

Submitter : Dr. Rex Ponnudurai

Date: 07/20/2007

Organization : UMDNJ

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. Kevin Raduege
Organization : ASA
Category : Physician

Date: 07/20/2007

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
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 Raduege, MD

Submitter : Dr. William O'Byrne
Organization : Vanderbilt University
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3375-Attach-1.DOC

William T. O'Byrne, III, M.D.
Vanderbilt University Medical Center
1215 21st Avenue, South
3108 MCE
Nashville, TN 37232-8510

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 the highest quality 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. babak roboubi
Organization : Dr. babak roboubi
Category : Individual

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Douglas Hoerner
Organization : Dr. Douglas Hoerner
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

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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. William Gitchell
Organization : Tallgrass Anesthesiology Associates
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

A mistaken impression exists among many policy makers. They believe that anesthesia services will always be provided if surgeons can be convinced to operate. They fail to notice that the most well educated and broadly capable providers of these services, the Anesthesiologist, is being chased away from providing services to seniors. Unlike nurse anesthetists, who are usually salaried or paid by hospitals outside the Medicare part B system, Anesthesiologists see a major cut in pay when taking care of seniors. They get less than a third of their usual fees in most cases for taking care of the most difficult and heart rending portion of the population.

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,

Wm Gitchell, M.D.

Submitter : Dr. Amy Robertson
Organization : Vanderbilt University Medical Center
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely,

Amy C. Robertson, MD

Submitter : Gretchen Wienecke
Organization : Gretchen Wienecke
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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. Tracy Vitolo
Organization : Anesthesi Associates
Category : Other Health Care Professional

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia Associates
Tracy Vitolo
P.O. Box 1458
Painesville, Ohio 44077

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. Robert Moon

Date: 07/20/2007

Organization : Dr. Robert Moon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3382-Attach-1.DOC

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 whole-hearted support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am glad CMS recognizes the gross undervaluation of anesthesia services, and that the Agency will address this 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 only \$15.98 per unit in our geographical area. This amount does not cover the cost of caring for our seniors, and is unsustainable. For example, it costs \$90 per hour per CRNA we employ. Thus, without even covering other practice expenses, our department pays to provide service to almost half of our patients. Our expenses continue to increase faster than revenues and make such losses intolerable.

In an effort to address this increasingly burdensome and untenable situation, the RUC recommended CMS increase the anesthesia conversion factor to partly offset a calculated 32 percent work undervaluation. It would be an increase of nearly \$4.00 per anesthesia unit and reduce the long-standing and unfair undervaluation of anesthesia services. I am pleased the Agency accepted this recommendation in its proposed rule, and I support full immediate implementation.

To improve access to expert anesthesiology medical care in our country, CMS must follow through with the proposal in the Federal Register by fully and immediately increasing the anesthesia conversion factor recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Robert W. Moon MD
Director, Anesthesia Associates of Lima
1103 Bank One, Lima OH 45805



Submitter : Dr. Maria Drake
Organization : SAA, SC
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Maria Drake, M.D.
Springfield, Illinois

Submitter : Dr. George Dawson
Organization : Dr. George Dawson
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Sincerely,
George Dawson

Submitter : Dr. Alexander Grossi
Organization : Dr. Alexander Grossi
Category : Physician

Date: 07/20/2007

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

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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 :

Date: 07/20/2007

Organization :

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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Kristopher Keller

Date: 07/20/2007

Organization : Dr. Kristopher Keller

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

This comment is in reference to CMS-1385-P. The elimination of re-imburement for chiropractic ordered x-rays creates a safety concern. In addition to identification of subluxation, chiropractors need to have diagnostic x-rays to explore the diagnostic differentials and to rule out contra-indications to manipulation. Elimination of x-ray re-imburement needlessly places patients at risk of missed diagnoses and injury from treatment with inadequate information.

Submitter : Dr. James Gill
Organization : Pinnacle Anesthesia Consultants
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Mr. Dan Keller
Organization : Mr. Dan Keller
Category : Other Health Care Professional

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

Over the last 10 years I have worked in group practice management for several different specialties and interacted with numerous others. In 2006 I joined MedOasis, Inc., an anesthesia-specific management services organization. It was only then that I became aware of the vast payment disparity between anesthesia care and other medical specialties. Medicare payment for anesthesia services stands at just \$16.19 per unit today. This amount does not cover the cost of caring for our citizenry, and creates a system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. I am currently working with two groups whose payor mix is heavily influenced by Medicare and they struggle to remain solvent. One group has already lost one physician who left for an area with a stronger payor mix.

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 approximately \$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 Medicare 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.

Dan Keller

Submitter : Dr. Nathan Unterseher
Organization : Klaes Chiropractic Clinic
Category : Chiropractor

Date: 07/20/2007

Issue Areas/Comments

Technical Corrections

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

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

Submitter : Dr. Jeffrey Cannella
Organization : Dr. Jeffrey Cannella
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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.

S. Jeffrey Cannella, MD

Submitter : Dr. Sabrina Bent
Organization : Northwest Anesthesai and Pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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.

Submitter : Dr. Jared Barlow Jr.
Organization : Anesthesia Associates of Kent County
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Jared C. Barlow, MD (Jr.)
Anesthesia Associates of Kent County

Submitter : Dr. Joe Walia
Organization : Dr. Joe Walia
Category : Health Care Professional or Association

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P

See Attachment

CMS-1385-P-3394-Attach-1.DOC

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.

Joe Walia

Submitter : Dr. Jared Barlow Sr.
Organization : University at Buffalo Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Jared C. Barlow, MD (Sr.)
University at Buffalo Anesthesiologists

Submitter : Dr. Henry Bethea
Organization : Bayou Revenue Management
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Submitter : Dr. Julie Bui
Organization : Northwest Anesthesia and Pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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.

Submitter : Dr. Don Carmichael
Organization : Northwest Anesthesia and Pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Submitter : Dr. Timothy Castro
Organization : Northwest Anesthesia and Pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Submitter : Dr. Jack Chapman
Organization : Northwest Anesthesia and pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Submitter : Dr. James Collins
Organization : Bayou Revenue
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Submitter : Dr. Allan Conde
Organization : Northwest Anesthesia and Pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Submitter : Dr. Bingshuan Fang
Organization : Northwest Anesthesia and Pain
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Submitter : Dr. Thomas KILEY
Organization : Michigan Association of Chiropractors(MAC)
Category : Chiropractor

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS: I urge you to abolish the recommendation that patients no longer would be reimbursed for x-rays taken by an MD or DO. The recommendation will only be a hardship for a medicare patient and lead to higher costs due to failure of the provider to be able to properly diagnosis conditions. This is in referenc to file code CMS-1385-P. Thank you , THOMAS E. KILEY, DC

Submitter : Dr. kevin saunders
Organization : vanderbilt University
Category : Health Care Professional or Association

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Christopher Canlas
Organization : Vanderbilt University Medical Center
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-3406-Attach-1.DOC

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,

Christopher Canlas

Submitter : Dr. Patrick Henson
Organization : Vanderbilt University Medical Center
Category : Health Care Professional or Association

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq. Acting Administrator Centers for Medicare and Medicaid Services Attention: CMS-1385-P P.O. Box 8018 Baltimore, MD 21244-8018 Re: CMS-1385-P Anesthesia Coding (Part of 5-Year Review) Dear Ms. Norwalk: I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. 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. Measures like these help ensure that anesthesia residents (such as myself) can look forward to continuing our training and career in a stable fiscal environment, and one where we can continue to serve our Medicare population in an excellent fashion. Thank you for your consideration of this serious matter.

Submitter : Dr. Matthew Roberts
Organization : Vanderbilt Children's Hospital
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

I wish to express my complete 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 have been concerned for years about the impact of the undervalued reimbursement and its impact on access to care for our senior citizens who rely on Medicare.

I am aware that the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. I believe this would make a good impact on the 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.
Matthew A. Roberts MD

Submitter : Dr. Pratik Pandharipande

Date: 07/20/2007

Organization : Vanderbilt University

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
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.

Pratik Pandharipande, MD, MSCI

Submitter : Dr. Nathan Ashby
Organization : Vanderbilt University Medical Center
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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,
Nathan E. Ashby, M.D.
Vanderbilt University Medical Center

Submitter :

Date: 07/20/2007

Organization :

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Scott Watkins
Organization : Vanderbilt University Department of Anesthesiology
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Hernando Arandia

Date: 07/20/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I favor the CMS recommendation to boost anesthesia conversion to account for a 32% work undervaluation that currently exists. it is about time that this is recognized and corrected.

Respectfully,

Hernando Y Arandia MD

Submitter : Mr. John Travis
Organization : Cerner Corporation
Category : Health Care Industry

Date: 07/20/2007

Issue Areas/Comments

**Proposed Elimination of Exemption
for Computer-Generated
Facsimiles**

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Cerner Corporation is a leading supplier of electronic health record systems including CPOE and electronic prescribing functionality to hospitals, clinics and physician offices. Cerner expresses our strong support for the intent of the proposed rule to promote the adoption of e-prescribing capabilities by physicians, and to reduce the administrative costs associated to processing prescriptions by pharmacies. Cerner appreciates the benefits possible for improved patient safety and for reduced errors associated to the full adoption of e-prescribing based on the NCPDP Script transactions. Cerner also encourages the retention of some limited exception provision to continue to allow electronic computer based faxing to occur for those physicians who currently use e-prescribing systems capable of generating them. These exceptions include - (1) To provide a back up in the case normal communication from the prescriber to the pharmacy results in an error or is otherwise unavailable, and (2) To continue to provide a means of sending prescriptions to pharmacies who are not currently able to handle an NCPDP Script message. According to the e-prescribing network SureScripts, about 38% of pharmacies in their directory are "fax only", and while Cerner recognizes paper based faxing is still allowed under the proposed rule, it seems a step backward to compel a prescriber to print out or hand write and then fax a prescription to a "fax only" pharmacy when they currently are able to generate a fax from the same electronic system they would use to send an electronic prescription transaction to other pharmacies capable of receiving an NCPDP Script message. Cerner is of the opinion that these limited exceptions should be allowed because (1) To resort to paper based prescription writing under these circumstances increases patient safety risks for the very reason that paper is a less favorable alternative than an electronic communication for reasons of legibility and accuracy, (2) To resort to paper based prescription writing under these circumstances causes significant workflow interruption and compels the prescriber to follow an electronic process for those pharmacies capable of receiving NCPDP Script transactions and a paper based process for those who cannot but who are capable today of receiving a computer generated fax transmission and (3) Related to the workflow issue, the end user prescriber of an e-prescribing system would have to be aware of what patient/pharmacy benefit plan/pharmacy combinations were capable of receiving electronic prescription Script transactions and which ones were not in order to comply with the proposed rule. In our experience and within our current system capability, the end user prescriber is insulated from this because the system maintains the awareness of what pharmacies are capable of receiving electronic transactions and what pharmacies are fax only. For example, we receive nightly updates of SureScript's pharmacy directory, and if a pharmacy has moved from fax only to electronic transaction capable, the system is aware of this within a day. The user prescriber does not have to know this. To eliminate computer based faxing entirely puts the burden on the end user to know when to print something out or resort to paper based on the capabilities of the receiving pharmacy and the requirements of the pharmacy drug plan. This seems to us a possible significant step backward. Cerner reiterates our full support for the objectives of e-prescribing interoperability, and applauds the efforts to promote its full adoption. Cerner also appreciates the industry needs to continue to make rapid progress on it. Cerner offers the above comments about possible unintended consequences of complete elimination of computer based faxing without some provision to handle these exceptional circumstances as described above.

Submitter : Dr. David Geyer
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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. Chad Johnson

Date: 07/20/2007

Organization : Dr. Chad Johnson

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. Jonathan Yim
Organization : Delaware County Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

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

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Jonathan Yim

Submitter : Mr.
Organization : Mr.
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Howard Albert
Organization : Howard Albert
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Mark Fender
Organization : Macatawa Anesthesia, PC
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

I am pleased that CMS has recognized the undervaluation for anesthesiology services. The RUC has recommended that CMS increase the anesthesia conversion factor. This will help anesthesiologists continue to provide quality services now and into the future. Mark Fender, MD

Submitter : Dr. Larry WILLIAMS
Organization : Western Piedmont Anesthesia
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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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Sincerely,

Larry T. Williams, MD

Submitter : Dr. John Kinsinger

Date: 07/20/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

John W. Kinsinger MD

Submitter : Dr. Maria Bartolozzi

Date: 07/20/2007

Organization : Dr. Maria Bartolozzi

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.

Maria Bartolozzi, MD
Middletown Anesthesia Group
Langhorne Newtown Road
Langhorne, PA 19047

Submitter : Dr. Todd Farney
Organization : Farney Chiropractic
Category : Chiropractor

Date: 07/20/2007

Issue Areas/Comments

Technical Corrections

Technical Corrections

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

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a 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 for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. As it is now, these duplicative services and expenses are not required. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

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

Sincerely,

Dr. Todd Farney D.C.

Submitter : Dr. eswara Botta
Organization : Vanderbilt University
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Eswara Botta MD

Submitter : Dr. Bernard Brandstater
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dcar Ms. Norwalk:

I want to add my urgent voice to many others in the American Society of Anesthesiologists in supporting the proposal to increase payments under the 2008 Physician Fee Schedule. I have practised anesthesiology for many years, and have proved care to numerous elderly patients whose only support is Medicare. The payments given by the Medicare system have long been far below the cost of delivering these services. Now I urge that it is time for a correction. I fully concur with the views expressed in this letter.

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

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Thank you for your consideration of this serious matter.
Bernard Brandstater, M.D. Anesthesiologist, San Antonio Community Hospital, California

Submitter : Dr. Gregory Enders
Organization : Dr. Gregory Enders
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Re: CMS-1385-P
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. I work in a hospital with 55-60% Medicare population.

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,
Gregory L. Enders MD

Submitter : Dr. Christopher Cary
Organization : Dr. Christopher Cary
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Sincerely,

Christopher W Cary MD

Submitter : Dr. Jill Boyle

Date: 07/20/2007

Organization : Vanderbilt University Medical Center

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

I have an elderly mother who will be adversely impacted by any further reductions in reimbursements to her physicians, as they may simply refuse to take any new Medicare pts at a time when she may desperately need both emergency and chronic care. I urge you to consider this revision of payment policies and the potential for widespread consequences if this bill is passed. It will further strain the already overwhelmed emergency departments in virtually all hospitals nationwide as elderly patients may feel they have no recourse but to appear in the emergency rooms for what should be primary care treatment. Medicare patients may be forced to limit necessary routine visits that would ordinarily allow them to improve their health status and remain outside of the hospital. This would actually end up reducing health care costs!

Thank you for enabling me to provide my comments.

Submitter : Dr. Hong Liu
Organization : UC Davis Health System
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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 yours,

Hong Liu, MD.
UCD Health System
Sacramento, CA 95817

Submitter : Dr. Andrea Orfanakis
Organization : Vanderbilt University Medical Center
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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. Our attending anesthesiologists work diligently and continuously to provide professional care to our patients in the operating room while resident physicians run cases under their attendings license. This is an appropriate level of supervision and autonomy for both the patient and the resident physician. Attending surgeons are allowed to run multiple rooms whilst receiving full compensation in each. The same should be true for anesthesiologists. Excellent teachers are at a shortage in the academic institution and they are the main providers of education to future anesthesiologists. It is critical that they be compensated fairly. We all know that they could "make more" in "private practice" yet they choose to work in the academic teaching institution because they believe in the extra role that they provide to the medical community. It is time that their efforts be recognized and their extra work be appropriately compensated.

Thank you for your consideration of this serious matter.

Sincerely,
Andrea Orfanakis, MD

Submitter : Dr. Marc Gipsman
Organization : Dr. Marc Gipsman
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Elaine Yager
Organization : Northwest Anesthesiologists, P.D>
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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.

Elaine Yager MD
Northwest Anesthesiologists, MD

Submitter : Dr. steve slattery slattery

Date: 07/20/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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. Glenn Bolton
Organization : Dr. Glenn Bolton
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Dear Ms. Norwalk:

I am writing to state my enthusiastic support for proposal CMS-1385-P, which increases anesthesia payments under the 2008 Physician Fee Schedule. I want to thank CMS for recognizing how undervalued anesthesia services are, and for addressing the issue.

When RBRVS was initiated, anesthesia services were significantly undervalued relative to other physicians. More than a decade later Medicare payments do not come close to covering the cost of providing care for our senior citizens and the disabled. Thus, many areas with disproportionately large Medicare populations are facing or will soon face shortages of anesthesia services.

To rectify this unfortunate situation, the RUC recommended that CMS increase the anesthesia conversion factor by 32 percent, which offsets the calculated undervaluation of anesthesia services. Unless this proposal is adopted, there may be a deterioration in care for some Medicare recipients. I strongly urge CMS to immediately implement the RUC's recommendation, so our patients have access to expert anesthesia services. I'm sure you realize the far reaching implications of service reductions, because we are a critical part of surgical care.

Thank you for considering this matter.

Sincerely,
Glenn Bolton, M.D.

Submitter : Dr. Timothy Martin
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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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 W. Martin, MD
Anesthesiologist in Arkansas

Submitter : michael minett

Date: 07/20/2007

Organization : michael minett

Category : Other Health Care Professional

Issue Areas/Comments

Technical Corrections

Technical Corrections

You need to abolish the recommendations that xrays will not be covered when used for chiropractic services. If anything should be changed,it should be that xrays be covered when a chiropractor takes xrays, not just a DO or MD. Thank you for your time.

Submitter : Dr. James Thacker
Organization : ASA
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.
James Thacker, M.D.
Front Range Anesthesia Associates
P.O. Box 926
Niwot, CO 80544

Submitter : Dr. John Butterworth
Organization : Dr. John Butterworth
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

1401 Golden Hill Drive
Indianapolis, IN 46208

20 July 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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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 matter.

Cordially,

John F. Butterworth, IV, MD

Submitter : Dr. Hugh Gilbert
Organization : ENH Healthcare
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Kevin Knop

Date: 07/20/2007

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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Thank you for your consideration of this serious matter.

Dr. Kevin Knop, M.D.

Submitter : Dr. Chris Emerson
Organization : President – Oklahoma Society of Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Chris Emerson, MD

Submitter :

Date: 07/20/2007

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. As an anesthesiologist in-training this impacts my entire future career.

J.D. Stamler, MD

Submitter : Dr. Eric Swanlund
Organization : Dr. Eric Swanlund
Category : Physician

Date: 07/20/2007

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
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Thank you for your consideration of this serious matter.

Sincerely,

Eric Swanlund, M.D.

Submitter : Dr. patrick bissell

Date: 07/20/2007

Organization : Dr. patrick bissell

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Thank you for your consideration of this serious matter.

Patrick Bissell M.D.

Submitter : Dr. Eileen Begin
Organization : Center Anesthesia
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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Thank you for your consideration of this serious matter.

Eileen Begin, M.D.

Submitter : Dr. Susan Healey
Organization : Medical Anesthesiology Assoc.
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,
Susan A. Healey, M.D.

Submitter : Dr. Ryan Hulver

Date: 07/20/2007

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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Thank you for your consideration of this serious matter.

Ryan Hulver, DO

Submitter : Dr. Michael Wills
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Michael Wills MD

Submitter : steven carson
Organization : asa
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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. Leslie V.

Submitter : Dr. Quang Uong
Organization : Caritas St. Elizabeths Medical Center
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Dr. Uong
CSEMC
Boston, MA

Submitter : Dr. Brenda Lewis

Date: 07/20/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Regarding CMS-1385-P

I am writing to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have long been undervalued by the Agency.

The current Ohio Anesthesia Conversion factor is under \$16.00 per unit. This is unsustainable. The RUC has recommended CMS increase the value of anesthesia work by 32%. This is certainly the right step in correcting a longstanding discrepancy. I am writing to ask

CMS to approve the RUC's recommendation

Respectfully,

Brenda Lewis

Submitter : Dr. Joseph Colligan
Organization : Dr. Joseph Colligan
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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,

Joseph Colligan, MD

Submitter : Dr. Gregory Liguori
Organization : Hospital for Special Surgery
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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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. Derek Sakata
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Derek Sakata, MD

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Ronald Lessen M.D.

Submitter : Dr. Keith Carringer
Organization : Dr. Keith Carringer
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Cora Lee

Date: 07/20/2007

Organization : Dr. Cora Lee

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to give my support for the proposed increase in anesthesia payments. There has been a big discrepancy in payment for anesthesia care compared to other specialty services. This discrepancy has forced many qualified anesthesiologists away from populations with disproportionately high Medicare patients. I fully support RUC's recommendation to increase the anesthesia conversion factor in order to correct the current undervaluation of anesthesia payment.

Submitter : Dr. Robert Gantt
Organization : Henry Anesthesia Associates
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: 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. Gary Breipohl
Organization : Greater Tulsa Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Blake Vonderheide
Organization : medical anesthesia consultants
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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.

Blake Vonderheide M.D.
Oakland, Ca. 94611

Submitter : Dr. Rodney Hestdalen
Organization : Physician Anesthesiology Group
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3462-Attach-1.DOC

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.

Submitter : Dr. Mark Peterson
Organization : Everest Chiropractic Clinic
Category : Chiropractor

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

TECHNICAL CORRECTIONS CMS-1385-P.

I would oppose elimination of the ability to have chiropractic x-rays ordered by a D.O. or M.D.

Submitter : Dr. Staci Ward
Organization : Advanced Dermatology
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jean Taguiam

Date: 07/20/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

please consider this issue

Submitter : Dr. James Greenawalt

Date: 07/20/2007

Organization : AAI

Category : Physician

Issue Areas/Comments

Ambulance Services

Ambulance Services

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.

By way of example, in Oklahoma, Aetna pays \$59/unit, United \$60, Blue Cross \$52 and Medicare pays \$14!

Thank you for your consideration of this serious matter.

J.W. Greenawalt MD

Submitter : Dr. Rodney Hestdalen
Organization : Physician Anesthesiology Group
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Edward Nortier

Date: 07/20/2007

Organization : CPMG

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Edward J Nortier, MD
Broomfield Colorado

Submitter : Dr. Doris Hardacker`
Organization : Riley Children's Hospital
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. James Bogash
Organization : Dr. James Bogash
Category : Chiropractor

Date: 07/20/2007

Issue Areas/Comments

Technical Corrections

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.

It is not unusual for a Medicare patient in my office to need an X-ray to rule out any "red flags," to look for complicating factors in a non-responsive patient or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up via duplication of services; i.e. E/M code for a PCP to order the film. 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

Submitter : Dr. Michael O'Connor
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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.

Sincerely,

Michael S. O'Connor, DO, MPH
Interim Chairman
Department of Cardiothoracic Anesthesiology, G-30
The Cleveland Clinic
Cleveland, OH 44195

Submitter : Dr. shannon kilkelly
Organization : Vanderbilt University Hospital
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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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. Dan Kopacz
Organization : Southern Colorado Anesthesia Associates
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

Lcslic 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:

We would like to commend CMS for their consideration, and express our strongest support for a much needed adjustment to anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Southern Colorado Anesthesia Associates
Dan J. Kopacz, MD Sundar Rajendran, MD Jeffery Baker, MD
John D. Cregan, MD Jancen Anderson, MD Mark Meyer, MD

Submitter : Dr. Michael Rosenkranz
Organization : Dr. Michael Rosenkranz
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

DME Update

DME Update

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.
Michael P. Rosenkranz, M.D.

Submitter : Dr. John Hynes
Organization : Fair Oaks Anesthesia Associates
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter :

Date: 07/20/2007

Organization :

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. Ezra Kassin
Organization : Dr. Ezra Kassin
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. Andrew Smith
Organization : Valley Medical Center
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Andrew Smith, MD
Renton WA

Submitter : Mr. Loren Munson
Organization : Sonora Regional Medical Center
Category : Physical Therapist

Date: 07/20/2007

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

To Whom It May Concern,

Please accept the following comments and suggestions regarding specific sections for the proposed rule changes in CMS-1385-P. On page 378 of the transmittal you propose to "broaden the current grandfathering clauses for practicing PT's, OT's, PTA's and OTA's" by recognizing those who "meet their respective State qualifications (or have received State recognition as PT's, OT's, PTA's and OTA's) before January 1, 2008". I strongly encourage you to move ahead with this proposal. As a physical therapist in California, I personally know many PTA's who completed the rigorous requirements of experience and sitting for the State Boards in order to become licensed as PTA's by Equivalency in California. These therapists are highly skilled, knowledgeable professionals who often provide superior care to that of a recent graduate of an Accredited PTA school, and they should be allowed to treat Medicare patients in all settings including outpatient. When it comes to PTA's in states that do not require a license, my recommendation would be to request the APTA and AOTA to submit documents whereby minimum competencies could be assessed for PTA's and OTA's. Thank you for considering reversing a ruling that eliminated the ability of many highly trained PTA's to treat Medicare outpatients. I hope that CMS-1385-P will pass with regard to the sections on "Therapy Standards and Requirements". Sincerely, Loren Munson, MPT

Submitter : Dr. William Bailey

Date: 07/20/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Dr. William Bailey

Submitter : Dr. Scott Ames

Date: 07/20/2007

Organization : Associated Anesthesiologists Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Comments on CMS-1385-P and Anesthesia coding and payments.

CMS-1385-P-3481-Attach-1.DOC

Dear Ms. Leslie V. Norwalk, Esq.

Ms. Norwalk I am writing to both thank you for the review of anesthesia reimbursement and to urge you to please use your best efforts to try to eliminate the gross inequity in Medicare payments to physicians in our state. I feel the present levels truly jeopardize future access to medical care if not remedied.

I live in Oklahoma, which as you know is one of the most poorly reimbursed states in the union. Medicare's present level is only a fraction of our state's Medicaid reimbursement. Medicaid is presently addressing the same issues as you and your associates however our state already has significant "access" issues for the indigent. As the cost of providing healthcare continues to soar we in Oklahoma hope we don't have to confront the specter of simply saying "NO" because the cost for emergency anesthesia services exceeds the present pathetic level of pay.

Physician altruism will evaporate as the present "break even" level of pay is eroded to a pay to participate level. To forestall this injustice to our seniors I would ask you to follow through with the proposal in the Federal Register and fully implement the proposed increases.

I sincerely thank you for your consideration of this most important matter.

Scott E. Ames MD
3142 S. Atlanta Pl.
Tulsa, OK
scotteames@msn.com

Submitter : Dr. Brian Craig
Organization : Dr. Brian Craig
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Brian A. Craig MD

Submitter : Dr. Michael Iverson
Organization : Dr. Michael Iverson
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Michael Iverson, MD

Submitter : Dr. Heidi Witherell
Organization : Northern California Anesthesia Physicians
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Heidi Witherell, M.D.
Northern California Anesthesia Physicians

Submitter : Dr. Stephen Yeich
Organization : Dr. Stephen Yeich
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Ms. Rebecca Aukamp
Organization : Ms. Rebecca Aukamp
Category : Other Health Care Professional

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Kevin Lowe

Date: 07/20/2007

Organization : Pinnacle

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.

Kevin Lowe, MD
Pinnacle
13601 Preston Rd., Suite 1000W
Dallas, TX 75240

Submitter : Dr. Brian Barrett
Organization : Dr. Brian Barrett
Category : Chiropractor

Date: 07/20/2007

Issue Areas/Comments

Technical Corrections

Technical Corrections

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. Brian Barrett, D.C.

Submitter : Dr. satish prabhu

Date: 07/20/2007

Organization : aoc pa

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-3489-Attach-1.PDF

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

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

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

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

Submitter : Dr. Robert Lehew
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Robert Lehew, D.O.

Submitter : Dr. Natasha Knowlton
Organization : OSU Medical Center Anesthesiology
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,
Natasha Knowlton D.O.

Submitter : Dr. Michael Bracht
Organization : Old Pueblo Anesthesia
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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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. WAYNE FONG, M.D.

Date: 07/20/2007

Organization : Dr. WAYNE FONG, M.D.

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.

Submitter : Dr. Paul Ponganis
Organization : Anesthesia Service Medical Group
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Paul J. Ponganis, M.D.

Submitter : Dr. Richard Given
Organization : Milford Anesthesia Associates
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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 very pleased that CMS has recognized the undervaluation of anesthesia services and that the Agency is taking steps to address this issue.

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To insure that all our patients get expert anesthesia 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 matter.

Sincerely,

Richard J. Given MD

Submitter : Dr. Andrew Cohen
Organization : ProActive Chiropractic
Category : Other Health Care Professional

Date: 07/20/2007

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

Re: TECHNICAL CORRECTIONS

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

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

Sincerely,

Andrew C Cohen, DC

Submitter : Dr. David Watling
Organization : Anesthesia Associates, P.S.
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

David L. Watling, M.D.
Spokane, Washington

Submitter : Dr. ANN WALIA
Organization : VANDERBILT UNIVERSITY
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Ann Walia, M.D.

Submitter : Dr. Shelly Dumigan
Organization : Anesthesiologist
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Roy Russell
Organization : Hanove Anesthesiology and Pain Medicine
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

DME Update

DME Update

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.

Roy Dallas Russell, MD

Submitter : Ni Yan
Organization : Ni Yan
Category : Individual

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.
Sincerely,

Ni Yan

Submitter : Dr. Daniel Faber
Organization : Dr. Daniel Faber
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

I wish to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

For many years it has been apparent that the RV of anesthesia work has been undervalued. I personally know of anesthesiologists who have changed their work location based solely or mostly on the preponderance of medicare beneficiaries in their practice. They moved because they could not afford to take care of medicare patients.

I believe that this proposed change will go a long way toward making anesthesia services available to the nations medicare beneficiaries.

Thank you for your consideration of this serious matter.

Submitter : Dr. Bradford Barber
Organization : Anesthesiologists of Bartlesville
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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. Sami Zamzam

Date: 07/20/2007

Organization : Dr. Sami Zamzam

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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Thank you for your consideration of this serious matter.

Submitter : Tanmay Panigrahi
Organization : Tanmay Panigrahi
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Glenn Islat
Organization : Valley Anesthesia Consultants, Phx AZ
Category : Physician

Date: 07/20/2007

Issue Areas/Comments

GENERAL

GENERAL

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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.

Submitter : Ms. Dawn McClure
Organization : Northwest Practice Management, Inc
Category : Individual

Date: 07/21/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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. George Alhaj
Organization : American Society of Anesthesiologist
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Abraham Simon

Date: 07/21/2007

Organization : ACNJ

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.

Abraham Simon D.O.
Attending Anesthesiologist,
Department of Anesthesiology
Somerset Medical Center.

Submitter :

Date: 07/21/2007

Organization :

Category : Physician Assistant

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.

Submitter : Dr. Michael Walsh

Date: 07/21/2007

Organization : Dr. Michael Walsh

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

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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.

Michael J. Walsh, M.D.
6432 Brookshire Drive, Dallas, TX 75230
469-232-9456
email: mikeewalsh@aol.com

Submitter : Dr. Kevin DeLuca
Organization : Associated Anesthesiologists of the Finger Lakes
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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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 DeLuca, M.D.
Chairman, Department of Anesthesia
Arnot Ogden Medical Center
Elmira, NY 14901

Submitter : Dr. Robert McKay
Organization : University of Kansas School of Medicine - Wichita
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

For many years, I have been alarmed at the increasing disparity between the costs of providing anesthesiology services and reimbursement from CMS for those services. As the Chair and Program Director of the University of Kansas School of Medicine - Wichita Anesthesiology Residency Program, I have hesitated in recommending anesthesiology as a profession given the increasing dependence on hospital subsidies to cover costs - a direct result of poor reimbursement through the Medicare program. This problem is ever increasing as the number of senior citizens rise, and as I will soon be one, it is quite personal since I am concerned as to where I might be able to receive anesthesiology care in the future. Therefore, 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. This remedy will do a long way in ensuring the viability of this critical profession.

I am very supportive of government involvement in health care, as the government, despite criticisms to the contrary, usually gets it right. However, when the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to nearly all 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 significant 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. Notably, even this new unit value would not cover the actual costs of providing for Medicare patients but it would substantially reduce the losses and increase access to care. Therefore, I am quite pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

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. Donald Perry

Date: 07/21/2007

Organization : ASOL

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS continues to treat anesthesia services as the captive bastard step child. We are not treated or reimbursed at near the levels of other physicians and you intend to make it worse! Medicare patients are often very frail, sick, and risky to give anesthesia to and support during surgery. Still you give the eye boys \$1100 for a ten minute cataract. You treat physical therapist whose services are very questionably helpful better than a physician keeping someone going during a heart op! I think your decision making is flawed and probably crazy. Don Perry MD

Submitter : Dr. Shane Ditty
Organization : Michiana Anesthesia Care
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

Submitter : Dr. James Onigkeit
Organization : Dr. James Onigkeit
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3516-Attach-1.DOC

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

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

Sincerely,

James A. Onigkeit, MD

Submitter : Dr. John Sconzo
Organization : Dr. John Sconzo
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Thomas Kim
Organization : UPMC Dept of Anesthesiology
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Respectfully,

Thomas Y Kim, MD
University of Pittsburgh Medical Center
Department of Anesthesiology

Submitter : Dr. Dana Boskovich
Organization : Dr. Dana Boskovich
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

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

Sincerely,

Dana Boskovich, M.D.

Submitter : Dr. Joshua Pozner
Organization : Mount Sinai Hospital Center
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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:

Joshua H Pozner, MD

Submitter : Dr. Margaret McEvoy
Organization : Anesthesia and Analgesia Medical Group Incorporate
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely

Margaret McEvoy

Submitter : Dr. Igor Tkachenko
Organization : The University of Chicago Hospitals
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.
Sincerely,

Igor Tkachenko, MD, PhD
Department of Anesthesia & Critical Care
The University of Chicago
5841 S. Maryland Ave, MC 4028
Chicago, IL 60637

Submitter : Dr. Blake Reiter
Organization : Balnbridge Anesthesia Associates, PS
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

We are on the front lines of health care everyday, working to treat all comers. The initial undervaluation of our services, combined with an effective decrease in reimbursement as adjusted for cost of living over the years, has led to a situation where we cannot financially afford to provide care to Medicare patients-but we continue to do so. This readjustment will help us.

Thank you for your consideration of this serious matter.

Blake E. Reiter, MD

Submitter : Dr. Roderick Relova
Organization : Dr. Roderick Relova
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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.

Sincerely,
Dr. Roderick Relova
Anesthesiologist

Submitter : Dr. Avery Tung
Organization : University of Chicago
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

When the RBRVS was originally 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 represent a major step forward in correcting the long-standing undervaluation of anesthesia services by Medicare. I am pleased that the Agency has accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that all of 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.

Avery Tung, M.D.
Wilmette, IL
60091

Submitter : Dr. Blake Reiter
Organization : Surgery Center of Silverdale
Category : Ambulatory Surgical Center

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

I applaud the effort to approach a fair reimbursement for the effort and skills it takes to render medical care for patients. Our ASC serves primarily an elderly population. A large portion of our patients use Medicare as their insurance. We have no choice as to who we may see or accept. A reimbursement increase will make it financially more sustainable to attract anesthesiologists to provide care for an aging population. No one wants to join a business that is losing money with no change seen on the horizon. We want to continue to take care of the patients without regard to insurance. This increase is not a final answer, but it goes a long way toward improving a situation and makes continued access to care easier for us to provide to a Medicare population. Thanks. Blake

Submitter : Dr. Randy Fatheree

Date: 07/21/2007

Organization : Dr. Randy Fatheree

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.

I am pleased that the Agency accepted the recommendation from RUC to increase the anesthesia conversion factor. This will serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. 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.

Randy S. Fatheree, D.O.

Submitter : Dr. Jose Samson
Organization : Old Pueblo Anesthesia Inc
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment. Thank you

CMS-1385-P-3528-Attach-1.DOC

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.

Submitter : Dr. Jeffrey Lockhart

Date: 07/21/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Thank you for your consideration of this serious matter.

Submitter : Dr. William Hetrick
Organization : Dr. William Hetrick
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3530-Attach-1.DOC

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.

Submitter : Dr. Kevin Dennehy

Date: 07/21/2007

Organization : MGPO

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 yours
Kevin Dennehy

Submitter : Dr. Raul Montiague, M.D.
Organization : Grinnell Regional Medical Center
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely yours,

Dr. Raul Montiague

Submitter : Dr. Dragos Galusca
Organization : Henry Ford Health System
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Dragos M Galusca, MD

Submitter : Dr. David MacLeod
Organization : Duke University Medical Center
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: 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. Kathryn Ames
Organization : Pinnacle Anesthesia Consultants, Inc.
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Kathryn S. Ames, M.D.

Submitter : Dr. Dale Derby
Organization : DALE DERBY DO, PC
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Dale Derby DO
7247 N. 201 E. Ave
Owasso, OK 74055-5876

Submitter : Joseph West

Date: 07/21/2007

Organization : Joseph West

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Re: cms-1385-P

Leslie Norwalk, Esq
Dear Ms Norwalk:

I am writing to express my support for the proposal to increase anesthesia payments under the 2008 Physician fee schedule. Thank you.

Joseph West

Submitter : Dr. Mark Shulkosky
Organization : Anesthesiologists of Erie
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

Mark J. Shulkosky, M.D.
Department of Anesthesia
Hamot Medical Center
201 State Street
Erie, PA 16550

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,

Mark J. Shulkosky, M.D.

Submitter : Dr. Brian Thwaites

Date: 07/21/2007

Organization : Dr. Brian Thwaites

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposal to increase reimbursement for anesthesia services based on your 5 year review. It would appear that reimbursement for anesthesia services has been undervalued for many years now.

Submitter : Dr. Steven Mezsick
Organization : Indiana University School of Medicine
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Steven Mezsick, MD
Anesthesiology Resident
Indiana University School of Medicine

Submitter : Dr. Paul Kerby
Organization : Star Anesthesia of San Antonio, TX
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Brian Starr
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Clint Farris

Date: 07/21/2007

Organization : Dr. Clint Farris

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
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Thank you for your consideration of this serious matter.

Clint Farris M.D.

Submitter : Jane Farris

Date: 07/21/2007

Organization : Jane Farris

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Vishal Oza

Date: 07/21/2007

Organization : Dr. Vishal Oza

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jorge Uribe
Organization : Old Pueblo Anesthesia
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

With regards to the possible increase in medicare anesthesia payments: Anesthesiologists have historically been underpaid for services rendered compared to our other medical colleagues. If the patients were young, healthy individuals, the job would be easy and one can argue that the payment is just. Yet the service performed is quite often in a high risk patient population with many comorbid diseases for high risk procedures (vascular, cardiac). In addition to the anesthetic, such a patient often requires extra monitoring which entail further invasive and high risk procedures (arterial lines, central lines, pulmonary artery catheter, TEE) for their function. I understand that the medicare budget is very tight, and that there is not much "wiggle" room for increasing physician reimbursement. I just wanted my voice to be heard and your organization to understand that the anesthetic in the elderly for high risk surgical procedures should not be trivialized by less than equal reimbursement.

Thank you for your time and consideration.

Jorge Uribe M.D. Ph.D.

Submitter : Dr. Brenda Kruse

Date: 07/21/2007

Organization : Mcfarland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of CMS 1385-P, which will increase payments for anesthesia services. Insufficient payments are certainly a concern in the specialty, and previous cuts in reimbursement have definitely negatively impacted access to care for Medicare patients. When compared to private insurance reimbursement, Medicare payments are woefully insufficient, especially considering that the patients served under Medicare are generally more complicated and have more comorbid conditions. This increase in payment to anesthesia providers would only begin to rectify the discrepancies which currently exist between anesthesia and other medical specialties. Please consider this increase.

Submitter : Dr. Nathaniel Simon
Organization : Dr. Nathaniel Simon
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Robert Snyder
Organization : American Society Anesthesiology
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Robert L. Snyder, DO,FAOCA
2367 Deer Valley Rd
Midland,MI 48642

Submitter : Dr. M. Paige
Organization : Group Anesthesia Services
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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--Michael Paige, M.D.

Submitter : Dr. Charles Schmitter
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/21/2007

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

Anesthesia Coding (Part of 5-Year Review)

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Submitter : Dr. William Green

Date: 07/21/2007

Organization : Dr. William Green

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

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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

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Thank you for your consideration of this serious matter.

William R. Green M.D. M.B.A.

Submitter : Dr. Edmund Ho

Date: 07/21/2007

Organization : UAMS

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Joseph Carter
Organization : Dr. Joseph Carter
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

Resource-Based PE RVUs

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Thank you for your consideration of this serious matter.

Joseph W. Carter

Submitter :

Date: 07/21/2007

Organization :

Category : Individual

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. Kevin Flaherty

Date: 07/21/2007

Organization : BAG P.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

/Users/rivermac/Desktop/commentlettertemplate.doc

Submitter : Dr. Doug Mandel
Organization : Shasta Anesthesia Consultants
Category : Physician

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Sincerely,

Doug Mandel, MD

Submitter : Mr. Samuel Golden
Organization : Mr. Samuel Golden
Category : Individual

Date: 07/21/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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To ensure that our patients—both Medicare and Medicaid-dependent, 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. As a provider for anesthesia at the University of Chicago Children's hospital, I care for a high percentage of local patients who are on Medicaid. The Medicaid reimbursement is simply not adequate enough to assure the vitality of this noble endeavor.

Sincerely,

Samuel Golden

Submitter : Dr. Michael Crabtree
Organization : University of New Mexico Health Sciences Center
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Michael R. Crabtree, M.D.

Submitter : Dr. Carl Koutnik
Organization : Shasta Anesthesia Consultants
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

Background

Background

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

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Thank you for your consideration of this serious matter.

Carl J. Koutnik MD
Diplomate, American Board of Anesthesiology

Submitter : Dr. Teresa Otto

Date: 07/22/2007

Organization : Billings Anesthesiology, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I applaud your initiative to raise the Medicare reimbursement for anesthesiologists. Caring for Medicare recipients has become something that is not cost-effective. I continue to care for them to the best of my abilities. Being paid more appropriately is something all physicians and health care providers deserve.

Submitter : Dr. James D'Amato
Organization : William Backus Hospital
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

Dear CMS,

I am writing this letter in strong support of CMS-1385-P, a proposal to increase the anesthesia conversion factor to account for a calculated 32 percent work undervaluation.

For years, anesthesiologists have been providing the highest level of care to our Medicare patients. These patients are often amongst the most complicated and high risk of all those presenting for surgery, due to the common presence of significant co-existing diseases. Anesthesiologists are leaders in patient safety, and we continue to find ways to improve patient outcomes.

Unfortunately, all of these efforts to our Medicare patients have been grossly undervalued. The current anesthesia conversion factor for Medicare does not even cover the costs of a nurse anesthetist's salary. Hence, many anesthesia groups are actually losing money when they provide services to Medicare patients. This type of economic impact affects a group's ability to recruit and retain the quality personnel that are needed to provide the best care to all of our patient populations.

Our surgical colleagues have always enjoyed a much better Medicare reimbursement relative to their commercial and managed care contracted rates. It is time to recognize the inequity that has been long standing, and has had a large impact on our specialty. Earlier this year the RUC submitted a recommendation to CMS to boost the anesthesia conversion factor. I stand in very strong support of this recommendation.

Please feel free to contact me if you have any questions on my comments. I thank you for your time and attention in this crucial matter.

Sincerely yours,

James M. D'Amato, M.D.
President, Norwich Anesthesia Associates
William Backus Hospital
Norwich, CT 06360
jdamato@wvbh.org

Submitter : Mr. Sean Mirski
Organization : Mr. Sean Mirski
Category : Individual

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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.
Yours sincerely,
Sean Mirski

Submitter : Mrs. Beata Mirski
Organization : Mrs. Beata Mirski
Category : Individual

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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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.

Yours sincerely,
Beata Mirski

Submitter : R Carlson
Organization : Anesthesia Consultants
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

Your consideration for increasing Medicare payments for anesthesia services is greatly appreciated. We would love to be able to continue to serve these patients but the current pay schedule makes this difficult.

Thank you for your help.

sincerely,

R Michael Carlson

Submitter : Dr. David Craig
Organization : Dr. David Craig
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

David Leo Craig, M.D.
1400 Vihar Cove
Round Rock, Texas 78681

July 21, 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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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 Craig, M.D.
Capitol Anesthesiology Association
Austin, Texas

Submitter : Dr. Matthew Gummerson
Organization : Wilford Hall Medical Center
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. 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. Donald Loarie

Date: 07/22/2007

Organization : Dr. Donald Loarie

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:

It is extremely important that the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule be adopted. 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.

There is 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.

The RUC recommendation to rectify this situation would be a major step forward in correcting the long-standing undervaluation of anesthesia services. 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.

Donald J. Loarie, MD

Submitter : Dr. Raul Peragallo
Organization : Dr. Raul Peragallo
Category : Physician

Date: 07/22/2007

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
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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.

Raul Peragallo, M.D.

Submitter : Dr. Gregory Marcoe

Date: 07/22/2007

Organization : ASA

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
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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. It has come at an important time in my career and life for I have been contemplating a change in my career which would surely impact these same seniors. My choices were to work for less, retire early, or move to another state with better compensation and less Medicare. I live in Michigan where there is a certain physician and nursing shortage looming in the future and where the economy only gets worse every day. For those of us that stay, we face uncertain hardships and difficulties of this shortage and the prospect of earning less income. Many a night I have spent with the increasing percentages of low government payor insurance or no insurance patients making nothing while the CRNAs, techs, nurses, and even the janitor is at least compensated. This is an unfair tax on the surgeons, physicians, and us. This is a system that will certainly fail without action and I will be one of the first physicians forced out unfortunately at the highpoint of my career at age 48.

Submitter : Dr. Joel Ciarochi
Organization : Metropolitan Anesthesia Associates
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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

Submitter : Dr. Rita Newman
Organization : Dr. Rita Newman
Category : Individual

Date: 07/22/2007

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.

Rita Grant Newman, M.D.

Submitter : Dr. Gary Fischer
Organization : American Assoc Anesthesiologists
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Gary W. Fischer M.D.
Anesthesiologist
2012 Lake Air Dr., Suite E
Waco, TX 76710

Submitter : Dr. Patrick Sullivan
Organization : Grossmont Hospital
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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

Patrick G. Sullivan, M.D.
Vice-Chief, Dept of Anesthesia
Grossmont Hospital
La Mesa, CA

Submitter : Dr. Tork Harman
Organization : Linn Co. Anesthesiologists
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Tork Harman MD

Submitter : Dr. Denise Weiss
Organization : University of Kansas School of Medicine-Wichita
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Dr. Denise Weiss
Anesthesiology Resident
University of Kansas-Wichita
Wichita, KS 67209
dweiss@kumc.edu

Submitter : Dr. Joshua Smith
Organization : Old Pueblo Anesthesia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Sincerely,

Joshua T. Smith, M.D.

Submitter : Dr. Gerald Holguin
Organization : Dr. Gerald Holguin
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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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.

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Thank you for your consideration of this serious matter.

Gerald Holguin MD

Submitter : Dr. Margaret Allen
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Margaret Allen, M.D.
2151 Broadway St. Apt 12
Roanoke, VA 24014

Submitter : Dr. Raul Montiague, M.D.
Organization : Grinnell Regional Medical Center
Category : Physician

Date: 07/21/2007

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
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Thank you for your consideration of this serious matter.

Sincerely yours,

Dr. Raul Montiague

Submitter : Dr. Alexander Cardenas

Date: 07/22/2007

Organization : Anesthesiology Consultants of Virginia

Category : Physician

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Alexander Cardenas, M.D., 6623 Leffler Lane, Roanoke, VA 24018

Submitter : Dr. William Carnevali
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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William Carnevali, M.D.
1837 Greenwood Drive
Roanoke, VA 24015

Submitter : Dr. Bradley Cashion
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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

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Bradley Cashion, M.D., 6330 Hamlet Trail, Roanoke, VA 24018

Submitter : Dr. John Conrad
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

John Conrad, M.D., 3137 Hidden Oak Road, Roanoke, VA 24018

Submitter : Dr. George Coury
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

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

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Thank you for your consideration of this serious matter.

George Coury, M.D., 219 Meadow Ridge Lane, Boones Mill, VA 24065

Submitter : Dr. James Crawford
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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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.

James J. Crawford, M.D., 6951 Highfields Farm Drive, Roanoke, VA 24018

Submitter : Dr. Ursula Curtiss
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Ursula Curtiss, M.D., 1000 Oak Spring Road, Clifton Forge, VA 24422

Submitter : Dr. Robert Dallas
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

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
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Thank you for your consideration of this serious matter.

Robert Dallas, M.D., 672 Shawnee Trail, Troutville, VA 24175

Submitter : Dr. Miinh Dang
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Leslic V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Minh Dang, M.D., 6582 Mason View Lane, Roanoke, VA 24018

Submitter : Dr. John Delaney
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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John Delaney, M.D., 3260 Somerset Street, SW, Roanoke, VA 24014

Submitter : Dr. Daniel DeMeys
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Daniel D. DeMeys, M.D., 1820 Greenwood Road, Roanoke, VA 24015

Submitter : Dr. Elizabeth Duckworth
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Elizabeth Duckworth, M.D., 6527 Tallwood Drive, Roanoke, VA 24018

Submitter : Dr. Robert Duggar
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Robert Duggar, Jr., M.D., 5355 Silver Fox Road, Roanoke, VA 24018

Submitter : Dr. Charles Gadpaille
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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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.

Charles Gadpaille, M.D., 6620 Courtassel Lane, Roanoke, VA 24018

Submitter : Dr. Judy Gustafson
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Judy Gustafson, M.D., 5350 Poor Mountain Road, Salem, VA 24153

Submitter : Dr. Donald Heindel
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Donald Heindel, M.D., 3635 Catawba Road, Blacksburg, VA 24060

Submitter : Dr. David Hunt
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

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
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David Hunt, M.D., 1911 Arden Road, Roanoke, VA 24015

Submitter : Dr. James Karlen
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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James Karlen, M.D., 6769 Hidden Woods Drive, Roanoke, VA 24018

Submitter : Dr. Jeffrey Kessel
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Jeffrey Kessel, M.D., 240 Baier Drive, Salem, VA 24153

Submitter : Dr. Maxine Lee
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Maxine Lee, M.D., 5432 Woodchuck Lane, Roanoke, VA 24018

Submitter : Dr. Roger Litwiller
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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Roger Litwiller, M.D. 3001 Burnleigh Road, Roanoke, VA 24014

Submitter : Dr. Neil Macdonald
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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Centers for Medicare and Medicaid Services
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Neil Macdonald, M.D., 3246 Links Manor Drive, Salem, VA 24153

Submitter : Dr. James Niederlehner
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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James Niederlehner, M.D., 6609 Hidden Woods Ct., Roanoke, VA 24018

Submitter : Dr. Theodore Pearson
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Theodore Pearson, M.D., 3245 Brightwood Place, Roanoke, VA 24014

Submitter : Dr. Stephen Grice
Organization : Dr. Stephen Grice
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-3605-Attach-1.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Submitter : Dr. Antonio Perez
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Antonio Perez, III, M.D., 3124 Oak Ridge Rd., Roanoke, VA 24018

Submitter : Dr. Christopher Pressley
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

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Christopher Pressley, M.D., 3016 Lockridge Road, Roanoke, VA 24014

Submitter : Dr. Richard Puyana
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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Richard Puyana, M.D., 5573 Valley Drive, Roanoke, VA 24018

Submitter : Dr. Teodulo Remandaban
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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Teodulo Remandaban, M.D., 3839 Bosworth Drive, Roanoke, VA 24014

Submitter : Dr. Christine Sherman
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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Christine Sherman, M.D., 2710 Avenham Ave., Roanoke, VA 24014

Submitter : Dr. Kathryn Grice
Organization : Dr. Kathryn Grice
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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GENERAL

See Attachment

CMS-1385-P-3611-Attach-1.DOC

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. Cathy Jo Swanson
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Cathy Jo Swanson, M.D., 3426 W. Ridge Road, Roanoke, VA 24014

Submitter : Dr. Charles Sturm
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Charles Sturm, M.D., 1425 Cravens Creek Lane, Roanoke, VA 24018

Submitter : Dr. David Thompson
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

David Thompson, M.D., 2801 S. Jefferson Street, Roanoke, VA 24014

Submitter : Dr. Glenn Torre
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Glenn Torre, M.D., 1630 Belleview Ave., Roanoke, VA 24014

Submitter : Dr. Stephen Grice

Date: 07/22/2007

Organization : Dr. Stephen Grice

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3616-Attach-1.DOC

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.

Submitter : Dr. Thomas Trostle
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Thomas Trostle, M.D., 453 Apple Road, Boones Mill, VA 24065

Submitter : Dr. Paul Wolff
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Paul Wolff, M.D., 8230 Winterwood Trail, Roanoke, VA 24018

Submitter : Dr. William York
Organization : Anesthesiology Consultants of Virginia
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

William York, M.D., 1769 Scenic View Drive, Moneta, VA 24121

Submitter : Dr. Robert Pasternak
Organization : Detroit Medical Center/Wayne State University
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Robert Pasternak, M.D.

Submitter : Dr. Elizabeth Krenz
Organization : Dr. Elizabeth Krenz
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Sincerely,

Elizabeth Krenz, MD

Submitter : Dr. thanh tran
Organization : allied anesthesia medical group
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter

Submitter : Reza Ramezankhani
Organization : Reza Ramezankhani, M.D.
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Reza Ramezankhani, M.D.
Board Certified Anesthesiologist

Submitter : Dr. Stanford Prescott
Organization : Allenmore Anesthesia Associates
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

I am sending this in support of the proposed increase in the conversion factor for anesthesia care provided to Medicare patients.

Anesthesia services are severely undervalued by Medicare at this time. This proposed increase will help relieve some of that iniquity that exists now.

It is starting to get to the point that I, as an anesthesiologist, will no longer be able to afford to provide anesthesia services to Medicare patients since the compensation is so small for so much risk.

If someone were to say, "Go get that sick elderly patient through a major surgical procedure and I will pay you \$50." most people would say you were crazy. It really is starting to get to that point.

Please see attachment.

CMS-1385-P-3624-Attach-1.DOC

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.

Submitter : Dr. William Corkey
Organization : Critical Health Systems
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Dr. William B. Corkey

Submitter : Dr. Ben LaGrone
Organization : Dr. Ben LaGrone
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Ben LaGrone

Submitter : Dr. David Williamson

Date: 07/22/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3627-Attach-1.TXT

CMS-1385-P-3627-Attach-2.DOC

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

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

Thank you for your consideration of this serious matter.

David C. Williamson, M.D.
318 Wilshire Place
Corpus Christi, TX 78411

Submitter : Dr. Robert Chen
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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,

Robert Chen, M.D.
Anesthesia Associates of Lancaster
133 East Frederick Street
Lancaster, PA 17551
717-394-9821

Submitter : Dr. David Colonna

Date: 07/22/2007

Organization : Dr. David Colonna

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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CMS' low reimbursement formulation does not cover the cost of employing a nurse anesthetist, and CRNAs are an integral part of the anesthesia care team. They are essential for patient access to the operating room. The low reimbursement rates in question are being subsidized by private insurers, and in turn, by the companies and employees that pay high health insurance premiums.

Thank you for your consideration of this serious matter.

Submitter : Dr. Peter Jernigan
Organization : Presbyterian Anesthesia Associates, PA
Category : Physician

Date: 07/22/2007

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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Thank you for your consideration of this serious matter.

Sincerely,

Peter A. Jernigan, MD

Submitter : Dr. Greg Hulsey
Organization : Northwest Anesthesia
Category : Physician

Date: 07/22/2007

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 Fitzpatrick
Organization : Anesthesiology Associates of Clark County, Inc
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. William Frame
Organization : Dr. William Frame
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review
Please see attachment.

CMS-1385-P-3633-Attach-1.DOC

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,

William A. Frame, MD

Submitter : Mrs. Lorie Frame
Organization : Mrs. Lorie Frame
Category : Nurse

Date: 07/22/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review
Please see attached letter.

CMS-1385-P-3634-Attach-1.DOC

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,

Lorie C. Frame, RN

Submitter : Dr. julian mirman
Organization : Dr. julian mirman
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

5

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
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. Erin Underwood
Organization : Dr. Erin Underwood
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Erin Underwood D.O.

Submitter : Dr. Christopher Elser
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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,

Christopher Elser
Pennsylvania

Submitter : K. Douglas Smith
Organization : Northside Anesthesiology Consultants
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-3638-Attach-1.TXT

CMS-1385-P-3638-Attach-2.TXT

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.

Submitter : Dr. David Dockweiler
Organization : Anesthesia Service Medical Group
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Please support this very needed change!

Submitter : Ms. Catherine Dunn

Date: 07/22/2007

Organization : Ms. Catherine Dunn

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please recognize that EVERYTHING is becoming more expensive. Most physicians' practices are organized as small businesses. When business overhead rises and income contractually remains the same, the business cannot continue. Please increase Medicare payment to ALL physicians, to keep Doctors' offices in this country open. Thank you.

Submitter : Dr. Christopher Rumery

Date: 07/22/2007

Organization : CASE Medical Group

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I strongly support increasing the payment for physician anesthesia compensation

Submitter : Dr. John Jabour
Organization : Dr. John Jabour
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Submitter : Dr. Erin Underwood

Date: 07/22/2007

Organization : Dr. Erin Underwood

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3643-Attach-1.DOC

CMS-1385-P-3643-Attach-2.DOC

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.

Submitter : Dr. SARA JEAN c
Organization : Northwestern Memorial Hospital
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Sara Jean Childers, M.D.
Assistant Professor of Anesthesiology
Northwestern University Medical School
Medical Director of Perioperative Services
Northwestern Memorial Hospital

Submitter : Dr. Ping Hu
Organization : Sherman Hospital
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Barbara Sorensen

Date: 07/22/2007

Organization : Dr. Barbara Sorensen

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,

Barbara J Sorensen, MD

Submitter : Dr. Eswara Rao Kakarala
Organization : Sangamon Associated Anesthesiologists
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Tony Tsai

Date: 07/22/2007

Organization : Dr. Tony Tsai

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.

Submitter : Dr. Steve Lee
Organization : Dr. Steve Lee
Category : Physician

Date: 07/22/2007

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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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. When I started practicing 20 years ago, Medicare was paying about \$36 per unit. 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.

Steve Lee MD
167 El Pinar
La Selva Beach, Ca. 95076

Submitter : Dr. Ann Bartoloni
Organization : St John's Anesthesia Group
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,

Ann Bartoloni MD

Submitter : Dr. Kevin Dasen

Date: 07/22/2007

Organization : TPMG

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie Norwalk, Esq.
Acting Administrator
CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

RE: CMS-1385-P

Anesthesia Coding

Dear Ms. Norwalk:

I am writing in support of an increase in anesthesia payments under the 2008 Physician Fee Schedule. There has been a great disparity in payment to physicians to provide care to our nations elderly patients, many of which are extremely high risk patients. The current amount of reimbursement does not cover the cost of care of our patients. I support full implementation of the RUC's recommendation to increase the anesthesia conversion factor.

Thank you for your time.

Kevin Dasen, M.D.

Chief, Department of Anesthesiology
North Valley, TPMG

Submitter :

Date: 07/22/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P
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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 : Brentan Edwards
Organization : American Academy of Anesthesiologists Assistants
Category : Physician Assistant

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Brentan M. Edwards, AA-C
205 North Decatur Lane
Decatur, GA 30033

Submitter : Dr. Juan carlos Roman
Organization : Little Rock Anesthesia Services
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Dr. Carlos Roman M.D.

Submitter : Dr. Bradley Perkinson
Organization : Dr. Bradley Perkinson
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Bradley Perkinson, M.D.

Submitter : Dr. Viachaslau Barodka
Organization : Thomas Jefferson University Hospital
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely yours,

Viachaslau Barodka, MD
Department of Anesthesiology
Thomas Jefferson University

Submitter : Dr. Mark Halterman
Organization : Clinical Partners, PA, Oklahoma
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam:

My colleagues and I respectfully request that you seriously consider the revisions to the Medicare Physician Fee Schedule. As you are aware, anesthesiologists as a whole have continued to lag further behind over the past few years and now many practitioners are for the first time in their practice history seriously evaluating other options. If the current trends are allowed to continue we will be unable to continue to staff with the caliber of physicians now in place. Anesthesia as a specialty as well as the patients we care for may well suffer if the current revisions under consideration are not accepted and implemented in the very near future.

Respectfully,

Mark W. Halterman, MD, MS
Medical Director, Anesthesia Group-Hillcrest Medical Center

Submitter : Dr. Mitchell Siegan
Organization : Dr. Mitchell Siegan
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. wei kwok
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

P.O. Box 8018
Baltimore, MD 21244-8018
Rc: 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. Stefanie Fischer
Organization : The University of Texas Medical Branch
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Stefanie R. Fischer, M.D.
Associate Professor
Department of Anesthesiology
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555

Submitter : Dr. alan strobel

Date: 07/22/2007

Organization : Dr. alan strobel

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. Thomas Cox

Date: 07/22/2007

Organization : Washington University School of Medicine

Category : Physician

Issue Areas/Comments

Background

Background

I am a pediatric anesthesiologist and the residency program director for the Anesthesiology Department at the Washington University School of Medicine.

Submitter : Dr. Carlos Viesca
Organization : El Paso Orthopaedic Surgery Group
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Carlos Omar Viesca, MD

Submitter : Dr. Patricia Dailey
Organization : Dr. Patricia Dailey
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Simon Chao

Date: 07/22/2007

Organization : WFUSOM

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3665-Attach-1.DOC

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,

Dr. Simon W. Chao
Clinical Instructor of Anesthesiology
Wake Forest University School Of Medicine

Submitter : Mr. Joshua Cooperman
Organization : Mr. Joshua Cooperman
Category : Individual

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P
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:

Please make sure there are anesthesiologists, CRNAs, and AAs available to care for me when I have surgery.

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. Zulfiqar Ahmed
Organization : Dr. Zulfiqar Ahmed
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms Novak: In reference to CMS-1385-P, I hear by support the American Society of Anesthesiology's position to restore the reimbursement to physician anesthesiologists.

I recieved my training in anesthesiology from 199-2002 at Loyola University Medical Center in Maywood, IL.

Based on my experience in recent past, I can tell you that during that period, about one third of the faculty at my program came and left from the department. It was mainly because of the salary difference in academic and private practices. We lost some of our stellar teachers to private practices. I urge you to stop this unfair practice. I can also assure you that by passing the above mentioned rule, no medical or nursing specialty will be affected.

Please let me know if I can answer any more questions.

Submitter : Dr. Randall Waring
Organization : Dr. Randall Waring
Category : Physician

Date: 07/22/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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.

Submitter : Dr. Jeffrey Wall
Organization : Warren Family Medicine
Category : Physician

Date: 07/23/2007

Issue Areas/Comments

**Proposed Elimination of Exemption
for Computer-Generated
Facsimiles**

Proposed Elimination of Exemption for Computer-Generated Facsimiles

I am very concerned about the proposed elimination of exemption for computer-generated facsimiles for prescriptions. Our office (and many offices in our region) use an electronic medical record, and the vast majority of prescriptions that we generate are transmitted via fax.

Our alternatives to faxing prescriptions are:

- (1) signing up with an e-prescription company which is an added expense and apparently continues to have some problems interfacing with our electronic medical record (as per report from other users), or,
- (2) printing all of our prescriptions one at a time on security paper, which is also costly (4.5 cents/page) and time in-efficient.

We plan to eventually transition over to Sure Scripts as our main means of transmitting prescriptions, however I am not sure that we will be able to do this within the short time period that this proposal allows. Additionally, during this time period, I am not sure enough of the interface problems will be resolved to make this option completely reliable for our needs.

Even in the setting of using e-prescribing 100% of the time, I feel that the option of faxing prescriptions should remain available. Faxing prescriptions would still be useful as a backup in situations where there are problems with e-prescribing (i.e. internet interruptions, problems with electronic transmission, etc.), or if a prescription has to be sent to a pharmacy that does not participate in e-prescribing.

In summary, I would suggest that:

- (1) your time frame for eliminating prescription faxing be increased by a year to allow us and all other electronic medical record users time to sign up with an e-prescribing company and time to learn the interface to prevent prescription errors,
- (2) not entirely eliminating the fax exemption, but allowing limited faxing to be utilized in certain situations, and
- (3) offer financial assistance to specifically defray the cost of the setup fee and the monthly fees for e-prescribing service (or consider subsidizing these services to decrease the out-of-pocket expenses for prescribers).

Thank you.
Jeffrey Wall, DO

Submitter : Dr. Brian Moon
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/23/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Brian W. Moon MD

Submitter : Dr. eric brouch
Organization : anesthesia care associates
Category : Physician

Date: 07/23/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Eric M Brouch, M.D.

Submitter : Stephen Reidy
Organization : Stephen Reidy
Category : Physician

Date: 07/23/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3672-Attach-1.DOC

CMS-1385-P-3672-Attach-2.DOC

CMS-1385-P-3672-Attach-3.DOC

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.

Submitter : Stephen Reidy

Date: 07/23/2007

Organization : Stephen Reidy

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3673-Attach-1.DOC

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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