CMS-1385-P-4550

Submitter : Dr. Michael Andritsos **Date:** 07/30/2007

Organization : Ohio State University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Dr. David Muth** **Date: 07/30/2007**

Organization : **SAPA**

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.
David H. Muth, M.D.

Submitter : **Dr. Tim Moran** **Date: 07/30/2007**

Organization : **Cleveland Clinic Foundation**

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.

Tim Moran, M.D.

Submitter : **Dr. Kevin Jones** **Date: 07/30/2007**

Organization : **Dr. Kevin Jones**

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.

Kevin L. Jones, M.D.

Submitter : **Dr. Muhammad Malik** **Date: 07/30/2007**

Organization : **HeartCare Midwest**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Regarding: CODING ADDITIONAL CODES FROM 5-YEAR REVIEW - echocardiography

I would like to express my deep concerns about the proposal to bundle color flow doppler in the echo billing codes. There is significant echosonographer time involved in acquiring these images and significant physician time spent in intepreting. To essentially eliminate payment for this service by bundling it would be unfair when taking this into acccount.
I would request that you seriously reconsider this proposal especially in light of the significant reduction in medicare payments to physicians that have occurred over the last two years. It is becoming increasingly difficult to provide services and is contributing to a significant attrition in my particular field at a time when the demands for cardiac service are rapidly increasing with the "baby boomer" generation getting into the "cardiac" years.
thank you for your consideration
M.F. Malik, MD FACC

Submitter : Dr. Dean Wade **Date:** 07/30/2007

Organization : Dr. Dean Wade

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Lcslic V. Norwalk, Esq.
Acting Administrator
Ccnters for Mcdicarc and Mcdicaid Services
Attcntion: CMS-1385-P
P.O. Box 8018
Baltimorc, MD 21244-8018

Rc: CMS-1385-P

Anesthcsia 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 rccognized 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 anesthcsia 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 arcas with disproportionatcly high Medicarc populations.

In an cffort 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 undcrvaluation of ancsthesia 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 ancsthesiology 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.

Dcan Wade, MD

Submitter : **Dr. james becker** **Date: 07/30/2007**

Organization : **Dr. james becker**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
CMS

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 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 is $16.19/unit. The Medicare conversion factor for anesthesia in 1990 was $19.30/unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system for anesthesiologists with disproportionately high Medicare populations. Iowa being a prime example.

I support full implementation of the RUC's recommendation to increase anesthesia work of nearly $4.00/unit and feel it is imperative that CMS follow through with the proposal in the Federal Register.

Thank you for your consideration.

Best Regards,

James Becker, MD
Waukee, IA

Submitter : **Dr. Mark Kenter** **Date: 07/30/2007**

Organization : **American Society of Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I appreciate your attention to the matter of reviewing the compensation for anesthesia services for Medicare patients. Anesthesiologists have continued to care for our patients despite the severe undervaluation of our services over the last many years. This proposal helps address that problem while it additionally encourages new physicians to enter our specialty to continue our care of the Medicare population. Please enact the proposed CMS 1385.

Submitter : Dr. Jeffrey King **Date: 07/30/2007**

Organization : Anesthesia Medical Group, PC

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:

More than a decade ago 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, Medicare payment for anesthesia services at just $16.19 per unit does not even cover the cost of caring for our nation s seniors. As a result, today s anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. This would result in an increase of nearly $4.00 per anesthesia unit. Undoubtedly, this would be a major step toward correcting the long-standing undervaluation of anesthesia services.

I am grateful that CMS has recognized this gross undervaluation of anesthesia services, and that steps are being taken toward addressing this important issue. I believe that 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. This will help ensure our patients of access to expert anesthesiology medical care.

Thank you for your consideration.

Submitter : **Dr. Keith Chamberlin** **Date: 07/30/2007**

Organization : **ACM, Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment please

CMS-1385-P-4559-Attach-1.DOC

#4559

ANESTHESIOLOGY
CONSULTANTS
OF
MARIN
A Medical Group, Inc.

July 30, 2007

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

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

Dear Ms. Norwalk:

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

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

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

As recently as last month our group was contacted by a regional hospital to assist in the care of a large population of seniors and the disabled in Sonoma County, California. Our initial reaction was disappointment that we could not afford to do this due to the current

Keith J. Chamberlin, M.D.
Diana M. Rebman, M.D.

Arthur Quasha, M.D..
Christoph Dinello, MD.
Scott Tweten,M.D.
Paul Ulrich, M.D.
Mark Anderegg, M.D.

William K. Mayeda, M.D.
Peter W. Allen, M.D.
Nalini Desai, M.D.
Scott Robinson, M.D
Anthony Chiu, M.D.
Stephen Licata, M.D., Ph.D.
Michael Chammout, M.D.

Diplomates, American Board of Anesthesiology

540 San Pedro Cove, San Rafael, CA 94901 (415) 927-4070

Medicare reimbursement plan. However, given the RUC's recommendation, and possible CMS approval, we have begun negotiations with the institution to help provide care and coverage for this Medicare recipients.

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.

Keith J. Chamberlin, MD
CEO
ACM, Inc.

Keith J. Chamberlin, M.D.
Diana M. Rebman, M.D.

Arthur Quasha, M.D..
Christoph Dinello, MD.
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Diplomates, American Board of Anesthesiology

540 San Pedro Cove, San Rafael, CA 94901 (415) 927-4070

Submitter : Dr. frank arena

Organization : peninsula regional medical center

Date: 07/30/2007

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Sirs or Madam, color doppler is not a routine part of all echo exams, substantial technician time and physician reading time is needed for this additional interpretation. In addition digital storage of this extra information is also another expense. It would be unfair to bundle these exams. Thanks You

Submitter : **Dr. Scott Huffaker** **Date: 07/30/2007**

Organization : **Ingham Regional Medical Center**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

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

Dear Mr. Kuhn:

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

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

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

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

Sincerely yours,

Scott Huffaker, DO
Ingham Regional Medical Center

Submitter : Dr. Geoffrey Rodey **Date:** 07/30/2007

Organization : Overlake Anesthesiologists, PS

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Please refer to my attached email.

Geoffrey Rodey, MD

CMS-1385-P-4562-Attach-1.RTF

#4562

OVERLAKE ANESTHESIOLOGISTS, PS

Geoffrey Rodey, MD
1135 116th Ave NE
Suite 310
Bellevue, WA 98004

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.

Geoffrey T. Rodey, MD

Submitter : Dr. Richard O'Leary

Date: 07/30/2007

Organization : Dr. Richard O'Leary

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : Dr. Richard O'Leary, Jr. **Date:** 07/30/2007

Organization : Dr. Richard O'Leary, Jr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-4564-Attach-1.DOC

#4564

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Richard O'Leary, MD
Los Gatos, CA 95030
rjoleary@comcast.net

Submitter : **Mrs. Rhonda Evans** **Date: 07/30/2007**

Organization : **Billings Cardiology**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I am a registered cardiac sonographer. Please be advised that additional sonographer and physician time is needed to apply color doppler to an echo study. Color doppler is still cost effective in the diagnosis,treatment, and management of vavular disease. Thanks for taking your time to consider this information in making your decision on this matter. Coding-additional codes from 5-year review. 72 Federal Register 38122 (July 12, 2007).
Sincerely,
Rhonda Evans, RDCS,RN

Submitter : **Dr. Daniel J Levine** **Date: 07/30/2007**

Organization : **Rhode Island Cardiology Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to urge you not to eliminate reimbursement for color flow doppler studies performed during ECHOcardiograms.

Performance, analysis and interpretation of color Doppler is technically demanding and time intensive. To deny reimbursement for this critical service is incomprehensible.

Reducing reimbursement in this manner will diminish our ability to provide quality care. Please don't do it!

Daniel J Levine
Clinical Associate Professor
Director Rhode Island Heart Failure Center
Warrén Alpert School of Medicine
Brown University

Submitter : Dr. Rebecca Wells

Organization : Overlake Anesthesiologists, PS

Date: 07/30/2007

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Please see my attached email.

Rebecca Wells, MD

CMS-1385-P-4567-Attach-1.RTF

#4567

OVERLAKE ANESTHESIOLOGISTS, PS

Rebecca Wells, MD
1135 116th Ave NE
Suite 310
Bellevue, WA 98004

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.

Rebecca Wells, MD

Submitter : **Dr. Darvin Parker** **Date: 07/30/2007**

Organization : **Darvin C. Parker, Jr., MD, PA**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Darvin C. Parker, Jr., MD

Submitter : **Dr. Donna Reed** **Date: 07/30/2007**

Organization : **Chester County Cardiology Associates**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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

Sincerely yours,

Donna M. Reed, DO
Chester County Cardiology Associates, P.C.

Submitter : **Dr. Jason Cheung** **Date: 07/30/2007**

Organization : **Dr. Jason Cheung**

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. Stephen Kutz** **Date: 07/30/2007**

Organization : **Cardiology Specialists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Color flow doppler is an important and time-consuming component of echocardiography. Please do not bundle this proccedure and discount reimbursement. Echocardiography is associated with high overhead, including expensive equipment, need for highly skilled technicians, office space, physician experience, etc.
Thank you,
Stephen Kutz, MD

Submitter : **Mr. Anthony Adkins** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Other Technician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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Sincerely yours,
Anthony Adkins
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Dan Tramuta** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

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Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Dan Tramuta, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Ned Mehlman** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Ned Mehlman, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Joe N. Hackworth** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Joe Hackworth, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Frederick Jenkins, Jr** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Fred G. Jenkins, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Sheldon Brownstein** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Sheldon L. Brownstein, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Stuart Steinberg** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Stuart A. Steinberg, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **D. P. Suresh** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

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Sincerely yours,
D. P. Suresh, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : Dr. Paul D. Hirsh

Date: 07/30/2007

Organization : Comprehensive Cardiology Consultants, Inc.

Category : Physician

Issue Areas/Comments

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

Sincerely yours,
Paul D. Hirsh, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Robert J. Strickmeyer** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

Dear Mr. Kuhn:

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

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Sincerely yours,
Rob Strickmeyer, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : **Dr. Jeffrey Reichard** **Date: 07/30/2007**

Organization : **Comprehensive Cardiology Consultants, Inc**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Sincerely yours,
Jeff Reichard, M.D., F.A.C.C.
Comprehensive Cardiology Consultants, Inc

Submitter : Dr. Gail Petters

Organization : American Society of Anesthesiologists

Date: 07/30/2007

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,
Gail A. Petters, M.D.

Submitter : **Dr. Jose Santoro** **Date: 07/30/2007**

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

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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. Valerie Arkoosh** **Date: 07/30/2007**

Organization : **Dr. Valerie Arkoosh**

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.

Valerie Arkoosh

Submitter : Michael Carda

Organization : Alegent Health Lakeside Hospital

Date: 07/30/2007

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS,
I am a cardiac sonographer in Omaha, Nebraska. I am writing to you to voice my objections to 'bundling' color flow doppler into the echocardiogram without adjusting the reimbursement amount. There are several instances where I do not use color flow imaging in an echo. If the cardiologist would like to know just the left ventricular funtion (ex. to see if medical therapy is improving function)and there had been a recent echocardiogram, I wouldn't use color flow doppler. If there is a pericardial effusion to be followed every day or two until the patient is better, I wouldn't charge for color flow echocardiography. If you do add this separate modality to the routine echo, at least adjust the reimburement level for an echocardiogram. There seems like there should be a resonable compromise to this situation. I, in no way, benefit financially from whichever direction the CMS plans to go with but would like to say that the echocardiogram requires some the the most skill in aquiring accurate information and reading out of all the other imaging modalities, with some of the least financial payoff already. I work for no cardiologist. I work for a nonprofit hospital. I can see cardiologists ordering MUGA scans (at least 2 times the cost of an echocardiogram) instead of echocardiograms in their offices just to be able to break even.

Sincerely,
Michael Carda, RDCS, RVT

Submitter : **Date: 07/30/2007**

Organization :

Category : **Other Technician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

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

Dear Mr. Kuhn:

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

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

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

Sincerely yours,

Maria L. Maxwell, BA, AAS, RDCS, RVT
Illinois Heart and Vascular

Submitter : **Dr. Barry Horner** **Date: 07/30/2007**

Organization : **Dr. Barry Horner**

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. Wendy Smith** **Date: 07/30/2007**

Organization : **Kitsap Cardiology Consultants, P.L.L.C.**

Category : **Other Technician**

Issue Areas/Comments

GENERAL

GENERAL

72 Federal Register 38122
Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

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

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

Sincerely yours,
Wendy E. Smith,
Kitsap Cardiology Consultants, P.L.L.C.

Submitter : **Mr. Vance Chunn** **Date: 07/30/2007**

Organization : **Cardiology Associates of Mobile, Inc.**

Category : **Other Health Care Professional**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

My name is Vance Chunn and I am the CEO/administrator for Cardiology Associates of Mobile, Inc., a private practice cardiology group with 27 cardiologists in Mobile, Alabama. We are deeply concerned about the color flow doppler imaging portion of an echocardiography exam being bundled with the other compnents of the echo exam. For years this has been a separately payable. The procedure requires additional training for the techs who perform it, additional expense in the equipment we purcahse to perform it, additional time to perform it and additional time to interpret it. We also pay a portion of our service contracts to maintain that portion of the echo equipment capable of performing color flow doppler. The information we get from color flow is significant and used by our physicians daily. Although we do not use it on every patient, we do use it a significant amount of the time. Please preserve the separately payable part of the color flow doppler as it is clearly a distinct benefit to the patient and cost to those who perform it. Thanks very much for allowing us to comment.

Sincerely,

Vance M. Chunn
CEO/Administrator
Cardiology Associates of Mobile, Inc.
3715 Dauphin Street
Suite 4400
Mobile, AL 36608

Submitter : **Dr. Vance Robideaux** **Date: 07/30/2007**

Organization : **Dr. Vance Robideaux**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

To: Leslie V. Norwalk
Acting Administrator, CMS

From: Vance Robideaux
vrobideaux@cox.net

Re:CMS-1385-P

I wish to express support for the plan to increase anesthesia payments in the 2008 Physician Fee Schedule. The plan will help correct the long standing undervaluation of services provided by anesthesiologists and is much needed.

The present fee schedule does not cover my costs for taking care of Medicare patients. Other anesthesiologists have taken steps to limit their Medicare patient load and I do not want to have to do that.

In an effort to rectify this situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32% work undervaluation-a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long standing undervaluation of 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 reommended by the RUC.

I appreciate your consideration of this serious matter.

Vance Robideaux, M D
2508 Crossing Drive
Edmond, OK 73013
vrobideaux@cox.net

Submitter : **Mrs. Sue Maisey** **Date: 07/30/2007**

Organization : **St. Luke's Episcopal Hospital**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Mr. Kuhn:

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

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Sincerely yours,

Sue Maisey
Manager, Non-Invasive Cardiology
St. Luke s Episcopal Hospital
6720 Bertner MC 1-102
Houston, Texas 77030

Submitter : **Dr. William A. David Brannon, M.D.** **Date: 07/30/2007**

Organization : **Calhoun Anesthesia, P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

David Brannon, M.D.
President Calhoun Anesthesia, P.C.
Director of Anesthesia Services Gordon Hospital

Submitter : Dr. Frederick Burgess **Date:** 07/30/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

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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,
Frederick W. Burgess, MD, PhD
Providence, RI, USA

Submitter : **Dr. Gerard Flacke** **Date: 07/30/2007**

Organization : **Tucson Medical Center - Old Pueblo Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
Anesthesia Coding

July 29, 2007

Dear Ms. Norwalk:

I appreciate greatly that CMS has recognized the past significant undervaluation of anesthesia services, more to the point that the Agency is taking steps to now address this ever-so-important issue. I want to convey my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

With the institution of the RBRVS over a decade ago, a gaping undervaluation of anesthesia work and services compared to other physician services was created. Today Medicare payment for anesthesia stands at just $16.19 per unit one unit being roughly equivalent to 15 minutes of expert anesthesia service time provided during the middle of most surgical procedures (additional units being included at the start and finish of most procedures). In light of the astronomical contribution to patient safety and wellbeing which anesthesia providers ensure during these critical minutes and hours of surgery especially so in the case of our nation s Seniors this level of compensation is not only vexing, but simply befuddling. It is certainly creating an unsustainable system, one in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. Much as I consider myself privileged to serve our community here in Tucson, Arizona, it certainly falls into this category.

In an effort to rectify this untenable and unsustainable situation, the RUC recommended that CMS increase the anesthesia conversion factor to effectively increase each anesthesia unit by approximately $4.00 per hour. This is a major step forward in correcting the long-standing undervaluation of anesthesia services, and I am exceedingly pleased that the Agency accepted this recommendation in its proposed rule. I support full implementation of the RUC s recommendation.

In order to vastly increase our patients , and in particular our senior citizens , access to expert anesthesiology medical care now and in the future, 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 thoughtful consideration of this serious matter.

Gerard W. Flacke, M.D.
Tucson, Arizona

Submitter : **Dr. Christine Doyle** **Date: 07/30/2007**

Organization : **Dr. Christine Doyle**

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 finally 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 in an increasingly complex environment, 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.
Christine A. Doyle, M.D.

Submitter : **Dr. Calvin Williams** **Date: 07/30/2007**

Organization : **Dr. Calvin Williams**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-4597-Attach-1.DOC

#4597

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

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

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Date: 07/30/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I have been doing and interpreting echocardiograms in clinical practice for 11 years. In addition I am in charge of our echo lab. I strongly object to the purposed plan to couple color flow doppler to the echo base codes. My points are as follows: 1) many echocardiograms are done and do not need a doppler interegation, 2)color flow doppler is a specialized skill that requires traings for both the sonographer and the physician, and 3)as echocardiograms are becoming subject to more regulation it takes a longer period of time to perform a scan. Point number 3 is yet another example of the increasing financial burden that clinical cardiology practices face. If the American public continues to desire highly competent cardiac care the reinbursment rate has to be such in order to encoarge talented people to go in the field and retain those practitioners who are already in the field. Thank you for your consideration.

Submitter : **Dr. Mark Corrigan** **Date: 07/30/2007**

Organization : **Desert Anesthesiologists Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

We cleven private practice Anesthesiologists support a fee adjustment as outlined in this bill for our patients on Medicare. This is long overdue and will help maintain acccss for our seniors to good quality ancsthesia care.

CMS-1385-P-4599-Attach-1.TXT

#4599

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

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

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Date: 07/30/2007**

Organization :

Category : **Chiropractor**

Issue Areas/Comments

GENERAL

GENERAL

STECHNICAL CORRECTIONSa I am strongly suggesting an abolishment of the refusal of pay for x-rays to chiropractors

Submitter : **Dr. Bruce Berger** **Date: 07/30/2007**

Organization : **Abington Medical Specialists**

Category : **Individual**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

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

Dear Mr. Kuhn:

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

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

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

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

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service. If this and other measures are put in place, it will severely affect my ability to provide care to Medicare patients are force me to further limit the number of Medicare patients in my practice.

Sincerely,

Bruce C. Berger, MD, FACC, FACP
Abington medical Specialists
Abington, Pennsylvania 19001

Submitter : **Dr. Bradley Haskell** **Date: 07/30/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

CMS-1385-P.

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. Eric Shapiro **Date:** 07/30/2007

Organization : Dr. Eric Shapiro

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.

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

Thank you for your consideration of this serious matter.

Sincerely,

Eric Shapiro

Submitter : **Dr. Nels Dahlgren** **Date: 07/30/2007**

Organization : **Presbyterian Healthcare System**

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.

Nels Dahlgren, MD

Submitter : Dr. jeffrey ketcham **Date:** 07/30/2007

Organization : Dr. jeffrey ketcham

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am writing to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has finally recognized the gross underevaluation of anesthesia services, and finally taking measures to counter-act this.

As you are aware by now, when the RBRVS was instituted, it created a huge negative disparity for anesthesia services due mainly to underevaluation of anesthesia work compared to other physician services. Today, the current unit value of $16.19 does not even cover the true operating costs involved in caring for our nations seniors, who are continually growing both older and more complex in their medical problems. Many anesthesiologists are moving away from practices that have a significant Medicare proportion, leaving many of the rest of us to fend as best we can. \

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

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

Thank you for your consideration of this most urgent matter.

Jeffrey K. Ketcham,M.D.

Submitter : **Dr. Arley Voves** **Date: 07/30/2007**

Organization : **Columbia Anesthesia Group**

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.

Submitter : **Dr. Shelly Hairston-Jones** **Date: 07/30/2007**

Organization : **Physicians Anesthesia Assoc. (Baltimore, MD)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : **Dr. Christopher Southwick** **Date: 07/30/2007**

Organization : **Dr. Christopher Southwick**

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.

Christopher L. Southwick, M.D.

Submitter : **Dr. Elizabeth Haddad** **Date: 07/30/2007**

Organization : **Dominion Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Elizabeth M. Haddad
Partner, Dominion Anesthesia

Submitter : **Dr. James Colombo**

Organization : **ASA**

Date: **07/30/2007**

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.

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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.

Submitter : David Kincaid **Date:** 07/30/2007

Organization : David Kincaid

Category : Other Health Care Professional

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.

Sincerely,

David Kincaid

Submitter : **Dr. Craig Feder** **Date: 07/30/2007**

Organization : **Dr. Craig Feder**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1385-P Thank you for your consideration to increase anesthesia payments under this proposal. By taking this step CMS will help to address the undervaluation of anesthesia services and will be taking a major step in assuring ongoing access to anesthesia for the Medicare population. I write to express my support of this recommendation. Thank you again.

Submitter : **Dr. William Kwasny** **Date: 07/30/2007**

Organization : **St. Elizabeth Hospital**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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,

William Christopher Kwasny
N1123 Craftsmen Court
Greenville, WI 54942

Submitter : **Dr. James Telep** **Date: 07/30/2007**

Organization : **Dr. James Telep**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

To CMS:

I am writing regarding the proposed change to bundle CPT 93325 into CPT codes 76825, 76826, 76827, 76828, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350 when provided together.

As a pediatric cardiologist, this is of particular concern to me because:

1. I do not believe the appropriate process has been followed with respect to this change. After significant interaction and research between the RUC and the appropriate specialty societies (in this case The American College of Cardiology and the American Society of Echocardiography), 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 the list of above echo codes be bundled as well with the 93325.

This new code is fully expected to address any outstanding issues relative to Medicare utilization of 93307, and has been analyzed at length by appropriate national medical societies, the CPT editorial panel, and the RUC. However, as a result of this proposed regulatory action by CMS, we are faced with resolving, in an accelerated timeframe of less than two months, an issue that directly impacts a distinctly non-Medicare population namely, pediatric cardiology practices and which is normally addressed over a multi-year period. Further, 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).

2. The surveys performed to set the work RVUs for almost all of the echo codes utilized specifically by pediatric cardiologists and affected by this proposed change were performed more than 10 years ago. As a result, particularly with respect to the 93325, the RVUs are reflective of a focus on the cost of the technology and not the advances in care that have been developed as a result of the technology. Particularly among pediatric cardiologists, much needed new surveys would provide evidence that the work and risk components of the procedures that involve Doppler Color Flow Mapping have evolved to the point where the relative value of the procedures have shifted to a significantly greater work component and a lesser technology component.

This shift is reflected in the development of national standards such as those present in the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) initiative to develop and implement an echo lab accreditation process. The focus of this initiative is on process, meaning work performed, and not on the technology associated with the provision of echocardiography services. This echocardiography accreditation initiative will be mandated by many payors within the next year.

In 1997 there were specific echocardiography codes implemented in CPT for congenital cardiac anomalies to complement the existing CPT codes for echocardiography for non congenital heart disease. The codes were developed by the CPT Editorial Panel in response to the American Academy of Pediatrics and the American College of Cardiology s request to delineate more distinctively the different services involved in assessing and performing echocardiography on infants and young children with congenital cardiac anomalies. (CPT Assistant 1997).

Consistent with this, I have significant concern with the continued approach (of which this bundling proposal is an example) of placing adult and pediatric patients in the same grouping when it comes to evaluation of the work associated with providing care to these significantly different patient populations. Because the adult

Submitter :

Date: 07/30/2007

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-4615-Attach-1.WPD

#4615

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. Mrunal Bhatt**

Organization : **Upland Anesthesia Medical Group**

Date: 07/30/2007

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see Attachment.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : **Dr. Chaur Lee** **Date: 07/30/2007**

Organization : **amgr california**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

support anesthesiologist fee adjustment for medicare reimbursement

Submitter : **Dr. Emmanuel Addo** **Date: 07/30/2007**

Organization : **american Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Submitter : **Dr. Edward Herold** **Date: 07/30/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

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

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

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.

Edward E Herold, MD

Submitter : **Dr. George Lederhaas** **Date: 07/30/2007**

Organization : **Iowa Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

As Immediate Past President of the Iowa Society of Anesthesiologists, I urge you to address the increasing disparity anesthesia services are receiving for Medicare funded healthcare. The current proposal to raise by $3.30 the anesthesia reimbursement unit is a step in the right direction. The University of Iowa which is the only training institution for anesthesia providers in our state has increasing difficulty in recruiting and retaining top notch faculty. Also anesthesiologists in rural areas of the state with a large elderly population are having profound difficulties in recruiting physicians. This situation has been developing for over 10 years and we are now at a critical crossroads for my specialty. Please act to improve our reimbursement situation.
Respectfully,
George Lederhaas, M.D.

Submitter : **Dr. Patrick Dooley** **Date: 07/30/2007**

Organization : **Fort Sanders Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-4621-Attach-1.DOC

CMS-1385-P-4621-Attach-2.DOC

#4621

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 support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am thankful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complex and timely issue.

When the RBRVS was created, it created a payment disparity for anesthesia services, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today after more than ten years since the RBRVS took effect; Medicare payment for anesthesia services stands at just over $16 per unit. This does not cover the cost of caring for our aging population, and is creating a system in which anesthesiologists are being forced away from areas with high Medicare populations.

In an effort to rectify this 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 hoped that CMS follow through with the proposal by fully implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Patrick Dooley, MD

Submitter : **Ronald Neben** **Date: 07/30/2007**

Organization : **Ronald Neben**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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.

Ronald E. Neben

Submitter : **Dr. Brian Mills** **Date: 07/30/2007**

Organization : **American Society of Anesthesiologist**

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.

Sincerely

Brian G. Mills MD
4105 W. 123rd. St.
Leawood, KS. 66209

Submitter : **Dr. Lynda Groh** **Date: 07/30/2007**

Organization : **Anesthesia Associates fof Cincinnati**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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 finally recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Jason Karro** **Date: 07/30/2007**

Organization : **Tacoma Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Jason F. Karro, MD

Submitter : **Dr. Carol Perusek** **Date: 07/30/2007**

Organization : **Dr. Carol Perusek**

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.

Carol Perusek M.D.
13601 Preston Rd. Suite 900W
Dallas, TX 75240

Submitter : **Dr. Gary Fan** **Date: 07/30/2007**

Organization : **White memorial medical center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Ms:

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

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

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

Sincerely,

Gary Fan , MD, Ph.D
White Memorial medical center
Los Angeles, CA 90033

Submitter : **Dr. Mark Chen** **Date: 07/30/2007**

Organization : **N/A**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

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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. David McDonagh** **Date: 07/30/2007**

Organization : **Duke University Medical Center- Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

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 senior citizens, 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!
Sincerely,
David L. McDonagh, MD
Assistant Professor of Anesthesiology
Duke University Medical Center

Submitter : **Dr. Ali Kizilbash** **Date: 07/30/2007**

Organization : **Dr. Ali Kizilbash**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I do not use color Doppler for all my echocardiograms. Performing color Doppler during echo studies takes extra technician and physician time and should be reimbursed separate from other echo codes

Submitter : **Dr. Keith Carter** **Date: 07/30/2007**

Organization : **Dr. Keith Carter**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-4631-Attach-1.DOC

#4631

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. John Peterson** **Date: 07/30/2007**

Organization : **University of Kansas - Anesthesiology Residency**

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.

Sincerely,

John Peterson, D.O.

CMS-1385-P-4633

Submitter : Dr. albert lee **Date:** 07/30/2007

Organization : Dr. albert lee

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Submitter : Dr. Timothy O'Dea

Date: 07/31/2007

Organization : Wenatchee Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. I practice here in Washington with the largest percentage of Medicare and Medicaid populations in the state. Recruiting here has become very difficult due to this aspect.

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.

Timothy O'Dea, M.D.

Submitter : **Dr. Toni Carlton** **Date: 07/31/2007**

Organization : **Dr. Toni Carlton**

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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Thank you for your consideration of this serious matter.

Sincerely,

Toni Carlton MD

Submitter : **Patrick Kwan** **Date: 07/31/2007**

Organization : **AAMGI**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Patrick Kwan

Submitter : Mr. Marvin Mason
Organization : Mr. Marvin Mason

Date: 07/31/2007

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : **Mrs. Deborah S. Mason** **Date: 07/31/2007**

Organization : **individual**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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

CMS-1385-P-4639

Submitter : Timothy Obarski **Date:** 07/31/2007

Organization : Heart specialists of ohio

Category : Physician

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I would like to voice my opposition for the proposed bundling of the color Doppler component for echocardiography. Color Doppler is an exceedingly important aspect of echo, requiring a skilled sonographer and physician interpreter to make the correct diagnosis. The approach to how the echo is performed, and the significance of what is seen takes skill and more time to both perform and interpret. Please reconsider your stance on bundling color Doppler. Thank you

CMS-1385-P-4640

Submitter :

Date: 07/31/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : **Dr. jeremy roth** **Date: 07/31/2007**

Organization : **first colonies anesthesia associates**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

July 31, 2007

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Yours Truly,

Jeremy B. Roth, MD
First Colonies Anesthesia Associates

Submitter : **Date: 07/31/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

Dear Mr. Kuhn:

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

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

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

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years. My practice is almost exclusively fetal, congenital and transesophageal echocardiography - none of which are covered by CPT code 93307.

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

Sincerely yours,

James Cnota, MD
Cincinnati Children's Hospital

Submitter : **Dr. Robert Campbell** **Date: 07/31/2007**

Organization : **Children's Healthcare of Atlanta Sibley Heart Cent**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

July 30, 2007

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

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

To Whom It May Concern:

I am writing this letter on behalf of Children s Healthcare of Atlanta Sibley Heart Center, a 34-physician practice. As a major provider of pediatric cardiology diagnosis and treatment services in the state of Georgia, our doctors would like to express their earnest opposition to the proposed bundling of color flow Doppler (CPT Code 93325) into all echocardiography base services.

Echocardiography in infants, children and young adults, with or without congenital heart disease, is an extremely skilled and time-consuming activity. The concept that the inclusion of color flow Doppler velocity is intrinsic with the routine two dimensional exam and does not require any increased sonographer work time, physician examination time, or interpretive skill, is sadly erroneous.

Certainly, perhaps contrary to popular belief, we judiciously decide which patients do not need color flow Doppler, such as checking for pericardial effusion or measuring ventricular contractility. However, when used, the complexity of the application of flow Doppler in our patients is significant. We carefully review each vessel, valve, chamber and septum for subtle evidence of congenital anomalies even to the point of demonstrating the direction of flow in the coronary arteries. This is also often performed in the setting of an uncooperative child. Additionally, due to the different flow velocities in children, often more than one frequency of transducer has to be used, repeating examinations of previously scanned regions, in a single patient to avoid artifactual signals and incorrect interpretation. The work for both sonographer and physician, to optimize the color flow Doppler, is therefore a very significant addition to the routine two-dimensional exam. Also, because of the multiple sizes of our patients, which may range from 500-gram premature infants to 300-pound high school athletes, we have to equip all our machines with multiple transducers at additional expense primarily for the Doppler examination.

It is important that we prevent this decrease in the reimbursement amounts available to our profession, and the subsequent effect on our ability to provide quality patient care.

It is our hope that these comments clarify the inequities of bundling Echo and Doppler codes and we again strenuously urge you to cancel this erroneous proposal.

Sincerely,

Robert M. Campbell, MD
CMO, Children s Healthcare of Atlanta Sibley Heart Center
Director, Sibley Heart Center Cardiology
Division Director of Cardiology, Department of Pediatrics,
Emory University School of Medicine
campbellr@kidsheart.com

RMC/sb

Submitter : Mark Nunnally **Date:** 07/31/2007

Organization : University of Chicago

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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. As an academic anesthesiologist, I am particularly grateful for the potential support this increase would give to the academic mission of my department. The research and educational activities of my colleagues at the University of Chicago is effort that invests in a safer future for perioperative patients. This work does not come easily, and the proposed increase would ease a heavy burden felt by academic anesthesiologists around the country.

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Joel Golden** **Date: 07/31/2007**

Organization : **Dr. Joel Golden**

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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