311 \_\_\_\_\_  
City, State ZIP

**Submitter :** Mr. Daryl Kohler  
**Organization :** Mr. Daryl Kohler  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

Regarding CMS-1385-P

I would like your agency to finalize this legislation to increase anesthesia work value by 32% and Increase the anesthesia conversion factor by up to 25% in 2008. I am sure that I share the concern of Certified Registered Nurse Anesthetists across the country that without this legislation to maintain payment for valuable anesthesia services, many patients will ultimately suffer as anesthesia providers will not be able to continue performing essential care in the face of continually reducing reimbursement rates. There is already a anesthesia provider shortage which will continue to worsen as providers leave the field, whether due to retirement or precipitous drops in health care reimbursements. Thank you for your consideration in this matter.

Daryl Kohler, BS, CRNA  
Olathe, Ks

**Submitter :** Mr. Kevin R More  
**Organization :** AANA  
**Category :** Other Health Care Provider

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

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Centers for Medicare & Medicaid Services

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Sincerely,

Kevin R. More, CRNA

1607 Churchill RD

Harrisburg, PA 17111

**Submitter :** Dr. Paul Lappinga

**Date:** 08/22/2007

**Organization :** Mayo Clinic

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

August 22, 2007

To Whom It May Concern:

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a pathology resident at the Mayo Clinic in Rochester Minnesota and a member of the College of American Pathologists.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology services ordered and performed for the group's patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically, I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and, restrictions on physician self-referrals are an imperative program safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,

Paul Lappinga, M.D.

Submitter :

Date: 08/22/2007

Organization :

Category : Other Health Care Provider

Issue Areas/Comments

### Background

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Sincerely,

Michael Moskowitz  
Student Nurse Anesthetist  
Columbia University  
New York

**Submitter :** Mr. John Woodward  
**Organization :** Jersey Community Hospital  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

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**Submitter :** Mr. MYRON TASSIN  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

An anesthesia pay boost is necessary and far behind the cost of living index. Myron J. Tassin, Jr.

**Submitter :** C. Dang  
**Organization :** AANA  
**Category :** Health Care Provider/Association

**Date:** 08/22/2007

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Sincerely,

C. Dang, CRNA, MSN  
Chicago, IL 60611



**Submitter :** Mr. James Ferguson  
**Organization :** Mr. James Ferguson  
**Category :** Other Health Care Professional

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1 First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

1 Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007.

However, the value of anesthesia work was not adjusted by this process until this proposed rule.

1 Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

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

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely, James Ferguson CRNA

**Submitter :**

**Date:** 08/22/2007

**Organization :**

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-7222-Attach-1.DOC

August 11, 2007

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Randall K. Barrett, D.O.

**Submitter :** Mrs. Angela Ferguson  
**Organization :** Mrs. Angela Ferguson  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

Dear Administrator:

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Sincerely, Angela Ferguson, CRNA

**Submitter :** Mr. jeffrey adkins  
**Organization :** Mr. jeffrey adkins  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES  
Dear Administrator:

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

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Sincerely,

\_\_\_\_\_  
jeffrey adkins, msn, crna

\_\_\_\_\_  
42 wisteria drive, springfield, illinois, 62711

**Submitter :** Mrs. Kimberly Slattery  
**Organization :** Mrs. Kimberly Slattery  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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Sincerely,

\_\_\_\_ Kimberly A. Slattery RN, BSN

Name & Credential

\_\_\_\_ 7044 Sarah St.

Address

\_\_\_\_ Temperance, MI 48182

City, State ZIP

**Submitter :** Dr. Linda Mason  
**Organization :** Loma Linda University Medical Center  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment

CMS-1385-P-7226-Attach-1.DOC

#7226



*LOMA LINDA UNIVERSITY*

*School of Medicine  
Department of Anesthesiology*

*Loma Linda, California 92350  
(909) 558-4475  
FAX: (909) 558-4143*

July 5, 2007

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

RE: CMS-1385-P  
Anesthesia Coding (Part of 5-year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. Being in a teaching institution this increase is vitally important to the future of anesthesiology in funding research that will allow for better patient care.

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 expect 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,

Linda J. Mason, M.D.  
Professor of Anesthesiology and Pediatrics  
Director, Pediatric Anesthesia



**Submitter :** Mr. Barry Lepley  
**Organization :** Mr. Barry Lepley  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

Dear Administrator:

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

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Sincerely,

Barry C. Lepley, CRNA  
8419 Kellogg Ct  
Lutherville, MD 21093

**Submitter :** Mrs. Kristin Hanson  
**Organization :** AANA  
**Category :** Health Care Professional or Association

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007

Office of the Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)

Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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Sincerely

Kristin Hanson, RNAI  
66 Woolnough  
Battle Creek, MI 49017

**Submitter :** Dr. Bobbie Freeman  
**Organization :** UT Houston Medical School Dept of Anesthesiology  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Mr. Kyron Cain  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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Sincerely,

\_\_\_\_\_  
Name & Credential

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

**Submitter :** Mrs. Gloria Spires

**Date:** 08/22/2007

**Organization :** AANA

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

I am for the increase in anesthesia value. Please consider going ahead with this legislation ,I am a CRNA and this will greatly impact CRNA's, access to care and the number of anesthesia providers.

I also work in a ambulatory care surgery center and I am for the increase in reimbursement for ASCs.

**Submitter :** Ms. Tami Glenn  
**Organization :** Ms. Tami Glenn  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

Tami Glenn, RN, BSN  
Registered Nurse Anesthesia Intern  
229 W Cleveland Ave  
Spokane, WA 99205

**Submitter :** Amber Williams  
**Organization :** Amber Williams  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES  
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Sincerely,  
Amber D Williams SRNA  
1272 W. Clifton Blvd #1  
Lakewood, OH 44107

**Submitter :** Mr. brian thorson  
**Organization :** AANA  
**Category :** Nurse Practitioner

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Every year anesthesia providers and hospitals who employ them take a significant cut in Medicare reimbursement. Working at a hospital that has over a 50% medicare, medicaid payment mix, it now affects patient care.

HCMC Minneaolis Minnesota.

Please do what you can to support a payment structure that turns these significant cuts around.

Thank you.

Brian Thorson



**Submitter :** Jeff Johnson  
**Organization :** Jeff Johnson  
**Category :** Other Health Care Professional  
**Issue Areas/Comments**

**Date:** 08/22/2007

**Background**

Background

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018  
ANESTHESIA SERVICES

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America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,

Jeffrey D. Johnson CRNA, MHS  
Enterprise Anesthesia Services, PLLC  
67 Oak Hill Circle  
Brownwood, TX 76801

**Submitter :** Mr. Brian O'Hair  
**Organization :** Mr. Brian O'Hair  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007

Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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

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Sincerely,

Brian C. O'Hair II, CRNA  
Name & Credential  
417 Orange Grove Ave  
Vista, Ca 92084

**Submitter :** Mr. Warren MacLeod  
**Organization :** Dulaney Anesthesia Associates  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

As an employer of CRNAs in a CRNA practice that derives eighty percent of its income from the provision of services to Medicare recipients, it is becoming impossible to remain competitive with other anesthesia groups in my geographic area with regard to salary and benefits. Therefore, I am unable to hire new providers and expand the practice to meet the increasing demand for services. I urge you to revise the payment schedules and relative values for anesthesia services to ensure a future for the provision of care to this deserving segment of our population.

Sincerely,

Warren MacLeod, CRNA

Submitter :

Date: 08/22/2007

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

Rc: 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 : Laurie Shively

Date: 08/22/2007

Organization : AANA

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

Background

August 20, 2007

Office of the Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

P.O. Box 8018

Baltimore, MD 21244 8018

RE: CMS 1385 P (BACKGROUND, IMPACT)

ANESTHESIA SERVICES

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Sincerely,

Laurie L. Shively, SRNA  
9253 Tobacco Drive  
Clare, MI 48617

**Submitter :** Dr. James Rinando  
**Organization :** University of Texas at Houston Medical School  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P  
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**Submitter :** Dr. Shannon Hancher  
**Organization :** American Society of Anesthesiology  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

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

Shannon Hancher M.D.

**Submitter :** Mr. John Atkins  
**Organization :** Mr. John Atkins  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

John B. Atkins, CRNA  
490 Lakeshore Drive  
Columbus, Mississippi 39705



**Submitter :** Dr. Steffan Lacey

**Date:** 08/22/2007

**Organization :** Pathology Medical Services, PC

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. I practice in Norfolk, NE, as part of a 12 member pathology group and operate an independent laboratory.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology services ordered and performed for the group's patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and, restrictions on physician self-referrals are an imperative program safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,

Steffan R Lacey, MD  
August 22, 2007

Submitter : Dr. Steven Kriner  
Organization : Dr. Steven Kriner  
Category : Physician

Date: 08/22/2007

Issue Areas/Comments

GENERAL

GENERAL

To Whom it Concerns,

I am an anesthesiologist in Billings, MT. I perform procedures for chronic pain. One such procedure is a cervical epidural steroid injection for herniated disks in the neck. Done properly the needle is placed in the neck only millimeters away from the spinal cord. A very small error in needle placement could result in complete paralysis from the neck down. I believe less than 10 physicians in the entire state of Montana perform this procedure. My reimbursement from medicare is about 130 dollars for this procedure which takes about one hour to perform. The Ford dealer in town charges about 100 dollars per hour for the mechanics labor. The attorney who is going to sue me if I make one mistake charges about 300 dollars per hour. If you are unfortunate enough to have this procedure I think you would quickly realize that my talents are worth quite a bit more than what medicare pays. Because so many patients are in need of this procedure and few physicians are willing to take the risk doing it I continue to provide the service because first of all I am a physician. I have been able to avert patients from going on to have a neck fusion operation by doing this procedure thus saving medicare that large expense. Unfortunately the sustainable growth factor problem has resulted in drastic cuts in reimbursement to physicians and is resulting in a decrease in the access to care. There are multiple examples of situations in which I am hard pressed to keep up with my auto mechanic while I provide services to medicare patients. Fortunately cost shifting to insurance patients makes it still possible to stay in business. If all my patients reimbursed at medicare rates I would have to consider another profession such as welding. My neighbor to the right is a welder and the one to the left is a home builder. They don't work all night and on weekends. Please take this opportunity to increase anesthesia fees so I can continue to do what I am good at.

Thank-you for your consideration  
Steve Kriner, D.O.

**Submitter :** Mr. Matt Brady  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

Dear Administrator:

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

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**Submitter :** Mrs. Tashina Hartley  
**Organization :** American Association of Nurse Anesthetists  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018  
Baltimore, MD 21244 8018

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

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**Submitter :** Mrs. Barb Wenning  
**Organization :** Mrs. Barb Wenning  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

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Sincerely,

Barbara Wenning, RN, MSN, RNSA  
905 E. South Ridge Rd.  
Greensburg, IN 47240  
barb@liveonfaith.com

**Submitter :****Date: 08/22/2007****Organization :****Category : Other Health Care Professional****Issue Areas/Comments****Background****Background**

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**Submitter :** Mrs. Lanette Geer-Muzie  
**Organization :** Mrs. Lanette Geer-Muzie  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 22, 2007

Office of the Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

P.O. Box 8018

Baltimore, MD 21244 8018

RE: CMS 1385 P (BACKGROUND, IMPACT)

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Sincerely,

Lanette Geer-Muzie, CRNA

6828 Smith Rd.

Middleburg Heights, OH 44130

**Submitter :** Mr. William Freeman  
**Organization :** Huntsville Hospital  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007

Office of the Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

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Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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\_\_\_\_\_  
Name & Credential

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP



Submitter :

Date: 08/22/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

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

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

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

**Submitter :** Mr. Kelly Miner  
**Organization :** AANA  
**Category :** Health Care Professional or Association

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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

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Sincerely,

Kelly D. Miner, CRNA

Name & Credential

7958 Castle Pointe Way, Pensacola FL 32506

Address

Pensacola, Florida 32506

City, State ZIP

**Submitter :** Dr. Glorimar Medina-Rivera  
**Organization :** UT Houston-anesthesiology department  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing 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. Reginald Rousseau  
**Organization :** North American Partners in Anesthesia  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Dr. Reginald Rousseau

**Submitter :** Mr. chris moore

**Date:** 08/22/2007

**Organization :** AANA

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018  
Baltimore, MD 21244 8018

RE: CMS 1385 P (BACKGROUND, IMPACT)  
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This increase in Medicare payment is important for several reasons.

Submitter : Dr. Robert LaPorta

Date: 08/22/2007

Organization : NAPA

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

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

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:

As an anesthesiologist with North American Partners in Anesthesia (NAPA) I am writing to express my support of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am pleased that CMS has recognized the undervaluation of anesthesia services and is taking steps to address this critical issue.

When the RBRVS was instituted, it created a significant payment disparity for anesthesia care due to the undervaluation of anesthesia work compared to other physician services. The current Medicare payment for anesthesia services in New York of \$18.61 per unit does not cover the cost of treating the Medicare population. Over the years since RBRVS, we have seen a significant decline in the number of new physicians entering the specialty of anesthesia largely due to the Medicare reimbursements. This has been particularly evident in areas with high Medicare populations.

The RUC recommendation that CMS increase the anesthesia conversion factor to offset the 32 percent work undervaluation by nearly \$4 per unit will go a long way in correcting this long standing disparity.

As a specialty with a national shortage of physicians, we wish to continue to provide expert anesthesiology medical care to Medicare beneficiaries. I strongly urge that CMS follow through with the RUC proposal by immediately implementing the anesthesia conversion factor increase.

Thank you in advance for your consideration.

Sincerely,

Robert F. LaPorta Ph.D., MD

**Submitter :** Dr. Jennifer Hogan  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

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

Jennifer Hogan, M.D.

**Submitter :** Mr. Michael Awai  
**Organization :** American Association of Nurse Anesthetist  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
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Sincerely,

Michael Awai, CRNA  
5811 Michigan Avenue  
Jacksonville, Florida 32211



Submitter :

Date: 08/22/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

## Background

August 20, 2007  
 Office of the Administrator  
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Sincerely,

Jill Miner, CRNA

333 Osprey Point Drive  
 Sneads Ferry, NC 28460

Submitter :

Date: 08/22/2007

Organization :

Category : Individual

Issue Areas/Comments

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

As a patient I have placed a great amount of trust in my surgeon. I received PT from one facility to prepare for surgery. After surgery I was encouraged by my surgeon to go to a different facility, newly opened and owned by the surgeons because I would get better care and the surgeon would have more communication with the PT regarding my care than the other place I had gone.

I had a horribly painful experience with a PT at this facility. I stopped the therapy and wrote the surgeon regarding the traumatic nature of the treatment I received.

The surgeon at my next appointment said, "I just needed the right therapist" and that it was his fault because he had told him "to hurt me." I was so upset by this because of the pain this person inflicted on me and his apparent harshness and lack of attending skills.

I transferred back to the original facility I had gone to prior to the surgery. The PT and the surgeon interface with no problems regarding my progress.

I have felt sad for the therapists who have lost all their business and are talked of unfavorably by the facility that formerly referred all their patients there, all because the doctors are trying to grow there new PT practice.

It has been a confusing and painful experience from the perspective of a patient who has already suffered enough due to injuries and surgeries.

Something must be done to protect the innocent patients who place their well being in the hands of their doctors.

CMS-1385-P-7261

Submitter : Dr. Donald Walls

Date: 08/22/2007

Organization : Dr. Donald Walls

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

See attachment please

CMS-1385-P-7261-Attach-1.DOC

CMS-1385-P-7261-Attach-2.DOC

# 7261

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

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

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Thank you for your consideration of this serious matter.

Submitter :

Date: 08/22/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

Background

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

Dear Administrator:

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Sincerely,

Melissa Mathieu, CRNA  
141 Homeland Rd  
York, PA. 17403

CMS-1385-P-7263

**Submitter :** Ms. Melinda Martin

**Date:** 08/22/2007

**Organization :** Ms. Melinda Martin

**Category :** Health Care Professional or Association

**Issue Areas/Comments**

**GENERAL**

GENERAL

sec attachment

CMS-1385-P-7263-Attach-1.DOC

## Sample Comment Letter for Physicians to Customize

October 31, 2006

Leslie V. Norwalk, Esq., Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1506-P  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: CMS-1506-P - Medicare Program; the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates

Dear Ms. Norwalk:

As a practicing interventional pain physician, I am disappointed at CMS's proposed rule for ASC payments. This rule will create significant inequities between hospitals, ASCs, and beneficiaries' access will be harmed. While this may be good for some specialties, interventional pain management will suffer substantially (approximately 20% in 2008 and approximately 30% in 2009 and after). The various solutions proposed in the rule with regards to mixing and improving the case mix, etc., are not really feasible for single specialty centers. CMS should also realize that in general healthcare uses, the topdown methodology or bottom-up methodology used by Medicare is the primary indicator for other payers - everyone following with subsequent cuts. Using this methodology, Medicare will remove any incentive for other insurers to pay appropriately.

Based on this rationale, I suggest that the proposal be reversed and a means be established where surgery centers are reimbursed at least at the present rate and will not go below that rate. We understand there are multiple proposals to achieve this. If none of these proposals are feasible, Congress should repeal the previous mandate and leave the system alone as it is now. However, inflation adjustments must be immediately reinstated.

I hope this letter will assist in coming with appropriate conclusions that will help the elderly in the United States.

Sincerely,

(Your Name)

**Submitter :** Mrs. Tonya Kiener  
**Organization :** AANA  
**Category :** Other Health Care Provider

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services Department of Health and Human Services  
P.O. Box 8018 RE: CMS1385P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018  
ANESTHESIA SERVICES

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Sincere

Tonya Kiener, SRNA  
1402 Gambels Court  
Andover KS 67002



**Submitter :** Linda Stone  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
 Office of the Administrator  
 Centers for Medicare & Medicaid Services  
 Department of Health and Human Services  
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 Baltimore, MD 21244 8018 ANESTHESIA SERVICES

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Sincerely,

\_\_\_\_ Linda Stone, MSN, CRNA \_\_\_\_\_  
 Name & Credential

\_\_\_\_ 1928 Wilton Circle \_\_\_\_\_  
 Address

\_\_\_\_ Raleigh, NC, 27615 \_\_\_\_\_  
 City, State ZIP

\_\_\_\_  
 City, State ZIP

**Submitter :** Mr. Robert Lawrence  
**Organization :** Mr. Robert Lawrence  
**Category :** Other Health Care Professional  
**Issue Areas/Comments**

**Date:** 08/22/2007

**Background**

**Background**

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

This increase in Medicare payment is important for several reasons.

1 First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for

Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

1 Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007.

However, the value of anesthesia work was not adjusted by this process until this proposed rule.

1 Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

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

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically

underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services.

The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

**Submitter :** Ms. Carla Rosenblum  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
 Office of the Administrator  
 Centers for Medicare & Medicaid Services  
 Department of Health and Human Services  
 P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
 Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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

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1 First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

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Sincerely,

Carla S. Rosenblum, MSN, CRNA  
 401 Alpine Road  
 P. O. Box 5872  
 Dillon, CO 80435

**Submitter :** Dr. Trevor Robison  
**Organization :** Northwestern University  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore , MD 21244-8018

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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.

Trevor Robison, M.D.

**Submitter :** Ms. Lainey Kelley  
**Organization :** Ms. Lainey Kelley  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

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

This increase in Medicare payment is important for several reasons.

First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007.

However, the value of anesthesia work was not adjusted by this process until this proposed rule.

Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

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

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Submitter : Mr. Charles Nordhues

Date: 08/22/2007

Organization : American Association of Nurse Anesthetists

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

Background

As a CRNA and a member of the American Association of Nurse Anesthetists, I write to support the Centers for Medicare and Medicaid Services proposal to boost the value of Anesthesia work. Under CMS's proposed rule the anesthesia conversion factor would increase by 15% in 2008 compared with current levels. The increase is important for several reasons.

- Medicare currently under reimburses for anesthesia services studies by MedPac and others show Medicare reimburses for most services at approximately 80% of the market rate however anesthesia services are reimbursed at about 40% of market value.
- the proposed rule reviews and adjusts anesthesia services for 2008. most part B providers have been reviewed and adjusted in previous years. The value of anesthesia services has NOT been adjusted until this proposal.
- the proposed change in relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

If CMS's proposed change is not enacted and Congress does not reverse the 10% sustainable growth rate cut to Medicare payment the average payment for services in 2008 will decrease by 15% from 2007 levels and will be one third below 1992 levels.

The 36,000 CRNA's in the U.S. administer 27 million anesthetics annually in every setting, especially the underserved rural areas.

Medicare patients and the healthcare system depend on our services. I support the agency's acknowledgement that anesthesia payment has been undervalued, and its proposal to increase the value of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,

Charles J. Nordhues, CRNA  
1000 North 36th Street  
Norfolk, Nebraska 68701  
402.371.2917

**Submitter :** Erin Wiater  
**Organization :** AANA  
**Category :** Other Health Care Provider

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

August 20, 2007  
Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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

\_ First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for

Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

\_ Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.

\_ Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments. Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).

America's 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,  
Erin N Wiater, CRNA  
6466 Ducketts Lane  
Elkridge MD 21075

**Submitter :** Mrs. Monika Davies  
**Organization :** Methodist MedicalCenter  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007  
 Office of the Administrator  
 Centers for Medicare & Medicaid Services  
 Department of Health and Human Services  
 P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
 Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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This increase in Medicare payment is important for several reasons.

First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.

Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.

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Sincerely,

\_\_\_\_Monika A Davies, CRNA\_\_\_\_\_

Name & Credential

\_\_\_\_127 Barrington Lane\_\_\_\_\_

Address

\_\_\_\_East Peoria, IL 61611\_\_\_\_\_

City, State ZIP



**Submitter :** Dr. Elaine Murphy  
**Organization :** Dr. Elaine Murphy  
**Category :** Physician

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing 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 :** Ms. Betty Ward  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background  
August 22, 2007

Dear Administrator:

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

This increase in Medicare payment is important for several reasons:

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

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

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Sincerely,

Betty L. Ward, CRNA, JD  
2340 River Grand Drive  
Birmingham, AL 35243

Submitter :

Date: 08/22/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

Background

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

**Submitter :** Mrs. Sandra Erickson  
**Organization :** AANA  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

**Background**

RE: CMS 1385 P  
Dear Administrator:

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

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Sincerely,

Sandra Erickson, CRNA  
3745 Reedpond Dr N  
Jacksonville, Florida 32223

**Submitter :** Mr. Michael Berry  
**Organization :** Certified Registered Nurse Anesthetist  
**Category :** Other Health Care Professional

**Date:** 08/22/2007

**Issue Areas/Comments**

**Background**

Background

August 20, 2007

Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)  
Baltimore, MD 21244 8018 ANESTHESIA SERVICES

Dear Administrator:

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

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Sincerely,

Michael R. Berry, CRNA, MS  
605 Miller Lane  
Saint Clair, MN 56080

**Submitter :** Mrs.  
**Organization :** Mrs.  
**Category :** Physical Therapist

**Date:** 08/22/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

please don't allow MDs to provide physical therapy services in their office. This encourages abuse and discourages referrals to PT owned practices. Patients should be always given a choice of where to go to receive medical services.

**Submitter :** Mr. Jacques Shelton  
**Organization :** American Association Of Nurse Anesthetists  
**Category :** Health Care Professional or Association

**Date:** 08/22/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment please.

CMS-1385-P-7279-Attach-1.PDF

#7279

August 20, 2007

Office of the Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8018  
Baltimore, MD 21244-8018

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

Dear Administrator:

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

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Sincerely,

\_\_\_\_\_  
Name & Credential

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP