Submitter : **Dr. Naixi Li** **Date: 08/28/2007**

Organization : **ASA, NYSSA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Mr. Dale Grooms** **Date: 08/28/2007**

Organization : **New Trier High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Dale F. Grooms, I am the Head of our High School Atheltic Training program, for New Trier High School.

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,

Dale F. Grooms, ATC

Submitter : Mr. Matt Gibbons **Date:** 08/28/2007

Organization : Mr. Matt Gibbons

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a state licensed and nationally certified athletic trainer that works in the healthcare field in North Carolina since 1994.

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,
Matt Gibbons, LAT, ATC, CSCS

Submitter : **Joanna Schneider** **Date: 08/28/2007**

Organization : **Steadman-Hawkins Clinic**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Joanna Schneider and I am Certified 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. 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,

Joanna Schneider, MS,ATC

Submitter : **Dr. Lucas Terranova** **Date: 08/28/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018
Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)
Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter

Submitter : **Dr. J. Stephen Pinson** **Date: 08/28/2007**

Organization : **Dr. J. Stephen Pinson**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding

Dear Ms. Norwalk:

Please support the proposal to increase anesthesia payments under the proposed 2008 Physician Fee Schedule.

Medicare payment under the RBRVS system undervalues anesthesia services to the point that it does not cover the cost of caring for our nation s seniors. This is leading to failure to care for Medicare patients.

I support full implementation of the Federal Register's recommended anesthesia conversion factor increase for Medicare anesthesia services and I hope you do too.

Thank you.

J. Stephen Pinson, M.D.

Submitter : **Dr. Kashif Abdul-Rahman** **Date: 08/28/2007**

Organization : **Madison Anesthesia; American Soc Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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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 : **Date: 08/28/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Peter DeBalli** **Date: 08/28/2007**

Organization : **Parrish Medical Center, Titusville, Florida**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Isidra Veve** **Date: 08/28/2007**

Organization : **Southlake Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Terri W Blackburn** **Date: 08/28/2007**

Organization : **Dr. Terri W Blackburn**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.
Terri W. Blackburn, MD

Submitter : **Dan Schultz** **Date: 08/28/2007**

Organization : **Advanced Health**

Category : **Other Health Care Professional**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Dear Sir or Madam:

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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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,

Dan Schultz MBA,ATC,CSCS,PES

Submitter : **Dr. John Vu** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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

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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: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Physician Self Referral Issues

Mr Kerry Weems,
I have been a praticing Physcial Therapist since 1985 in the Denver- Metro area primarily in the out patient orthopedic settting.

I wish to make a comment regarding the the July 12 proposed 2008 physician fee schedule rule, specifically the issue surrounding physicain self-referral and the "in- office ancillary services" exception.
I am requesting that you strongly consider the removal of the
physician-owned physical therapy services under the in-office ancillary exception.

The Stark law was to prevent such possibly abusive situations
due overuse and referral for profit.

I have heard from patient's that they were directed to a specific MD
owned PT's without any other choices which may have been closer to home or of a different quality of practice.

It also affects the business of private practice Physical Therapist's
by directing a captive audience to follow the MD's directions with out considering other options and continue to improve profits for the MD's

Several MD's have told me that reimbursement is getting worse and that they are exploring all avenues in order to increase their profits. This refer for profit situaion has severely hurt my ablity to see pt's and provide care them care in a lever plyaing field environment.
This situation is not good for patients,medicare,physcial therapists and healthcare overall.

Thank you for you consideration.

I am fearful of singing my name for possible repercussions and blackballing of my practice by other MDs

Submitter : **Mr. Ben Batchelder** **Date: 08/28/2007**

Organization : **Sacred Heart University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Ben Batchelder, and I m an athletic trainer at Sacred Heart University in Fairfield, CT. I have a master s degree from Ohio University, and am licensed by the state of Connecticut to practice as an 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.

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,

Benson C. Batchelder, MS, ATC, LAT

Submitter : **Dr. John Brumfield** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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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. Enoch Brown** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : **Mr. Jason Jenkins** **Date: 08/28/2007**

Organization : **Vernon College**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

August 28, 2007

Dear Sir or Madam:

My name is Jason M. Jenkins. I am a certified and licensed athletic trainer in the state of Texas. I currently am employed at Vernon College in Vernon, TX. I have served as an athletic trainer for the past 13 years and have worked in a variety of settings, one of which is that as a clinical/hospital 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,

Jason M. Jenkins, M.S.E., ATC, LAT

CMS-1385-P-9576-Attach-1.DOC

#9576

September 10, 2007

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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.

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Sincerely,

Jason M. Jenkins, M.S.E., ATC, LAT

Submitter : **Dr. Todor Alexandrov** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Mr. Brandon Sawyer** **Date: 08/28/2007**

Organization : **Point Loma Nazarene University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Brandon Sawyer. I am a certified athletic trainer. I am currently employed by Point Loma Nazarene University in San Diego, CA. I am the director of the sports medicine clinic here and an assistant professor. I have been a proud member of the National Athletic Trainers Association since 2001 and I have been practicing as a certified athletic trainer since 2003.

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,

Brandon Sawyer, M.Ed., ATC

Submitter : **Dr. Sundeep Malik** **Date: 08/28/2007**

Organization : **Swedish Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

Sundeep Malik, MD

Submitter : **Mr. Tom Rostami** **Date: 08/28/2007**

Organization : **San Diego Firefighters Regional Wellness Program**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Tom Rostami and I am a Certified Athletic Trainer. I work at the San Diego Firefighters Regional Wellness Program providing medical care to our local Firefighters in San Diego County. We provide everything from exercise perscription, health information and education, and injury rehabilitation.

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.

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Sincerely,

Tom Rostami, MA, ATC, CSCS

Submitter : **Mr. Anthony Gambill** **Date: 08/28/2007**

Organization : **Fort Wayne Orthopaedics**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer in Fort Wayne, Indiana and work at the University of St. Francis.

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,

Anthony W. Gambill, ATC, CSCS

Submitter : **Jeremy Ford** **Date: 08/28/2007**

Organization : **Summa Health System**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Jeremy Ford and I am a certified and licensed athletic trainer in the state of Ohio. Currently, I am employed by Summa Health Systems/St. Thomas Hospital and work in rehabilitation, Physician's offices and with a local high school.

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,

Jeremy Ford, AT, LAT
Physician Extender Summa Center for Corporate Health
Athletic Trainer Summa Center for Sports Health
fordj@summa-health.org
(330) 379-9488

Submitter : **Mr. Eric Bortmas** **Date: 08/28/2007**

Organization : **SportsMedicine GRANT & Orthopaedic Associates**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Eric Bortmas and I am a certified athletic trainer for Licking Heights High School in Pataskala, Ohio, a Far East suburb of Columbus. I am responsible for the healthcare services of approximately 300 athletes in grades 7-12 and with our exponential growth that number will only increase in the next few years. As a graduate of Mount Union College (1998) with a master's degree from Ohio University (2000), I feel that my education allows me the capability to provide quality rehabilitation services to my athletes. I am currently beginning my tenth year as a national-certified and state-licensed athletic trainer, a range of experience that allows me to know and understand what works for my athletes with regard to rehabilitation.

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,

Eric D. Bortmas MS, ATC, LAT, CSCS

Submitter : Dr. Mark Symns **Date:** 08/28/2007

Organization : Kansas University Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Dr. Mark Symns
Kansas University Medical Center

Submitter : **Mr. Brian Davis** **Date: 08/28/2007**

Organization : **Albany Orthopedic Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Brian Davis. I am a certified athletic trainer that works in an orthopedic clinic that covers local high schools. I received my education from Valdosta State University with a BS in Athletic Training and also a teaching certificate in Health and Physical Education. I am also licensed to practice athletic training in the state of Georgia.

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,
Brian D Davis, ATC, LAT

Submitter : **Mr. Dustin Luepker** **Date: 08/28/2007**

Organization : **Professional Baseball**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Dustin Luepker, and I am an athletic trainer in a professional baseball organization. I have a Bachelor s of Science, Master's Degree in Exercise Science, and I am certified by the National Athletic Trainers Association. I only work with professional athletes, but I feel this proposed rule change will impact my profession.

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,

Dustin Luepker M.ED, ATC

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Physician owned practices are more and more prevelent and make it impossible for privately owned practitioners to compete. I have had physicians look me in the face and say, 'Why would I refer patients to you when I have my own therapy and will make money from referring there?' No matter how hard I work to provide excellent service, I still can't get the referral which is required by 90% of the insurance companies in my state. Where is the incentive to become a better pratitioner, when this is not what motivates the physician to refer? All I ask is that I can compete with my colleagues on a level playing field. Isn't this what free enterprise and the American way is all about? Whether physicians own all or less than half of a PT practice, there is still financial incentive for them to refer to an entity that they will profit from.

I know physicians who are starting up MRI businesses simply to recapture revenue that they know they will lose from their orthopedic practices over the next 10 years. It makes sense that they will use physical therapy ownership for the same purpose and likely already are.

I had a therapist that once worked for me in an outpatient private practice setting, who left to work for a physician owned practice simply because he did not want to have to work so hard to get referrals. In talking with him now, he has accomplished his goal as he does not do any marketing to get patients as that group of physicians refers everything to their own therapy clinic. I have even had patients that live in the town I work in, who are told to drive 20-30 miles to go in to their clinic, 2-3 times per week. How is this good for the patient?

It seems obvious to me that allowing physical therapy services to take place in a physician's office where they own the practice and pratitioners is unethical or at least opens the door for those who are unethical. I was taught in PT school that the laws were written to protect those who are least capable of protecting themselves and to protect the public from those who have opportunity to do the most harm. This certainly seems like an opportunity to protect the public from inadequate healthcare, from fraud and overuse of medical services and to protect private practice owners from unfair competition.

Please act on our behalf to protect the public by changing the Stark legislation to eliminate the loopholes that allow physician owned physical therapy practices.

Thank you.

Submitter : **Dr. Bret Shipley** **Date: 08/28/2007**

Organization : **Dr. Bret Shipley**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter

Submitter : **Ronald Shepherd** **Date: 08/28/2007**

Organization : **Ronald Shepherd**

Category : **Physician**

Issue Areas/Comments

Technical Corrections

Technical Corrections

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

Re: TECHNICAL CORRECTIONS

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

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

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

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

Sincerely,

Dr. Ronald G Shepherd

Submitter : Dr. Matthew Kutz **Date:** 08/28/2007

Organization : Texas State University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am Dr. Matthew Kutz and am also a Certified Athletic Trainer and have been for 15 years.

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

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,

Matthew R. Kutz, Ph.D., ATC, LAT, CSCS

CMS-1385-P-9591

Submitter : **Mr. Leander Walker** **Date: 08/28/2007**

Organization : **Yukon Public Schools**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Leander Walker. I am a high school teacher and Head Athletic Trainer in my home state of Oklahoma. I am a recent graduate of Southwestern Oklahoma State University.

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

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,

W. Leander Walker, ATC

Submitter : Dr. jimmy wu **Date:** 08/28/2007

Organization : Dr. jimmy wu

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 physician fee schedule. Current medicare payment simply does not cover our cost to do anesthesia. Thank you for the consideration.

Submitter : **Dr. Joe Lin** **Date: 08/28/2007**

Organization : **Joe C Lin MD PA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

Submitter : **Mr. Xristos Gaglias** **Date: 08/28/2007**

Organization : **Stony Brook University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Xristos Gaglias. I have worked both clinically and taught in the Athletic Training profession for the last eighteen years.

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

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 restriet 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,

Xristos K. Gaglias, MA, ATC
Curriculum Director/Assistant Professor
Athletic Training Education Program
School of Health Technology & Management
Stony Brook University
Stony Brook, NY 11794-3500
(631) 632-7255 - Office
(631) 632-7210- Fax

'One mark of genuine learning is the ability to live comfortably, and intelligently, with the fact that we can't possibly know all there is in the world. Learning is not without risk, there is always more to be learned. But it is a glorious risk. The only time the risk becomes fierce and unacceptable is when one seeks to avert it.' -Norman Cousins

Submitter : Dr. Jeffrey Uppington **Date:** 08/28/2007

Organization : UC Davis Medical Center

Category : Critical Access Hospital

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. Cecilia Nashatizadeh** **Date: 08/28/2007**

Organization : **University of Kansas**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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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.

Dr. Cecilia R. Nashatizadeh, MD

CMS-1385-P-9597

Submitter : Dr. Daniel Janik **Date:** 08/28/2007

Organization : University of Colorado at Denver and Health Scienc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

I also feel it important to note the need for reform of the Anesthesiology Teaching Rule which penalizes anesthesiologists in academic institutions thereby jeapordizing the future of anesthesia care in this country. It is hard to believe that CMS has selected a single specialty for treatment in this manner and exempted all others.

Thank you for your consideration of these serious matters.

Submitter : Dr. Dale Fluegel **Date:** 08/28/2007

Organization : Dr. Dale Fluegel

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

To reject reembursement for chiropractic x-ray orders via secondary physician signiture is a disservice to the senior population. It leaves them at a disadvantage for chiropractic care financially as well as for personal health risk. Patients of chiropractic should have and need to have equal coverage for x-rays ordered by all health care providers. I see no restrictions on PA's or nurse practitioners, or medical physicians orders for x-ray. Chiropractic doctors also need this information especially for the fact that they do manipulation of the osseous structures unlike the other primary providers. Chiropractors need to be able to order and have coverage for our senior population to rule out and evaluate the same conditions that all primary providers are concerned with and not just for evaluation of subluxation. Its time that everyone wakes up to the fact that chiropractic is a primary portal for health care in this country and needs the same privilages for their patients to assure optimal safe care that every patient should have the right to have, every provider should be allowed to give and have coverage for. Don't disadvantage our seniors.

Submitter : Dr. Christopher Mart **Date:** 08/28/2007

Organization : University of Utah

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear CMS:

I am writing regarding the proposed change to eliminate CPT 93325 (Doppler Color Flow Mapping) and bundle this code into other echocardiography CPT codes. As a cardiac specialist caring for patients with congenital heart disease, this is of particular concern to me for a number of reasons.

I do not believe the appropriate process has been followed with respect to this proposed change. After significant interaction and research between the Relative Value Scale Update Committee (RUC) and the appropriate specialty societies (ACC and ASE), the CPT editorial panel has recommended that a new code be established that would bundle the 93325 with the 93307 to be implemented on January 1, 2009. The RUC is scheduled to evaluate the recommended relevant work and practice expense for the new code at its upcoming meeting. The CPT editorial panel did not recommend that other echo codes be bundled as well with the 93325. Because the actions of CMS are contrary to the normal process for such changes and the resultant compressed timeframe, the specialty societies have not been able to effectively work with their membership to evaluate the proposed change in a reasoned, methodical manner (something that is in the interests of all parties).

Importantly, there is no proposed change to the RVUs of the codes with which 93325 will be bundled. The proposal would simply eliminate reimbursement for CPT 93325, yet the amount of work performed and time spent by the physician for this service will remain the same.

Color Doppler is typically performed in conjunction with 2D echo to define structural and dynamic abnormalities as a clue to flow aberrations and to provide internal anatomic landmarks necessary for positioning the Doppler cursor to record cardiovascular blood flow velocities. The performance of echo in patients with congenital anomalies is unique in that it is frequently necessary to use color Doppler (93325) for diagnostic purposes and it forms the basis for subsequent clinical management decisions. CPT Assistant in 1997 references the uniqueness of the 93325 code for the pediatric population stating that color Doppler is "& even more critical in the neonatal period when rapid changes in pressure in the pulmonary circuit can cause significant blood flow changes, reversals of fetal shunts and delayed adaptation to neonatal life." There are many other complex anatomic and physiologic issues that we as cardiac specialists face on a daily basis when performing echos on patients with complex heart disease. Color Doppler imaging is a critically important part of many of these studies, requiring additional time and expertise from both the sonographer and the cardiologist interpreting the study. Bundling 93325 with other echo codes does not take into account this additional time, effort, and expertise. I am concerned that this change would adversely impact access to care for cardiology patients with congenital cardiac malformations. Programs caring for this select patient population do so not only for those with the resources to afford private insurance, but also, to a large extent, to patients covered by Medicaid or with no coverage at all. Because a key impact of this change will be to reduce reimbursement for congenital cardiac services across all payor groups, the resources available today that allow us to support programs that provide this much-needed care to our patients will not be sufficient to continue to do so should the proposed bundling of 93325 with other echo codes be implemented.

I strongly urge CMS to withdraw the proposed change with respect to bundling 93325 with other cardiology echo codes until such time as an appropriate review of all related issues can be performed, working within the prescribed process and timeframe, in order to achieve the most appropriate solution.

Sincerely,

Christopher R. Mart, M.D.

Submitter : **Dr. Anthony Edelman** **Date: 08/28/2007**

Organization : **Dr. Anthony Edelman**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Jeffrey Hamilton, M.D. **Date:** 08/28/2007

Organization : Anesthesiology Services Network, Ltd.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie Norwalk, Esq.
Acting Administrator
Center for Medicare and Medicaid Services
Attention: CMS-1385-p
P.O. Box 8018
Baltimore, Maryland 21244-8018

I am writing to express my support for the increase in the anesthesia payment schedule. For years, anesthesia services have been undervalued by CMS. Your proposed increase is certainly a step in the right direction to rectify this ongoing oversight. This measure will work to provide proper incentive for practitioners to be involved in providing services to CMS beneficiaries. As the population continues to age and require more services it is very important that CMS reviews and modifies payment schedules further guaranteeing access to care for America's CMS beneficiaries.

Thank You,

Jeffrey L. Hamilton, M.D.

CMS-1385-P-9602

Submitter : chris ryen **Date:** 08/28/2007

Organization : american society of anethesiologists

Category : Government

Issue Areas/Comments

GENERAL

GENERAL

This is a very important increase that needs to be made for anesthesiologists. Medicare has struggled in the past and now is the time for it to pull through and support those physicians that are such a vital part of the healthcare system.

Submitter : **Mr. Roland Schmidt** **Date: 08/28/2007**

Organization : **Bellin Health Sports Medicine**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Roland Schmidt. I am a Certified and Licensed Athletic Trainer in the state of Wisconsin. I am certified nationally through the NATA Board of Certification and licensed as a medical professional in this state. I am very active in our health care organization. I serve as an outreach athletic trainer to two rural communities in Northeast Wisconsin as well as work side by side with our physicians as a physician extender in our clinics. I am a highly qualified medical professional who is capable of performing injury assessments, providing injury prevention, as well as performing physical medicine and rehabilitation services to those that are injured. I have been trained and educated, and must maintain continuing education, in each of these areas.

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,
Roland J. Schmidt LAT, ATC

Submitter : **Miss. Katie Topmiller** **Date: 08/28/2007**

Organization : **NovaCare Rehabilitation**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a certified athletic trainer that is employed at a physical therapy company and am also contracted out to a high school for the health care of their student athletes. I obtained a Bachelor's of Science in Education from the University of Cincinnati, passed the required NATA-BOC cerification examination, and state liscensure in order to practice athletic training. I also renew my certification and liscensure every year by attending continuing education.

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

Submitter : **Milo Sini** **Date: 08/28/2007**

Organization : **Select Physical Therapy/HW High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am currently employed by a Physcial Therapy Clinic and a secondary High School. With a team of experts and MDs I help in providing optimal healthcare and supervision of rehbilitative services to medicare, worker's compensation, general population and student-athletes. For those of you not familiar with our practices and profession, due to lack of subjective knowledge on your part, the benefits that we provide in to the global healtcare system is plus. It would seem to me that providing top quality care to the injured and recovering would be the government's goal and not impeding quality care!

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,

Milo Sini ATC; PTA; CSCS

Impact

Impact

Dear Sir or Madam:

I am an Athletic Trainer that works both in a Physical Therapy Clinic that provides Medicare care and the High School setting where I am part of a sports medicine team providing care to student-athletes.

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

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

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,

Milo Sini, ATC; PTA; CSCS

Submitter : Mr. Brett Smith **Date:** 08/28/2007

Organization : York Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

My name is Brett Smith and I practice Physical Therapy and Athletic Training in York, NE. I am a licensed Physical Therapist and Athletic Trainer in NE. I have taught at three different colleges in the area of athletic training and also serve as a clinical instructor for Physical Therapy students. I am writing to support the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P. There is a significant difference in the extent of didactic and clinical requirements between a licensed Physical Therapist and a licensed Athletic Trainer. Being licensed in both areas and having worked with many students from both professions, I believe I can accurately speak regarding the educational requirements, clinical training, skills and the overall ability to safely and effectively assess and treat the public at large. Although, I believe, athletic training has an important role in the area of sports medicine with working in the training room of schools and athletic field environments they do not possess the educational backround and training to work in other situations. It is misleading and a disservice to the public when they are receiving "rehabiltation services" from an unqualified individual. The public at large has no idea of the educational or clinical backround required for these professions. One of the reasons that the athletic training profession is trying to argue these therapy standards and requirements be withdrawn is that "this would create additional lack of access to quality health care." The fact remains that the athletic training profession doesn't possess the educational standards and requirements to provide these services. Even if there were a shortage which in my opinion there isn't, you don't allow someone unqualified to provide a service. If a hospital needed a surgeon because they couldn't fill a position does that mean I should be able to do surgery because I have a general idea of what should be done? I practice in a rural setting where one might think that there could be a "potential lack of access" for the public which is NOT true and the availabilty for services is even more abundant in the urban setting. I would think that it's the responsibility of the CMS is to ensure the safey of individuals, protect the public and make sure duly qualified individuals are providing appropriate services. The lack of access and workforce shortage is NOT a problem but having unqualified individuals provide services certainly would be a problem. I ask you to proceed with the proposed changes related to hospitals, rural clinics and any Medicare Part A or B hospital of rehabilitation facility in 1385-P. Sincerely, Brett I. Smith, M.S., P.T., A.T.C.

Submitter : Mr. William Keller **Date:** 08/28/2007

Organization : Ochsner

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9607-Attach-1.DOC

9607

Dear Sir or Madam:

My name is William J. Keller and I am an ATC (Athletic Trainer - Certified). I work for the Sports Medicine Department at Ochsner Medical Center in New Orleans, Louisiana. The Sports Medicine Department currently employ's 25 ATC's that over see's 35 high schools and middle schools that have athletics, 6 colleges that have athletics and 4 professional teams. Although I do not know the exact number of athletes that we cover, I would be comfortable stating that we provide professional health care services to tens of thousands of athletes in the New Orleans metro area. With the athletes that I over see at the college and high school level I make sure that they get the proper health care that they need for the injury that they have. I also make sure that my athletes understand the importance of eating healthy and taking care of their bodies. As an ATC, I am a graduate of a college institution that has been credited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) which allows me to take the National Athletic Trainers' Association Board of Certification Examination (BOC). CAAHEP and BOC insure that as an ATC, I have the knowledge and skills to perform the duties of an athletic trainer. I am also a Licensed Athletic Trainer in the state of Louisiana.

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,

William J. Keller ATC, LAT

Submitter : **Ms. Mary Donahue** **Date: 08/28/2007**

Organization : **Henry ford Hospital and Health Care Network**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

August 28, 2007

Dear Sir or Madam:

I am a certified Athletic Trainer and licensed Physical Therapist in the state of Michigan. I have been working in a large hospital based out-patient physical therapy clinic for the past 17 years. I am also the supervisor of the 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,

Mary L Donahue, MEd, ATC, PT
Henry Ford Hospital and Health Care Network
Center for Athletic Medicine Rehabilitation Services
6525 Second Ave
Detroit, MI 48202
Mdonahu1@hfhs.org

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

As a physical therapist, I have seen from physicians who now own their own therapy clinics how their referral process has changed. I used to see PT 3x/week for 4 weeks on their referrals. Now I have had patients come to my clinic who were referred to the physician owned clinic having scripts 5x/week for the same diagnosis and the patient has even had a script to see on OT for the same problem.
Physicians have also stopped patients from coming to my clinic, even though the patients were improving, and basically forced them to attend their clinic. I have also had physicians refuse to sign a prescription for patients to come to my clinic if the MD had his own clinic. On one occasion, the insurance company authorized me to go through the primary care MD to get the referral signed even though the primary MD was no the referring MD. I have also had patients attempt to come to my clinic after being seen in an MD PT clinic that ran out the patients benefits, even though the patient did not make any significant change in status after months of therapy.
Therefore, I feel that in office physical therapy should be removed from an in house ancillary service in the MD offices.

Submitter : **Mr. Paul Newman** **Date: 08/28/2007**

Organization : **Athletes in Action**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer with 23 years of experience in my field. I have 21 years of experience working full-time in the college athletic setting providing health care to NCAA Division One student-athletes. I was blessed to represent my country as part of the United States sports medicine team at the 1994 Lillehammer Winter Olympics and volunteered at the 1996 Atlanta Summer Olympics as a host Athletic Trainer. I graduated from the University of Florida and I have a Masters Degree in Exercise Science from Louisiana State University.

Currently, I am working to assist other countries in the design and education of their sports medicine programs for their physically active population. I have traveled through sports to over 17 countries during my career and have been blessed to have exchanged ideas and knowledge with colleagues in many of these countries and lectured in some on the subject of sports medicine and healthcare for a physically active population. In every instance I have sought to promote the cooperative effort of different health care professionals as being the key to a proper system of medicine for the physically active population. It is imperative that the patient have access to a variety of opinions and skilled professionals in order to make informed health care decisions. We have a health care system that is not perfect but is well respected throughout the world. Yet, today I am troubled because I believe that these proposed changes will have a detrimental effect on healthcare to the active population in the United States.

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,

Paul Newman, MS, ATC
Mobile, AL

Submitter : Mr. James Scates **Date:** 08/28/2007

Organization : Campbell Clinic Physical Therapy

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is James Scates. I am the Sports Medicine Outreach Coordinator with Campbell Clinic Sports Medicine within the Physical Therapy department. We currently provide certified athletic trainers to area high schools and also perform rehabilitation services within the clinic. Our education level ranges from BS to MS degrees and maintain a national certification with NATA.

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,

James C. Scates, ATC/LAT

Submitter : **Miss. Victoria Manis** **Date: 08/28/2007**

Organization : **Wesley College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello, my name is Victoria Manis and I am an Athletic Training Graduate Assistant at Wesley College in Dover, DE. I received my Bachelors in Athletic Training in 2006 from Marshall University, am working on a Masters in Business Administration at Wesley College, and am a Certified 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,

Victoria Manis, ATC

Submitter : **William Blackshear** **Date: 08/28/2007**

Organization : **William Blackshear**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Ms. Kristi Weidner-Rawlings** **Date: 08/28/2007**

Organization : **Crawford Memorial Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Kristi Weidner-Rawlings MS, ATC. I have worked as a Certified Athletic Trainer for the past six years. I currently work for a rural hospital providing medical coverage for three high school and lead geriatric exercise programs.

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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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,

Kristi Weidner-Rawlings,MS,ATC

Submitter : Dr. Scott Brinkmeyer **Date:** 08/28/2007

Organization : Western Pennsylvania Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9621-Attach-1.DOC

#9621

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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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.

Scott D. Brinkmeyer, D.O.
Pittsburgh, PA

Submitter : **Dr. John Dooley** **Date: 08/28/2007**

Organization : **Anesthesia & Pain Consultants, P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

August 28, 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
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Thank you for your consideration of this serious matter.

Sincerely,

John B. Dooley, M.D.

Submitter : **Mr. Christopher Fedor** **Date: 08/28/2007**

Organization : **Mr. Christopher Fedor**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

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,

Christopher Fedor, M.Ed., ATC, LAT

Submitter : **Dr. Jacinto Marquez** **Date: 08/28/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Mr. Naoto Horiguchi **Date:** 08/28/2007

Organization : Mendocino College

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My Name is Naoto Horiguchi. I am a full time athlete tic trainer and part time instructor at Mendocino College in California.
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,

Naoto Horiguchi, ATC

Submitter : **Dr. Paul Goehner** **Date: 08/28/2007**

Organization : **Dr. Paul Goehner**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Thank you for your consideration of this serious matter.

Paul Goehner, M.D.

Submitter : **Mrs. Catherine Jacobsen** **Date: 08/28/2007**

Organization : **Mrs. Catherine Jacobsen**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a certified athletic trainer currently working at a California High School. I have a master s degree in sports healthcare, have been certified since 1995 and teach CPR and First Aid. I have on a number of occasions worked in hospital outpatient therapy clinics and find it very appalling that the CMS has deemed that I am no longer qualified especially when you consider the lack of clinical or financial justification.

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,
Catherine Jacobsen, MS, ATC

Submitter : Mr. Tommy Spinks **Date:** 08/28/2007

Organization : Toccoa Clinic

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir/Madam:
I am a certified athletic trainer that has been performing rehabilitation to people of all ages for 18 years.

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

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,

Submitter : **Mr. Michael Seger** **Date: 08/28/2007**

Organization : **Grandville High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Michael Seger and I am currently a full-time athletic trainer for Grandville Public High School. I hold a BS degree from Alma College, Licensed as an EMT-B,and an ACI for GVSU.

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,

Michael A Seger,BS,EMT-B,ATC,ACI

Submitter : Dr. Andrew Schafer **Date:** 08/28/2007

Organization : American Society of Hematology

Category : Health Care Provider/Association

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

In this proposed rule, CMS announces that the Five-Year Review Work Adjuster will increase from -10.1% to -11.8%. ASH recommends that CMS eliminate the work adjuster. While cognizant of the legal requirement to adjust for budget neutrality when changes in relative values cause projected expenditures to change by more than $20 million, the Society believes that adjustments for budget neutrality should be applied to the conversion factor rather than to all work relative values.

Factors in favor of eliminating the work adjuster include:
1. It would minimize confusion on the part of other payers whose payments are based on the Medicare Relative Value Scale.
2. It would make the fee schedule more transparent and understandable to physicians and members of the public.
3. It would mitigate adverse impact on the values for evaluation and management services. The increases in the work values for E/M services achieved through the 3rd five year review were substantially diluted by the reduction in work values for 2007 and by the further reduction proposed for 2008.
4. It would be more consistent with the manner in which budget neutrality has been maintained throughout most of the history of the physician fee schedule.

For all of these reasons, and considering that the budgetary impact is identical, ASH strongly recommends that CMS eliminate the separate work adjustment and provide for budget neutrality by adjusting the conversion factor.

Coding-- Payment For IVIG Add-On Code

Coding-- Payment For IVIG Add-On Code

ASH applauds CMS' decision to continue the additional payment for the administration of Intravenous Immune Globulin (IVIG). This decision applies to 2008 only. Based on informal reports from our members, we understand that users of IVIG are still experiencing difficulties in obtaining the appropriate product at the allowed payment rates. Even though the addition of the add-on payment does not make the reimbursement for IVIG whole, ASH requests that CMS continue this payment in years after 2008 until there is hard evidence that the marketplace is more stable than is currently the case.

Drug Compendia

Drug Compendia

ASH continues to support the use of designated compendia in determining the acceptability of off-label uses of drugs in anti-cancer chemotherapy. However the Society believes that local carriers should retain the flexibility to approve such off-label uses of drugs whether or not they are listed in an approved compendium. As is noted in the rule, hematologists and medical oncologists do not rely solely on published compendia in determining drug treatment but may also use published guidelines, clinical trial protocols and, on occasion, consultation with peers. This should be done only when medically necessary, i.e. when a malignancy is resistant to standard treatment or when a particular drug protocol is not appropriate for a particular patient and there is reason to believe that the off-label drug is more likely to be efficacious or better tolerated.

TRHCA--Section 101(d): PAQI

TRHCA--Section 101(d): PAQI

ASH is understandably concerned about the potential 9.9 percent reduction in the conversion factor for 2008 that results from the impact of the Sustainable Growth Rate (SGR) system. While the Congress may intervene to enact a positive update for 2008, the law authorizes CMS to use the $1.35 billion from the Physician Assistance and Quality Initiative (PAQI) Fund to lessen the reduction in the conversion factor if the Congress does not intervene. Thus far CMS plans to use those funds for incentive payments under the Physician Quality Reporting Initiative (PQRI) for 2008 services.

ASH remains an active supporter of the PQRI program. Quality indicators developed by ASH were among the initial menu of PQRI indicators published by CMS in January 2007 and will also be included in the 2008 program. However, in the event that legislative relief on the conversion factor reduction is not forthcoming, ASH urges CMS to redirect the PAQI funds toward lessening the draconian impact of SGR on payment for all physicians instead of using them for bonus payments to a minority of physicians.

TRHCA-Section 110: Anemia Quality Indicators

TRHCA-Section 110: Anemia Quality Indicators

ASH will continue to work with CMS on developing evidence-based standards for the use of erythropoiesis stimulating agents (ESAs) for management of anemia related to cancer treatment. The Society has recommended needed improvements to the recent National Coverage Decision (NCD) that we trust will be given due consideration. Among the concerns expressed to CMS is the potential impact of the NCD on the need for red blood cell transfusion in chemotherapy patients. ASH hopes to collaborate with CMS in collecting claims-based data in order to analyze this and other related issues. ASH understands the NCD requires the reporting of anemia quality indicators in 2008 when claiming payment for ESAs although the precise form of the reporting is left to the discretion of CMS. We

urge CMS to closely consult ASH and other interested parties concerned with the treatment of cancer patients to assure that the reporting requirement for physicians does not become burdensome. ASH further hopes that CMS will agree to eliminate the requirement for routine reporting of hemoglobin levels over time and consider exploring alternatives for assuring compliance with the NCD. These might include sample reporting or reporting only by physicians whose utilization of ESAs identifies them as potential outliers compared to their peers. Another option could be the promulgation of quality indicators for the use of ESAs in cancer treatment that could be used to improve compliance with the NCD through the PQRI process.

CMS-1385-P-9630-Attach-1.PDF

9630

THE AMERICAN SOCIETY OF HEMATOLOGY
1900 M Street, NW, Suite 200, Washington, DC 20036 ph 202.776.0544 fax 202.776.0545 e-mail ASH@hematology.org

August 28, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-1850

RE: Medicare Program; Revisions to Payment Policies Under the Physician Fee schedule for CY 2008, and Other Part B Payment Policies for CY 2008; CMS-1385-P

Dear Sir or Madam:

The American Society of Hematology (ASH) appreciates the opportunity to comment on the proposed physician fee schedule changes for 2008. ASH represents approximately 11,000 hematologists in the United States who are committed to the care and treatment of patients with blood-related disorders. Society members include hematologists and hematologist/oncologists who frequently render services to Medicare beneficiaries under the physician fee schedule. ASH would like to offer some general comments and some comments on issues that specifically impact hematologists:

Coding—Additional Codes from 5-Year Review--Work Adjustor

In this proposed rule, CMS announces that the Five-Year Review Work Adjuster will increase from -10.1% to -11.8%. ASH recommends that CMS eliminate the work adjuster. While cognizant of the legal requirement to adjust for budget neutrality when changes in relative values cause projected expenditures to change by more than $20 million, the Society believes that adjustments for budget neutrality should be applied to the conversion factor rather than to all work relative values.

Factors in favor of eliminating the work adjuster include:

1. It would minimize confusion on the part of other payers whose payments are based on the Medicare Relative Value Scale.
2. It would make the fee schedule more transparent and understandable to physicians and members of the public.
3. It would mitigate adverse impact on the values for evaluation and management services. The increases in the work values for E/M services achieved through the 3rd five year review were substantially diluted by the reduction in work values for 2007 and by the further reduction proposed for 2008.
4. It would be more consistent with the manner in which budget neutrality has been maintained throughout most of the history of the physician fee schedule.

For all of these reasons, and considering that the budgetary impact is identical, ASH strongly recommends that CMS eliminate the separate work adjustment and provide for budget neutrality by adjusting the conversion factor.

are listed in an approved compendium. As is noted in the rule, hematologists and medical oncologists do not rely solely on published compendia in determining drug treatment but may also use published guidelines, clinical trial protocols and, on occasion, consultation with peers. This should be done only when medically necessary, i.e. when a malignancy is resistant to standard treatment or when a particular drug protocol is not appropriate for a particular patient and there is reason to believe that the off-label drug is more likely to be efficacious or better tolerated.

Thank you for the opportunity to offer these comments. If ASH can provide any further information, please contact Carol Schwartz, ASH Senior Manager, Policy & Practice, at cschwartz@hematology.org or 202-292-0258.

Sincerely,

Andrew Schafer

Andrew I. Schafer, MD
President

Submitter : Mr. Ryan Yolitz **Date:** 08/28/2007

Organization : Advanced PT of Fayette

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am writing urging CMS to close the Stark Referral for Profit Loopole. I am a physical therapist in private practice who has experienced first hand the loss of physican referrals due to physicans self referring patients to their own clinics. I have had numerous former patients seek my services for treatment of a separate injury who were told to go to the doctor's PT clinic but not told they had an option to attend therpy at a provider of their own choosing. In some cases, patient's have told me that they were told they had to attend the doctor's clinic. In my experience, very few Medicare patients realize they have a choice.
The OIG study of the medical necessity of "PT" provided in doctor's offices should be enough evidence that this loopole needs to be closed. The taxpayers and Medicare patients deserve better.

Submitter : **Mr. James May** **Date: 08/28/2007**

Organization : **Lynchburg College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the Director of Athletic Training Services and Lynchburg College in Lynchburg, VA. I am a certified member of the the NATA-BOC and licenced to practice athletic training in the state of VA.

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,

James M. May, MS, ATC
Director of Athletic Training Services
Lynchburg College
may.j@lynchburg.edu

Submitter : **Patrick Hunter** **Date: 08/28/2007**

Organization : **Morrow County Hospital/PT Services, Mt. Gilead, OH**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Patrick Hunter and I am a certified athletic trainer working in rural Morrow County, in north central Ohio. I have been certified by the National Athletic Trainers' Association since 2001 and have been licensed to practice athletic training in Ohio and North Carolina. I currently work in an outpatient physical therapy department, which is the only outpatient therapy provider in the county.

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,

Patrick Hunter, MS ATC

Submitter : Mr. Michael McElroy **Date:** 08/28/2007

Organization : Orthopaedic Associates of Wisconsin

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a licensed athletic trainer working in the clinical outreach setting in Waukesha, Wisconsin. I am a certified and licensed athletic trainer, certified strength and conditioning specialist, and also hold a masters' degree in kinesiology.

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,

Michael S. McElroy, MS, LAT, ATC, CSCS
S65 W13173 Longfellow Lane
Muskego, WI 53150

Submitter : **Dr. Michael Antonelli** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Michael J. Antonelli D.O.
Resident Anesthesiologist
University of Michigan Health Systems

Submitter : **Dr. Milen Petkov** **Date: 08/28/2007**

Organization : **UPMC McKeesport**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Milen Petkov, MD
Anesthesiologist, UPMC McKeesport, PA

CMS-1385-P-9636-Attach-1.DOC

CMS-1385-P-9636-Attach-2.DOC

#9636

Milen Petkov, MD
1500 Fifth Ave
Dept of Anesthesiology
UPMC McKeesport
McKeesport, PA 15132

Tel: 412-664-2679
Cell: 267-902-3682
Pager: 412-644-1300

August 28, 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

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Thank you for your consideration of this serious matter.

Milen Petkov, MD
Anesthesiologist, UPMC McKeesport, PA

Submitter : **Kimberly Hoover** **Date: 08/28/2007**

Organization : **AANA**

Category : **Other Health Care Professional**

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

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,

Kimberly A. Hoover, CRNA, MSN
902 Lost Valley Ct.
Villa Hills, KY 41017

Submitter : Ms. Jacqueline Bachler **Date:** 08/28/2007

Organization : HealthCare Partners Medical Group

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certificd Athcltic Traincr working for HealthCare Partners Medical Group. I have Master's in Interdisciplinary Studies and aBachelor's in Athletic Trainig. I work in a Spots Medicine Specialty unit with an Orthopaedic Doctor. I assist the physician in many areas, but the majoirity of my work is spent designing home cxercises uniquely to each of the many patients we get from various regions around us within this company. This in-house therapy provided by an ATC is a new position in this company, but one that we feel is very beneficial and much in need. Therefor, I believe the following issue is pertinant to my position and similar positions of health care practitioners.

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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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,

Jacqueline Bachler, MS, ATC, LAT