August \_\_\_, 2017

Seema Verma, Administrator

Centers for Medicare and Medicaid Services

Department of Health and Human Services

Attention: CMS-1678-P

Room 445-G

Hubert H. Humphrey Building

200 Independence Avenue, SW

Washington, DC 20201

*Via online submission at*

<https://www.regulations.gov/document?D=CMS-2017-0091-0002>

**Re: CMS-1678-P – Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs**

Dear Administrator Verma:

My name is Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am an anesthesiologist practicing in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am writing to encourage you to remove total knee arthroplasty (TKA) and total hip arthroplasty (THA) from the inpatient-only list, and also move these codes to the ASC-payable list.

Traditionally, these cases have been done as an inpatient with a hospital stay of up to several days and at a relatively high cost. Now, due to less invasive techniques, improved peri-operative anesthesia, alternative postoperative pain management and expedited rehabilitation protocols, these types of procedures are being done safely and effectively in outpatient facilities such as ASCs.

I personally have been providing anesthesia services for outpatient total hip and total knee replacements as an outpatient for approximately \_\_\_ years with excellent outcomes. I am advocating for Medicare beneficiaries to be able to receive outpatient joint replacement surgery since in our community this program consistently produces as good as or better outcomes and results in a faster recovery than a traditional inpatient joint replacement. This results in a much high value to my patients as measured by an optimum combination of outcomes, patient satisfaction and cost.

Medicare patients who are active, have a relatively low anesthesia risk, are without significant co-morbidities, and who have family members at home who can assist them are be excellent candidates for an outpatient TKA or THA procedure. I have administered anesthesia to Medicare Advantage patients with excellent results. The decision of where and when a TKA or THA should take place should be between the patient and their surgeon. Patient choice is an essential element of our health care system and denying Medicare beneficiaries the option to pursue an outpatient TKA or THA is unwise.

Surgeons and anesthesiologists who perform outpatient TKA and THA procedures know the importance of careful patient selection and strict protocols to optimize outcomes. These protocols manage all aspects of the patient’s care, including the at-home preoperative and postoperative environment, anesthesia, pain management, and rehabilitation to maximize rapid recovery and ambulation. In my opinion, this qualifies joint replacement as an outpatient surgical procedure, and my experience confirms this fact.

Medicare, its beneficiaries and taxpayers are spending more money than necessary because these procedures are not reimbursed in lower-cost, highly-regulated settings such as ASCs. I strongly urge CMS to remove TKA and THA from the inpatient-only list and allow these codes on the ASC-payable list.

Sincerely,

[Name, Qualifications, Address]