Submitter : **Dr. Franklin Schneider** **Date: 07/31/2007**

Organization : **Cardiovascular Associates of RI**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Dear CMS-
I am writing in strong opposition to CMS 1385 which will elliminate payments for color doppler. In the appropriate patient, color doppler is an integral part of an eehocardiographic examination. To complete this necessary part takes additional sonographer time as well as significant sonographer skill. Additional physician time is also required to properly interpret the color doppler images.

A complete, high quality echocardiogram is an essential part of cardiovascular disease evaluation and treatment. Proper and complete reimbursement for all the components is also necessary. If CMS is concerned about inereased utlilization of echocardiographic services, they should focus on demanding a high quality examination -i.e. onc performed in an accredited lab, rather than just dccreasing payments for all echocardiograms performed, regardless of study quality. All the reduction in payment will do is drive increased utilization to make up for lost incomc. (I will add that this is NOT how our echo lab works).

Thank you for your time and consideration.

Sincerely,
Franklin Schneider, MD, FACC
FSchncider@Heartri.com

Submitter : Dr. Dana Pletcher **Date:** 07/31/2007

Organization : Dr. Dana Pletcher

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

Technical Corrections

Our parents/grandparents which are my patients and those of my chiropractic colleagues deserve and have the right to x-ray examinations to be reimbursed. To eliminate payment for those radiographic services ordered by me as their DC will discriminate against the patient and doctors of chiropractic and put the patients health at risk. Many of these patients are on a limited income and also have difficulty getting to the doctor so to make them jump thru a hoop by getting another doctor apt with their MD or DO just to get x-ray services is not acceptable and will cost more for the patient and more for the insurance carrier. Please continue to allow us as our patients treating physicians/chiropractor to order the x-ray studies and other imaging studies and be paid for by medicare.
sincerely
Dana Q. Pleteher DC

Submitter : **Dr. Jan Boon** **Date: 07/31/2007**

Organization : **Comprehensive anesthesia care. PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Sample Comment Letter:

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

Rc: CMS-1385-P

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. Steven Koppel **Date:** 07/31/2007

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Steven M Koppel, M.D.

Submitter : Dr. David Rominski **Date:** 07/31/2007

Organization : Dr. David Rominski

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

Technical Corrections

This is in regard to CMS-1385-P. This would greatly restrict and increase cost to the medicare patient. Taking x-rays is a very important part of the chiropractic treatment of medicare patients and restricting who they can go to to have them would increase cost to the patient.

Submitter : Dr. Daniel Levy **Date:** 07/31/2007

Organization : Daniel E Levy MD PC

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. Catherine Schmidt** **Date: 07/31/2007**

Organization : **Dr. Catherine Schmidt**

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

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

Thank you for your consideration of this serious matter.

Submitter : **Dr. Steven Morozowich** **Date: 07/31/2007**

Organization : **Mercy Regional Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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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.

Dr. Steven T. Morozowich

Submitter : Dr. Donald Mammano **Date:** 07/31/2007

Organization : Dr. Donald Mammano

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir:
I request that you abolish the ruling to eliminate performance of an X-ray by an MD or DO when requested by a DC. This will only further burden medicare paticnts financially and discourage them from seeking necessary medical care.

Submitter : **Dr. Sara Spagnuolo** **Date: 07/31/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Coding-- Payment For IVIG Add-On Code

Coding-- Payment For IVIG Add-On Code

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:

First of all, thank you that CMS has finally recognized the gross undervaluation of anesthesia services! I am writing to express my strongest support to increase anesthesia payments under the 2008 Physician Fee Schedule.

It has been grossly unfair that Medicare has for years failed to recognize the outstanding contributions of anesthesiologists and has maintained payment for anesthesia services at a mere $16.19 per unit. This does not come close to the compensation provided for other physicians and physicians' services. It also severely impacts institutions such as ours at the Cleveland Clinic, where there is a disproportionate number of seriously ill elderly and medically complex patients.

In an effort to rectify this unfair situation, we are grateful that the RUC has recommended that CMS increase the anesthesia conversion factor which would increase anesthesia reimbursement by almost $4.00 per unit. This would be a major step to correct the decade long undervaluation of anesthesia services. I am in full support of the RUC recommendation.

To ensure that our seniors receive, as they deserve, the very best in anesthesia services and always have access to affordable, expert anesthesiology services, it is imperative that the CMS follow through with the proposal of the RUC to pass this legislation.

Thank you very much for your time.

Sincerely,

Sara Spagnuolo, MD

CMS-1385-P-4656

Submitter : **Dr. Jeffrey Baumbach** **Date: 07/31/2007**

Organization : **Dr. Jeffrey Baumbach**

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.

Jeffrey W. Baumbach, MD
Chairman, Department of Anesthesia
Southeast Alabama Medical Center
Dothan, AL

Submitter : Dr. MELISSA MATTE **Date:** 07/31/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : **Dr. Matthew Muffly** **Date: 07/31/2007**

Organization : **Dartmouth Hitchcock Medical Center**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Gregory Snodgrass **Date:** 07/31/2007

Organization : MMC Anesthesia Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P;
Dear Ms. Norwalk,
I am writing to support to support the proposal to inerease anesthesia payments under the 2008 Physician Fee Schedule.

The medicare payment for anesthesia is $16.19 per unit, or $64.16 per hour. The nurse anesthetists in my group earn $55 per hour. Since we usually staff three CRNA's at a time, I am earning $27.48 per hour to take care of medicare patients. Clearly, this is not an economically viable model.

If this low level of payment is allowed to continue, anesthesiologists will not choose to practice in areas with high medicare populations. The RUC has recommended that CMA increase toe anesthesia eoversion factor to offset a calculated 32 percent work undervaluation. I am pleased the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Kyung Ju Kim** **Date: 07/31/2007**

Organization : **Dr. Kyung Ju Kim**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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 : Dr. Stephen Bloomingdale **Date:** 07/31/2007

Organization : The Towne Doctor, PC

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

As regards the proposal to eliminate reimbursement to physicians for x-rays when patient is referred by a licensed doctor of chiropractic: we respectively request such changes NOT be made, in the best interests of Medicare beneficiaries. While not required for each patient to demonstrate vertebral subluxation, nor for diagnosis of many other concerns, x-rays certainly have diagnostic value in both medical and chiropractic examination. For many years, Medicare required the use of x-rays to justify chiropractic treatment. In this past year, the scope of practice has been sensibly restated to reflect the use of various diagnostic imaging in assessing the patients condition. The reimbursement of chiropractors by Medicare for x-rays and other imaging taken or ordered by chiropractors is more reflective of the current standard of care and scope of practice necessary and reasonable on behalf of Medicare beneficiaries. To remove reimbursement would be contrary to the best interests of those beneficiaries.

Respectfully,
Stephen A. Bloomingdale, BS, DC

Submitter : Dr. Harry Brown Jr. **Date:** 07/31/2007

Organization : Dr. Harry Brown Jr.

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-4662-Attach-1.DOC

#4662

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

Re: "TECHNICAL CORRECTIONS"

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

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

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

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

Sincerely,

Dr. Harry W. Brown Jr.
7805 Waters Ave
Suite 12A
Savannah, GA 31406
912.657.7635

Submitter : **Dr. Howard Hadley** **Date: 07/31/2007**

Organization : **Dr. Howard Hadley**

Category : **Chiropractor**

Issue Areas/Comments

GENERAL

GENERAL

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

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

Sincerely,

Howard Hadley, D.C.

Submitter : Dr. Timothy Wallace **Date:** 07/31/2007

Organization : Anesthesia Associates of Savannah

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

We strongly support your proposal to increase the Medicare reimbursement rate for anesthesia services and we appreciate your review of this concern. We hope this will allow us to attract our best and brightest to our specialty so that we may provide quality care for our seniors. Thank you

Submitter : **Dr. Thomas Nguyen** **Date: 07/31/2007**

Organization : **Orange Coast Memorial Anesthesia Group**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Rcpeated yearly reductions in reimbursement have now reached a level, which in many cases, is below that of Medical. Coupled with an cver 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-

Thomas Nguyen, MD

Submitter : **Dr. safwat rizkalla** **Date: 07/31/2007**

Organization : **rizkalla inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

It is about time that medicare and medical realize that anesthesiologists are way underpaid and we should paid fairly for our work.

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

Organization : Dr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-4667-Attach-1.DOC

CMS-1385-P-4667-Attach-2.DOC

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

Organization : **Jonathan Krohn**

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.

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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 : Y.K. Tsai **Date:** 07/31/2007

Organization : Y.K. Tsai

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

Rc: CMS-1385-P

Ancsthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Y.K. Tsai

Submitter : **Dr. Patrick Lotti** **Date: 07/31/2007**

Organization : **Southeast Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

P.O. Box 8018
Baltimore, MD 21244-8018

Rc: 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.

Patrick J. Lotti, M.D.

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
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Jaemy Hwang, MD

Submitter : **Mrs. Kelly Brooks** **Date: 07/31/2007**

Organization : **E. Liverpool City Hospital**

Category : **Nurse**

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
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Kelly Brooks RN, MSN

Submitter : Dr. Shane Wellington **Date:** 07/31/2007

Organization : American Dental Association

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

Shane Wellington DDS

Submitter : **Mrs. Susan Berny** **Date: 07/31/2007**

Organization : **Mahoning County Medical Society Auxillary**

Category : **Nurse**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Leslie V. Norwalk, Esq.
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Centers for Medicare and Medicaid Services
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Susan Berny RN

Submitter : Mrs. Cheryl Schneider **Date:** 07/31/2007

Organization : North Ohio Heart Center, Inc.

Category : Individual

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I understand there is a purposal to "bundle" CPT 93325 into other echo based codes. The CPT that should be considered "if any" for this are 93320 and 93321 as both are Doppler codes as is 93325. However the RVU work should also be included into codes 93320 and/or 93321 as there is much increased physician and technical work involved to image color flow velociy mapping (93325) above and beyond the continuous Doppler wave perform with 93320 & 93321. It may be a accurate statement that all equipment now is capable of Doppler continuous wave or "should be" also capable of Doppler Color Flow Velocity Mapping (93325) which may support the bundling into another Doppler CPT, but cannot be bundled into 2D M-mode echocardiography 93307-93308.

Not all echocardiography indicates that Doppler and/or Doppler Color Flow be performed. However if Doppler is indicated it would involve both Continuous Wave and Color Velocity Flow Mapping. The bundling makes sense from a coding perspective if the allowed work RVU's both Professional Component and Technical Component are reflected in the RVU's for the 93320 and/or 93321.

Submitter : **Mrs. Susan Kearns** **Date: 07/31/2007**

Organization : **University of South Alabama**

Category : **Nurse**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Leslie V. Norwalk, Esq.
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Centers for Medicare and Medicaid Services
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Susan Kearns BSN

Submitter : **Mrs. Brandy Giampietro** **Date: 07/31/2007**

Organization : **E. Liverpool City Hospital**

Category : **Nurse**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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Brandy Giampietro RN

Submitter : **Mr. Randy Holloway** **Date: 07/31/2007**

Organization : **Trinity Hospital**

Category : **Nurse**

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
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Baltimore, MD 21244-8018
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Thank you for your consideration of this serious matter.

Randall Holloway RN

Submitter : Dr. P. Scott Seibel **Date:** 07/31/2007

Organization : American Society of Cardiovascular Surgery

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

P. Scott Seibel MD FACS

Submitter : **Dr. Shruti Kapoor** **Date: 07/31/2007**

Organization : **Dr. Shruti Kapoor**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : **Dr. James DelloRusso** **Date: 07/31/2007**

Organization : **Community Hospital of Long Beach**

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 strongly 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 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 (approximately $65 hourly wage), and is scheduled to plummet further! 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 and practice venues (i.e., hospitals) with disproportionately high Medicare populations.

In my practice, I have been in administrative roles for 16 years, and have seen first hand how hospital practice of anesthesiology (where the vast majority of Medicare surgical patients are cared for) has deteriorated in direct proportion to rapidly declining reimbursement for services by Medicare, Medicaid and managed care. Without the direct financial support of an increasing number of hospitals, many would not be able to adequately staff their anesthesiology departments. Combined with the shortage of anesthesiologists to provide care, many anesthesiologists have chosen to work exclusively in surgery centers or doctors offices in order to maintain a fair level of reimbursement. I can attest that hospitals have had to accept less qualified individuals in order to staff. Is inferior and increasing unavailable care what this country wishes to provide for their senior citizens?

In an effort to rectify this untenable and unsustainable 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 critical matter, and your anticipated approval and implementation of CMS-1385-P. Our seniors deserve no less!

Respectfully,

James K. DelloRusso, M.D.

Submitter : **Dr. Sumit Kapoor** **Date: 07/31/2007**

Organization : **Dr. Sumit Kapoor**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

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Thank you for your consideration of this serious matter.

Submitter : Dr. Ned Radich **Date:** 07/31/2007

Organization : Anesthesia Consultants of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Lake Franklin** **Date: 07/31/2007**

Organization : **Lake Chiropractic**

Category : **Physician**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P

Re: TECHNICAL CORRECTIONS

I am writing to express my opposition to CMS-1385-P, eliminating
beneficiary reimbursment by Medicare for an X-ray taken by a MD or DO and used by a Doctor of Chiropractic to determine a subluxation, be eliminated.

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

My concern is the cost to the Medicare patient will go up significantly due to the necessity of a referral to an orthopedist or rheumatologist for evaluation prior to referral to the radiologist as it is now. In addition to increasing the cost for the patient, treatment to the patient could be delayed and adversely affect the patients health--the patient that will suffer as result.

I strongly urge you to table this proposal.

Sincerely,

Lake Franklin, D.C.

Submitter : **Dr. Christina Spofford** **Date: 07/31/2007**

Organization : **University of Iowa**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Christina M. Spofford, MD, PhD
Department of Anesthesiology
University of Iowa Hospitals & Clinics
200 Hawkins Drive
Iowa City, IA 52242

Submitter : **Dr. Ronald Bierma** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Lars Bjorkman** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

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Submitter : Dr. Sung Chae **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Rasheed Amireh** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Submitter : **Dr. Darin Dill** **Date: 07/31/2007**

Organization : **Northside Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

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

Submitter : **Dr. Tara Chaudhari** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Submitter : Dr. Byung Chung **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

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Submitter : **Dr. John Corbin** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Submitter : **Dr. William Etiz** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Submitter : Dr. Jason Fellows **Date:** 07/31/2007

Organization : Anesthssia Consultants Of Fresno

Category : Physician

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Submitter : Dr. Richard Fogdall **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

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Submitter : Dr. Ted Gingrich **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

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Submitter : Dr. Amitabh Goswami **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

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Submitter : Dr. Gary Grimes **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

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Submitter : **Dr. Michael Mehmedbasich** **Date: 07/31/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Sincerely,

Michael Mehmedbasich, M.D.

PS Thc medicare patients are the most challenging and rewarding in terms of providing anesthesia care. It is time to fairly reimburse the anesthesiologists who care for them.

Submitter : **Dr. Jaehong Gwag** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

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Submitter : **Dr. Linda Hertzberg** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Submitter : Dr. Ty Hutchins **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

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Submitter : **Dr. Kenneth Ikemiya** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Submitter : Dr. Harry Joe **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

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Submitter : Dr. Yang Kim **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

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Submitter : **Dr. Ronald Kolkka** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

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Coding-- Additional Codes From 5-Year Review

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

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Artemio Largoza **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : Dr. Lance Larsen **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Ethan Lu** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Elisa Maxwell **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : Dr. Marcus Meekins **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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

Submitter : Dr. Sung-Min Oh **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : Dr. Sonya Pettus **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Jeremy Poulsen** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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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 : **Key Rosser** **Date: 07/31/2007**

Organization : **Heart**

Category : **Other Technician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Sir(s),
I am an echo/vascular technologist in Bradenton, Fl. I work for a group of cardiologists and I am urging you to not bundle the color flow doppler (93325)into all echocardiographic procedures. Color flow doppler is critical in the accurate diagnosis of valvular dysfunction and regurgitation, PFO's, septal/ventricular defects, etc. etc.It is also important for a quantitative and qualitative assesment of the severity of the valvular lesions. The time and qualifications of the sonographer associated with performing these echoes with color flow doppler is extensive and CMS' proposal to 'bundle', absolutely would be an injustice to our echo/vascular laboratory and practice.
I, once again, am urging you to refrain to bundle these codes. Please work with the ASE to come up with a better solution then this one.
Thank you for your prompt attention to this matter.
Sincerely,
Key Rosser

Submitter : **Dr. Mitchell Levi** **Date: 07/31/2007**

Organization : **Carolina Anesthesia, PC**

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

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

Dear Ms. Norwalk,

I am writing you in support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am glad to see that CMS is addressing the gross undervaluation of anesthesia services. RBRVS create a huge payment disparity for anesthesia services compared to other physician services.

Current CMS anesthesia payments do not cover the cost of paying an employee to administer anesthesia. Anesthesiologists are being forced out of areas with high Medicare populations.

To correct this untenable situation, the RUC recommended a nearly $4.00 per unit increase to help offset the gross undervaluation in anesthesia. Please fully implement the anesthesia conversion factor increase.

Thank you for your consideration,

Mitchell Levi, MD

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

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Rc: 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. Randall Schlosser** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Kevin Simmons** **Date: 07/31/2007**

Organization : **Brevard Anesthesia Services**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-4720-Attach-1.DOC

#4720

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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This is particularly apparent in the state of Florida, where I currently practice. It has become more difficult to recruit anesthesiologists into our practice, due to our higher proportion of Medicare dependent population. This makes us less competitive with other areas of the country whose percentage of seniors and Medicare are less. Subsequently, less anesthesia care will become available to the very population that needs it most.

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.

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Thank you for your consideration of this serious matter.

Kevin S. Simmons, M.D.
Brevard Anesthesia Services
1304 Oak Street
Melbourne, FL

Submitter : **Dr. Steven Maxwell** **Date: 07/31/2007**

Organization : **Dr. Steven Maxwell**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Steven J. Maxwell, DO

Submitter : Dr. J. Scott Sturman **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. James Pearson** **Date: 07/31/2007**

Organization : **Presbyterian Anesthesia Associates, P.A.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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To cnsure that our patients havc 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 attention to this important matter. I am a practicing physician in Charlotte, North Carolina and have the opportunity to take care of many of our seniors and will be one myself in the not too distant future (in 13 years!) so I have at least a couple of vested interests in this item.

James Pearson, M.D.
1615 Bibury Lane
Charlotte, N.C. 28211

Submitter : Dr. Michael Atherton **Date:** 07/31/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

As an Anesthesiologist I am writing to request in the strongest way your consideration and implementation of the CMS-1385-P change in the RVU work value for Anesthesiolgists. Having practiced for 30+ years I have in effect donated my time and efforts to Medicare patients as my overhead exceeds the reimbursement at the current level. It is only fair to recocgnize the value of anesthesia work and reimburse at the recommended higher level.

Michael Atherton, M.D.
Tijeras, New Mexico

CMS-1385-P-4724-Attach-1.DOC

CMS-1385-P-4724-Attach-2.DOC

CMS-1385-P-4724-Attach-3.DOC

CMS-1385-P-4724-Attach-4.DOC

#4724

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. Having practiced Anesthesiology for 30 years myself I now will now more likely be a consumer of anesthesia services and I would like to feel that my Medicare insurance will cover me adequately.

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

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Thank you for your consideration of this serious matter.

Michael R.P. Atherton, M.D.

Submitter : **Dr. Kanwarjit Sufi** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 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. Randy Braaten** **Date: 07/31/2007**

Organization : **University of Wisconsin**

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.

Randy Braaten
University of Wisconsin
600 Highland Ave.
Madison WI

Submitter : Dr. Clifton van Putten **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Michael Wiggins **Date:** 07/31/2007

Organization : Anesthesia Consultants Of Fresno

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Submitter : **Ms. Clarice Miller** **Date: 07/31/2007**

Organization : **Medical Care Specialists, Inc**

Category : **Other Health Care Provider**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Mr. Kuhn:

As an IDTF co-owner and a cardiac sonographer who provides echocardiography services to Medicare patients and others in the Milwaukee, WI area, 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,of both the sonographer and physician, involved in the provision of this important service.

Sincerely yours,

Clarice Miller MS, RT, RDMS, RDCS
Medical Care Specialists

Submitter : **Dr. Thormason Yanagi** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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

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To cnsure 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. Richard Zupp** **Date: 07/31/2007**

Organization : **Anesthesia Consultants Of Fresno**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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. patricio lauder **Date:** 07/31/2007

Organization : Hazel Hawkins Memorial Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

4732

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 : Ms. Georganne Ridgill **Date:** 07/31/2007

Organization : Roper Saint Francis Healthcare

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Mr. Kuhn:

As a Cardiac Sonographer who provides echocardiography services to Medicare patients and others in Charleston, South Carolina, 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 is used to identify cardiac malfunctions such as valvular regurgitation and intracardiac shunts. It also quantitates the severity of these lesions. In particular, color Doppler information is critical to the decision making process in patients with suspicion of valvular 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 is performed during a 2-dimensional Echo exam, it does increase the exam time. 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 represented in the RVUs for any other Echo base procedure. CMS s proposal eliminates Medicare payment for a service that is critical 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, each component of an Echocardiogram (2-D Echo, Color Doppler and PW/CW Doppler) has its own specificity in the diagnosis of cardiac problems. They compliment one another but each is distinct in the information it provides. Further, the technical expertise, as well as the professional interpretive expertise, is distinet.

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,

Georganne Ridgill

Georganne Ridgill, M.Ed., RDCS
Clinical Manager, Echocardiography Lab
Roper Saint Francis Healthcare

Submitter : **Dr. Elizabeth Lumpkin** **Date: 07/31/2007**

Organization : **American Society of 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:

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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.

Elizabeth Noel Lumpkin, M. D.

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

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Thank you for your consideration of this serious matter.

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

Organization : **University of Iowa Hospitals and Clinics**

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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Sincerely
Robert Shontz, M.D.

Submitter : **Dr. Jeff Shore** **Date: 07/31/2007**

Organization : **Dr. Jeff Shore**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : **Dr. Suzi Bailey** **Date: 07/31/2007**

Organization : **Dr. Suzi Bailey**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

J. Suzanne Bailey, M.D.

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

Organization : **Jeffrey Kuhn**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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Doctors are leaving Sonoma County and th low medicare rates are a prime factor. None of our costs have decreased but reimbursements continue to decline. We need your help.

Thank you for your consideration of this serious matter.

Jeffrey P Kuhn
4715 Annadel heights
Santa Rosa, Ca 95405

Submitter : **Dr. Melvin Lopez** **Date: 07/31/2007**

Organization : **Dr. Melvin Lopez**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Melvin M. Lopez, MD

Melvin Maunel Lopez, MD
2016 South Main Street
Maryville, Missouri 64468
660-562-2700
mmlopezmd@embarqmail.com

Submitter : Dr. Amy Kitching **Date:** 07/31/2007

Organization : Dr. Amy Kitching

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

Please do not let this pass, as radiographs are essential for
any health care practitioner to do their job in diagnosing and treating health conditions.

Submitter : **Dr. David Hoops** **Date: 07/31/2007**

Organization : **Dr. David Hoops**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

David Hoops, M.D.

Submitter : Mr. William Vaughan **Date:** 07/31/2007

Organization : Consumers Union

Category : Consumer Group

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-4743-Attach-1.WPD

#4743

July 31, 2007

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

Re: CMS-1385-P

Dear CMS:

Consumers Union, the independent, non-profit publisher of *Consumer Reports*, submits the following comments to the Proposed Revisions to Payment Policies under the Physician Fee Schedule [etc.].

TRHCA—Section 101(b): PQRI

We support CMS's efforts on the Physician Quality Reporting Initiative (PQRI) and bonus payment proposal.

We especially support the attention given to quality improvement efforts to fight the frighteningly rapid growth of infections (often resistant to the strongest known antibiotics). For four years, Consumers Union has been working at the State level to encourage the enactment of laws requiring the public reporting of hospital-acquired infections (HAIs). To date, such laws have been considered in 45 states, and 16 states now require hospital-acquired infection rates to be publicly reported. We expect additional states to pass similar laws during this year's legislative sessions.

We have undertaken this campaign because these mostly preventable infections affect nearly 2 million Americans annually. An estimated 100,000 of these patients die each year — an average of 10 per hour! The extra cost of treating these seriously ill, infected patients is estimated to cost our health care system as much as $27.5 billion annually.

For these reasons, it is essential that any physician quality improvement program include extensive efforts to educate on and encourage better anti-infection techniques—the most common and perhaps most effective of which is simple hand washing. We urge that the final regulation include, at a minimum, the anti-infection perioperative care provisions from the 2007 PQRI Measures

--Timing of Antibiotic Prophylaxis—Ordering and Administering physicians

--Selection of Prophylactic Antibiotic—First OR Second generation Cephalosporin

--Discontinuation of Prophylactic Antibiotics (Cardiac and Non-cardiac procedures)

From the AMA/Physicians Consortium for Performance Improvement (PCPI) measures:

--Prevention of Ventilator-Associated Pneumonia—head elevation

--Prevention of catheter-related bloodstream infections in ventilated patients—catheter insertion protocol

From other NQF-endorsed measures

--Inappropriate antibiotic treatment for adults with acute bronchitis

The Association for Professionals in Infection Control and Epidemiology (APIC) recently found that the level of Methicillin-resistant Staphylococcus aureus (MRSA) in the community and in hospitals is much higher than previously estimated. APIC found that MRSA infections are 8.6 times more prevalent than previous estimates and that the antibiotic-resistant bacteria are found in all wards throughout most hospitals. The danger of these 'super bugs' is clearly growing and has become one of America's most serious public health dangers.

We need to do more to address this problem. As our June 8, 2007, comment letter to CMS's proposed inpatient hospital payment rule (CMS-1533-P) pointed out, Medicare is not doing enough to identify and adjust payments for various types of deadly and costly hospital infections that impact about 750,000 patients a year. We hope that by calling attention to the infection issue in a number of the physician reporting and quality measures, more can be done to address this national crisis.

ESRD Quality

We also strongly support the inclusion of quality measurements for the treatment of end-stage renal disease. We hope that Congress will soon move to require the bundling of ESRD services under a single payment. Given what appears to have been profit-driven, over-prescribing of potentially dangerous drugs, bundling has the potential to improve the quality of life of the nation's ESRD patients. But as bundling is implemented, it is essential that more be done to measure and ensure the improvement of quality. In the past, some bundling actions have resulted in a decline in services and quality; better reporting and measurement of quality can help ensure that this does not occur in the vulnerable ESRD population. In addition, infections acquired in dialysis facilities can be particularly serious for these very vulnerable patients, and we hope that a system can be developed to report on the rate of dialysis acquired infections—both to focus the attention of professionals on this problem and to help consumers in their choice of facilities.

E-prescribing and Electronic Health Records

Finally, we strongly support the proposal to include the Quality Insights of the Pennsylvania Structural Measures:

--HIT— Adoption/Use of E-Prescribing

--HIT— Adoption/Use of Health Information Technology (electronic medical records)

We believe that the adoption of e-prescribing can help improve quality, reduce errors and contra-indicated prescriptions, while at the same time reducing costs for both physician practices and for consumers. As Secretary Leavitt's recent report on "Pilot Testing of Initial Electronic Prescribing Standards" noted:

> In 1999, the Institute of Medicine estimated that as many as 7,000 people died each year from medication errors alone, accounting for one out of 131 ambulatory deaths. Another study by the Center for Information Technology Leadership showed that 8.8 million adverse drug events (ADEs) occur each year in ambulatory care. In hospitals, the average patient is subject to at least one medication error per day. This study also revealed that fully one quarter, or 3 million, of these errors were "preventable."

The Secretary's report cites studies that these ADEs cost hospitals about $3.5 billion a year and another $887 million in ambulatory settings. In addition, the inefficiency of the current handwritten system is wasteful: 30 percent of all scripts require pharmacies to place callbacks to doctors, resulting in an estimated 900 million prescription-related telephone calls annually.

While e-prescribing will not cure all these problems, we do believe it will reduce the error rate and result in substantial financial savings. The PBM association, however, recently noted that only about 3-5 percent of doctors are fully using e-prescribing, and that at the current rates of growth, it will be more than a decade before we begin to reap the benefits of this new technology. By including e-prescribing as a quality reporting issue, we hope that your proposal will help speed the uptake of this potentially life-saving and dollar-saving technology.

Thank you for your consideration of these views.

Sincerely,

William Vaughan
Senior Policy Analyst

Submitter : **Dr. Reema Sanghvi** **Date: 07/31/2007**

Organization : **SEAC,SC**

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.

Reema Sanghvi, M.D.

Submitter : **Dr. Philip Moore** **Date: 07/31/2007**

Organization : **Anesthesiology Consultants of Florence**

Category : **Physician**

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Sincerely,

Philip C. Moore, MD

Submitter : **Dr. Kenneth Freese** **Date: 07/31/2007**

Organization : **Dr. Kenneth Freese**

Category : **Physician**

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Steven Mitchell** **Date: 07/31/2007**

Organization : **Tulare Chiropractic**

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Included in an omnibus physician reimbursement plan released by the Centers for Medicare and Medicaid Services (CMS) on July 12, 2007, is a proposal calling for the elimination of current regulation that permits a beneficiary to be reimbursed by Medicare for an x-ray taken by a radiologist and used by a doctor of chiropractic to determine a subluxation.

Please eliminate this proposal. Making this process that much more difficult and expensive for medicare patients benefits no one. Under this proposal, a medicare covered patient who needs x-rays would have to go to their primary care doctor (added unnecessary charge for a visit), and get the x-rays, then return to the M.D. to review the findings (another unnecessary visit charge). They would then check out the x-rays and return to my office. This process is more expensive, mch more time consuming and certainly not what the consumer wants.

Please stop this proposal dead in it's tracks, and neither CMS nor the patient, nor the doctors benefit.

Thank you

Steven D. Mitchell, D.C.

Submitter : **Dr. Andrew Armstrong** **Date: 07/31/2007**

Organization : **Anesthesia Associates of Kansas City**

Category : **Physician**

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Thank you for your consideration of this serious matter.

Andrew Armstrong MD

Submitter : **Dr. Roger Wesley** **Date: 07/31/2007**

Organization : **Lewis-Gale Medical Center**

Category : **Physician**

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Sincerely,
Roger L. Wesley MD