

**Submitter :** Dr. Kirsten Dacal  
**Organization :** UPMC  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Coding-- Additional Codes From  
5-Year Review**

Coding-- Additional Codes From 5-Year Review

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

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 :** Dr. Hoa Pham  
**Organization :** Dr. Hoa Pham  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Hoa Pham, MD

Submitter :

Date: 08/27/2007

Organization : Vanderbilt University Medical Center

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a 15 year board certified athletic trainer with a masters degree in sports medicine and past experience as both a collegiate athletic trainer and a licensed emergency medical technician. Currently I am working in the clinical setting.

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

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

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

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

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

Sincerely,

Karen Lovell, M.S., ATC

**Submitter :** Mr. Ross Dacal  
**Organization :** Mr. Ross Dacal  
**Category :** Attorney/Law Firm

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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

Thank you for your consideration of this serious matter.

**Submitter :** Mrs. Anita Dacal  
**Organization :** Mrs. Anita Dacal  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Bert van Blerk  
**Organization :** Creighton University Medical Center  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Payment For Procedures And  
Services Provided In ASCs**

Payment For Procedures And Services Provided In ASCs

It is essential that this increase be approved as the medical rates for anesthesiologists are not keeping up with the cost of living.

**Submitter :** Dr. Michael Wozniak  
**Organization :** American Association of Anesthesiologists  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
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**Submitter :** Ms. Christine Lin  
**Organization :** Ms. Christine Lin  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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



**Submitter :** Ms. Donna Carver  
**Organization :** Matrix Rehabilitation  
**Category :** Physical Therapist

**Date:** 08/27/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

In the proposed rule for the 2008 Medicare physician fee schedule, there is concern that the in-office ancillary services exception to the Stark law is being "misconstrued" and created "a thriving environment for fraud and abuse." Physical therapists are troubled around the country of this situation and now seek to warn as to "whether certain services should not qualify for the exception." The case is clear and the solution is obvious - physical therapy services should not be included in the in-office ancillary services exception! Having been a therapist for almost 11 years now, it is clear to me that physicians have little knowledge of the variety of skills that a physical therapist possesses. Physical therapists can practice in the specialty settings of acute care, inpatient rehabilitation, pediatrics, geriatrics, orthopedics, sports medicine/rehabilitation, neurological rehabilitation, generalized outpatient care, and home health care, as well as others. For a physician to grasp the rehabilitation techniques of all these areas, he or she would have to specialize in all of these individual areas which would require numerous hours of additional schooling. There is no field like physical therapy where one practitioner is so versatile. To offer physical therapy services in a physician office, the physician should be required to obtain the same versatility with the same thoroughness and precision. I have seen physician offices that "say" they offer physical therapy and what their patients actually get is a variety of modality treatments without the skilled instruction or expert education by a physical therapist on how to prevent further injury / re-injury; and without an effective strengthening / preventative home exercise program. Therefore, the patient receives only palliative treatment of their symptoms, temporary pain relief, no long term benefit and this patient ends up being a costly addition to the health care system, requiring additional palliative treatment and ultimately this patient suffers the burden of prolonging their condition with no real solution. Physical therapy offers a solution. The solution is to teach the patient self-management of their condition while offering pain management during the treatment period, with the ultimate goal of discharge of the patient to a more independent, functional state. Physicians and chiropractors have no such goal, their patients remain with their caseload for extended periods of time, with no discharge plans and often are lifetime clients. Moreover, the physical therapist, as an ancillary service, is present to alleviate the health care system (the physician) from taking on the care and maintenance of certain patients with the need for assistance in functional gains. PTs are capable of performing day to day lengthy treatment sessions that would overburden the physician offices and staff members and leave them incapable of handling and treating more crucial and critical patients. As it is now, physician offices are overbooked and patients are unable to get needed appointments for medication and primary health needs. New types of physician clinics have opened to assist with the burden to both the daytime MD clinics and the late night ER clinics; called "the neighborhood clinic", open nights and weekends. Adding physical therapy visits to the already overburdened physician office would surely be a detriment to quality patient care.

**Submitter :** Dr. Lisa Corstvet  
**Organization :** Dr. Lisa Corstvet  
**Category :** Ambulatory Surgical Center

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Sample Comment Letter:

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

Rc: CMS-1385-P

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. M M  
**Organization :** Dr. M M  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Your unending quest to eliminate the faulty remuneration you so graciously grant the chiropractic physicians, is getting very old. I am sick and tired of whatever regime is in charge of Medicare whose sole purpose seems to be aimed at elimination of chiropractic care from Medicare.

Who are you and what is the appropriate way to eliminate YOU from your job? You don't understand.. people will STILL come see us and will still BENEFIT; YOUR ACTION WILL JUST HAVE COST THEM AND THE SYSTEM EVEN MORE.

**Submitter :** Mr. Craig Faeth  
**Organization :** MVP Physical Therapy  
**Category :** Physical Therapist

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

My name is Craig Faeth. I am a Certified Athletic Trainer, licensed Physical Therapist, and Certified Strength and Conditioning Specialist. I have two master s degrees in these areas, which I put to use in a private practice, outpatient physical therapy clinic.

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

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

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

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

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

Sincerely,

Craig Faeth, ATC, PT, CSCS, GIFT Fellow

**Submitter :** Cory Andrews

**Date:** 08/27/2007

**Organization :** Cory Andrews

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

Hello. My name is Cory Andrews and I am a nationally certified and Florida licensed Athletic Trainer

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

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

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Sincerely,

Cory Andrews, ATC/L

**Submitter :** Dr. Michael Loushin  
**Organization :** University of Minnesota  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Michael Loushin, MD

**Submitter :** Dr. Keith J. Zimmermann

**Date:** 08/27/2007

**Organization :** Zimmermann Chiropractic and Wellness Center

**Category :** Chiropractor

**Issue Areas/Comments**

**CAP Issues**

CAP Issues

The X-ray provision suggested continues to place the burden on the patient for outpatient services. X-rays are diagnostic tools that are essential to determine the underlying cause a patient's complaint. Restriction of payment can mean the individual will not receive the necessary diagnostic evaluation. This can produce harmful results due to misdiagnosis or delay in diagnosis of serious bone pathology.

**Submitter :** Mr. Chad McCune  
**Organization :** Ennis, TX ISD  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Chad McCune and I am a nationally certified athletic trainer for Ennis I.S.D. in Ennis, Texas. I have a Masters Degree in Education and I am also a licensed athletic trainer in the State of Texas. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

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

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Sincerely,

Chad McCune ATC,LAT



**Submitter :** Dr. Nadia Hasan

**Date:** 08/27/2007

**Organization :** Dr. Nadia Hasan

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Maninder Atwal  
**Organization :** Dr. Maninder Atwal  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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Maninder S. Atwal M.D.

**Submitter :** Mrs. Nena McKinney  
**Organization :** Novacare Rehabilitation  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

I am a certified athletic trainer working in outpatient physical therapy in Columbus, OH. I graduated from Shawnee State University with a bachelors degree of science concentration in athletic training. I am a nationally certified athletic trainer and a licensed athletic trainer in Ohio.

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

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

Sincerely,  
Ncna C. McKinney, ATC

**Submitter :**

**Date:** 08/27/2007

**Organization :**

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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 :** Dr. Oliver Wolfe  
**Organization :** American Society of Anesthesia  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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Thank you very much, Dr. Oliver Wolfe

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

increase Anesthesiologist payment for medicare/medicaid

**Submitter :**

**Date:** 08/27/2007

**Organization :**

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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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. jeff hanson  
**Organization :** watertown anesthesia  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I strongly urge you to support the recommended increase in anesthesiologist fees. Thank you.

Dr. Jeff Hanson



**Submitter :** Dr. John Lesko  
**Organization :** Dr. John Lesko  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

**Submitter :** Mr. Jared Plummer  
**Organization :** Florida Atlantic University Athletics  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Jared Plummer and am currently the assistant football athletic trainer at Florida Atlantic University in Boca Raton, FL. I recently began working at FAU after serving as the baseball and football athletic trainer at the University of Maryland. I have a Masters of Arts degree in Health Studies and an undergraduate degree in Athletic Training.

I have had the opportunity to work at many different levels of athletic in my career. I have worked in Conference USA and the Atlantic Coast Conference at the Division I level, the Southland Conference in Division I-AA, and have had the opportunity to work at the high school level through a sports medicine clinic. Before I even began practicing athletic training I had to pass a National Board of Certification exam, which I can assure you tested the limits of my knowledge and skill. I have been given a very strong education and feel that myself and other Certified Athletic Trainers are a well trained asset in the medical field.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P. While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients/student-athletes.

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

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

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

Sincerely,

Jared Plummer, MA, ATC

Submitter : Mr. Evan Mayes

Date: 08/27/2007

Organization : AANA

Category : Other Health Care Professional

Issue Areas/Comments

**Background**

Background

August 20, 2007  
Ms. Leslic 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

Dear Ms. Norwalk:

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

This increase in Medicare payment is important for several reasons.

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

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

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

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

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

Sincerely,

Evan Z. Mayes, CRNA, MSNA  
3100 Cole Ave. #212  
Dallas, TX 75204

**Submitter :** Mr. Michael Obermeier  
**Organization :** University of Nebraska - Lincoln  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer (ATC) working in an educational institution preparing students to become health care professionals primarily athletic trainers. I have a bachelor s degree in Athletic Training and Physical Education along with a Masters degree in Administration.

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

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

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

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

Sincerely,

Michael Obermeier, MSED, ATC, LAT

**Submitter :** Dr. Russell Austin

**Date:** 08/27/2007

**Organization :** Dr. Russell Austin

**Category :** Physician

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

Increase our anesthesia compensation.

CMS-1385-P-8815-Attach-1.PDF

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

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

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

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

Dear Sir or Madam:

My name is Jennifer McRae, currently I am employed by Logan Medical Center as an out-reach athletic trainer to Guthrie High School in Guthrie, OK. As an athletic trainer in the secondary school setting I am on campus to provide prevention, evaluation, treatment and rehabilitation to the high school athletes during daily practice and interscholastic events; all of these services are performed and provided at NO COST to the Guthrie Public School system. I am classified as an employee of the Rehabilitation Services Department (Physical Therapy) and am for all intents and purposes I am donated to the school system by the hospital. I am a graduate of Oklahoma State University's Athletic Training Education Program earning a Bachelors of Science in Athletic training. I also hold advanced degrees and certifications, a Master's degree in Applied Exercise Science as well as a certification as a Performance Enhancement Specialist by the National Academy of Sports Medicine.

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

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

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

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Sincerely,

Jennifer McRae, MS, ATC/LAT, NASM-PES

**Submitter :** Dr. Andrew Ding  
**Organization :** Resource Anesthesiology Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-8818-Attach-1.TXT

CMS-1385-P-8818-Attach-2.DOC



#8818

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 :**

**Date: 08/27/2007**

**Organization :**

**Category :      Chiropractor**

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

Please leave the current x-ray laws the way they are!

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
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Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Pavel Gatynya  
**Organization :** Ohio Health  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I absolutely support a proposal for a Medicare payment increase. This will assure that anesthesia and surgical services will be available for our patients. It is a time when anesthesia services should be recognized as important component of medical care and adequate payment for these services would be reflective of that.

Thank you,  
Pavel Gatynya, MD  
August 28, 2007

**Submitter :** Dr. Carole Craib  
**Organization :** Cumberland Anes Assoc  
**Category :** Physician

**Date:** 08/27/2007

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

**Submitter :** Dr. Andrius Skucas  
**Organization :** Evergreen Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Rc: CMS-1385-P

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Thank you for your consideration of this serious matter.

Andrius Skucas MD

**Submitter :** Dr. Darko Vodopich  
**Organization :** TPMG Medical Group, Walnut Creek, CA  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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CMS-1385-P-8824-Attach-1.DOC

CMS-1385-P-8824-Attach-2.DOC

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
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Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.



**Submitter :** Dr. Clyde Pray  
**Organization :** First Colonies Anesthesia  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 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. Mark Phillips

**Date:** 08/27/2007

**Organization :** Dr. Mark Phillips

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

I practice in an ASC and supervise CRNAs. The market rate for CRNAs in North Florida is \$85 per hour they are in our facility. Medicare reimburses at a rate of \$64 per hour of anesthesia provided, so if we run a near perfectly scheduled operating room, I don't make enough doing Medicare cases to even pay my CRNAs. This obviously does not include the additional costs of Malpractice insurance, billing, inefficiencies in the OR schedule, etc. Please increase the Medicare reimbursement so we can continue caring for our older folks. Thanks, Mark B. Phillips, M.D.

**Submitter :** Dr. Scott Benzuly  
**Organization :** Brown University/Rhode Island Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Coding-- Additional Codes From  
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Leslic 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:

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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.

Scott E. Benzuly, MD

**Submitter :** Mr. mann Escalante  
**Organization :** St. Joseph Hospital  
**Category :** Other Health Care Provider

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer and personal trainer with a Master's Degree in Sports Medicine. I am very active in my profession in Southern California. I am directly involved with patient care and have owned/operated 2 fitness facilities, and one personal training and physical therapy clinic. Additionally, I do contract work in Athletic Training working with St. Joseph's hospital at the Disneyland resort, as well as various schools, colleges, and private organizations.

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

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

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

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

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

Sincerely,

Manny Escalante, Jr. MA, ATC, CPT

**Submitter :** Dr. sunil Muppala  
**Organization :** Anesthesiology Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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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. Ajay Lalvani  
**Organization :** Dr. Ajay Lalvani  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Sincerely,

Ajay M. Lalvani MD  
1514 Caribbean Way  
Laguna Beach, Ca 92651

**Submitter :** Mr. Greg Williams  
**Organization :** Hands On Therapeutics  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dcar Sir or Madam:

I am a certified athletic trainer who works at Hands On Physical therapy in St. Louis providing rehabilitative services to a variety of patients. I have two masters degrecs and I am liscensed in the state of Missouri to provide these services.

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

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

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

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

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

Sincerely,

Greg Williams, MSS, ATC, CSCS

**Submitter :** Mr. Brad Floy  
**Organization :** University of Iowa  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dcar Sir or Madam:

I am a Certified Athletic Trainer and Certified Strength and Conditioning Coach for the University of Iowa Men's Basketball Program. I am licensed in the state of Iowa to practice Athletic Training. I earned BS and MSc degrees in Athletic Training/Exercise Science at the University of Iowa. I am also a PhD candidate in the Department of Integrative Physiology at the University of Iowa.

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

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Sincerely,

Brad Floy, MS, ATC, LAT, CSCS



**Submitter :** Mrs. Gayle Olson  
**Organization :** Newton-Wellesley Hospital  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am very upset that as Certified Athletic Trainer with almost 30 years of experience in a variety of settings, that I must continue to fight the battle for my profession! This legislation could eliminate ATC's from hospital and other settings due to CMS rule changes. That is ridiculous! ALL ATC's have a Bachelor's degree and most their Masters degree! Why are we relegated to duties of an aide when it comes to these settings? And now we are to be eliminated? That is just plain foolish. ATC's are some of the best prepared individuals to deal with people who wish to return to an active lifestyle, whether that be to return to athletics or just to be able to walk around the block.

If I read the Constitution of our country correctly, we all are to be able to be FREE to work as we chose and should not be denied access to various populations yet this continues over and over in my lifetime as an Athletic Trainer! This needs to stop! PLEASE do not pass this bill in its current format!

**Submitter :** L C Pyzik  
**Organization :** L C Pyzik  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

We optinuc to be restricted in providing reasonable care to our patients and other providers are unrestricted. Xrays are common procedures that we employ at time (much less and at a lower cost than other health care providers) - how about limiting them from so many MRI/CT scans and other procedres that they overutilize!!!!

**Submitter :** Mrs. Andrea Lalvani  
**Organization :** Mrs. Andrea Lalvani  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Andrea Lalvani  
1514 Caribbean Way  
Laguna Beach, Ca 92651

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**Payment For Procedures And  
Services Provided In ASCs**

**Payment For Procedures And Services Provided In ASCs**

I stongly urge the CMS to reverse the 15 year erosion of revenue that anesthesiologist have recieved from Medicare and to raise the fees it pays to anesthesia providers. The current fee schedule grossly undervalues anesthesia services. I agree with the belief that the ability to recruit anesthesiologists to areas with a larger population of elderly patients will become more difficult thus limiting access to anesthesia services. Again, I strongly urge the CMS to reverse the underfunding of Medicare payments to anesthesiologists and increase the fees for anesthesia services.

**Submitter :** Dr. Kelly Baird  
**Organization :** Dr. Kelly Baird  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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.

**Submitter :** Mrs. Christine Heller

**Date:** 08/27/2007

**Organization :** Mrs. Christine Heller

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Thank you for your consideration of this serious matter.

Sincerely,

Christine Heller  
7288 Lake Vale Drive  
Evansville, Indiana 47630

Submitter :

Date: 08/27/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

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

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**Submitter :**

**Date: 08/27/2007**

**Organization :** asa

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslic 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

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Thank you for your consideration of this serious matter.



**Submitter :** Dr. Martin Valente  
**Organization :** Lake County Anesthesiologists  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Mr. Artie McGuffin  
**Organization :** NovaCare Rehabilitation  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

Allow me to introduce myself. I am Artie McGuffin, a Certified Athletic Trainer. I have been certified since 1982. I worked as a teacher/athletic trainer in four different high school situations in two different states for approximately twenty-four years. For the last four years I have worked as an athletic trainer/aide for NovaCare Rehabilitation under physical therapists.

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

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

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

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

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

I am also concerned with the loss of employment, which would either return to full time teaching/athletic training which entails a 12 to 16 hour workday 5 days a week plus maybe 2 6 hour days on the weekend. Or, to just return to teaching and retire from athletic training, which would not be my preference at age 51.

Sincerely,  
Artie McGuffin, MEd.,ATC

**Submitter :** Mrs. Maya Lalvani  
**Organization :** Mrs. Maya Lalvani  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely,

Maya Lalvani  
1514 Caribbean Way  
Laguna Beach, Ca 92651

**Submitter :** Mrs. Cindy Dinkel  
**Organization :** Select Physical Therapy  
**Category :** Other Health Care Provider

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Please see attached document.

CMS-1385-P-8846-Attach-1.TXT

CMS-1385-P-8846-Attach-2.TXT

Dear Sir or Madam:

My name is Cindy Dinkel and I am a Certified Athletic Trainer (ATC) and high school teacher for Clark County School District in Las Vegas, Nevada. I have been an ATC for 12 years now and have been practicing as an ATC with the Clark County School District for three years. It has been an honor and a privilege to be involved with the students in our community in this capacity, however, I am concerned that if the proposed bill 1385-P is passed, my career and my future as an athletic trainer at the high school level will be jeopardized.

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

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

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital

medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Cindy Dinkel, ATC

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-8847-Attach-1.DOC

#8847

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. James McNeely  
**Organization :** Dr. James McNeely  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Lcslic V. Norwalk, Esq.  
Acting Administrator  
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Attention: CMS-1385-P  
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**Submitter :** Mr. Amar Lalvani  
**Organization :** Mr. Amar Lalvani  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

Sincerely,

Amar Lalvani  
53 Murray Street Loft #3  
NY NY 10007

**Submitter :** Mr. Michael Sommers  
**Organization :** Cape Cod Healthcare  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Background**

Background

I am a licensed and certified Athletic Trainer as well as a Physical Therapist Assistant

CMS-1385-P-8850-Attach-1.DOC

Dear Sir or Madam:

My Name is Michael Sommers, I am a Certified, Licensed Athletic Trainer, and a Licensed Physical Therapist Assistant. I hold both a Bachelors and Associates Degree. I have been providing high Quality Rehabilitation Services for 10 years now.

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

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

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

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

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

Sincerely,

Michael Sommers, LATC /PTA

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,  
Lisa Smith, AA-S

**Submitter :** Ms. Linda Zoller-McKibbin  
**Organization :** Alice Peck Day Hospital  
**Category :** Critical Access Hospital

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I currently work at Alice Peck Day Hospital in Lebanon, NH. We are a 14 bed Critical Access Hospital with a 50 bed extended care facility. We have been short staffed 2-3 physical therapist for 4 years. It is getting more difficult to meet the demands of our patients with this chronic staffing issue. I am an athletic trainer and a physical therapy assistant and use my athletic training skills with almost every patient that I treat. There are so many skills that overlap with both of my professions.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P. While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards. The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

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

Sincerely,

Linda Zoller-McKibbin ATC, PTA

**Submitter :** Dr. John Kelly  
**Organization :** Dr. John Kelly  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

John Kelly DO

**Submitter :** Mrs. Jeanne Olmstead  
**Organization :** Oregon Imaging Center  
**Category :** Other Technician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

The Physician Work RVU-CPT 77080 (DXA)  
The Direct Practice Expense RVU for 77080 (DXA)  
Indirect Practice Expense for DXA and VFA  
Deficit Reduction Act

Dear Mr. Weems:

I appreciate the opportunity to offer general comments on the proposed rule regarding changes to the Medicare physician fee schedule CMS-1385-P.

As a provider of DXA and/or VFA services, I request CMS to reevaluate the following:

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



**Submitter :** Dr. Alan Blinn  
**Organization :** Anaesthesia Associates of Massachusetts  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Alan Blinn, MD