

Submitter : Dr. Mark Downey
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Background

Background

I am writing to comment on the possibility that Medicare may increase the per-unit reimbursement for anesthesia.

I am strongly in favor of this change, because the current Medicare reimbursement level is well below the typical market rates. In fact, one fiscal study determined that if an anesthesiologist cared for and billed exclusively Medicare patients for an entire year, he or she would receive in the neighborhood of \$86,000. This amount is far too low to sustain practice costs and physician salaries.

My pay as an anesthesiologist in the US Navy, from which I resigned in 1994, was about \$120,000 (taking into account tax-exempt housing allowances.) With inflation, this number would be substantially higher today. Yet I resigned THEN because the salary was at most 50 to 60% of prevailing private practice income.

For reasons that are unknown to me, Medicare drastically slashed anesthesia reimbursements sometime in the late 1980's. (I am not aware of exactly when this change occurred; it certainly happened before I finished my residency in 1991.) Most other medical specialists and generalists receive Medicare reimbursement much closer to the prevailing rates paid by non-governmental insurers. I sincerely hope the Medicare rate-setters take this information to heart, and not only raise the reimbursement level by what is being considered, but in fairness raise it even more so.

Thank you.

Submitter : Dr. Dana Crovo
Organization : Spectrum Medical Group
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Please see attached

CMS-1385-P-1152-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.

Sincerely,

Dana Crovo, MD
Director, Pain Services
Maine Medical Center
Portland, Maine 04102

Submitter :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see above

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. Justin Shields
Organization : Dr. Justin Shields
Category : Physician

Date: 07/11/2007

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. Robert Dougan
Organization : Pikes Peak Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists were paid at a rate of \$15+ per unit in the mid-80's PLUS modifiers (age>70, ASA classes III and IV, emergency) which added another 10% to our income for Medicare. On an inflation adjusted basis since 1985, we should easily be over \$30 per unit. We are currently reimbursed at \$13, two dollars less than the 80's. Now our fine federal government wants us to take an 8.5% pay cut because we "make too much." I think congressmen and most federal employees have had COLA's since the 80's and most have less training and responsibility than we do. Try doing a hip pinning on a 90 year old with congestive heart failure on 12 drugs in the middle of the night for \$165, and then have to submit the bill three times. I'd write Medicare the same check not to have to do the case. It takes too many years off my life. Welcome to our world.

Submitter : Dr. Patrick O'Neil

Date: 07/11/2007

Organization : Dr. Patrick O'Neil

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Dear Sirs:

The anesthesiology conversion factor has been undervalued since the original use of the Medicare Payment Schedule. I applaud the fact that there is a proposal (CMS-1385-P) to update the schedule and bring the anesthesiology conversion factor more in line with the payment other physicians receive from Medicare. Please implement the proposed increase.

Sincerely,

Patrick R. O'Neil, M.D.

7357 US 52 South

Lafayette, IN 47905

Submitter : Dr. Chester Lake, Jr.
Organization : Dr. Chester Lake, Jr.
Category : Physician

Date: 07/11/2007

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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Submitter : Dr. Edwin Bartine
Organization : Gaston Anesthesia Assoc.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

Submitter : Dr. David Green

Date: 07/11/2007

Organization : GHA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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)

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Thank you for your consideration of this serious matter.

David M. Green, MD

Submitter : Dr. Byron Ashmore

Date: 07/11/2007

Organization : Dr. Byron Ashmore

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. Gary Loren

Date: 07/11/2007

Organization : Dr. Gary Loren

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Gary Loren, M.D.

Submitter : Dr. Todd Koppel
Organization : Garden State Pain Management
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

**Geographic Practice Cost Indices
(GPCIs)**

Geographic Practice Cost Indices (GPCIs)

Practice costs continue to increase.

Malpractice

Malpractice

Malpractice insurance rates continue to increase.

Submitter : Dr. Anjali Panjwani
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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. Walter Trautman
Organization : Dr. Walter Trautman
Category : Physician

Date: 07/11/2007

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.

Walter Trautman, MD

Submitter : Dr. Terry Hurt
Organization : Lynchburg Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Terry W. Hurt, MD July 11, 2007
Lynchburg Anesthesia Associates
1663 Link Road
Lynchburg, VA 24503

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,

Terry W. Hurt, MD

Submitter : Dr. Jerry Clark
Organization : Wake Forest University School of Medicine
Category : Physician

Date: 07/11/2007

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. Catherine Harris
Organization : Anesthesia Services, P.A.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Background

Background

I worked in England for eight years, and am aware that costs could be better managed in the U.S.A. In our practice, the reimbursement by Medicare covers our nurse anesthetist salaries only; I am working for free.

Submitter : Dr. Reinhard Ketsche
Organization : Dr. Reinhard Ketsche
Category : Physician

Date: 07/11/2007

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 an anesthesiologist and have been in private practice for the past 20 years. The continued erosion of Medicare payments for my services has been distressing for a long while. I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

Today 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. For physicians committed to continuing to serve the Medicare population, income has significantly eroded.

There is little doubt that declining income contributes to trends such as early retirement among physicians, which in turn limits the supply of anesthesiologists for all populations. Thus low reimbursement from Medicare for physician services (or any other service, for that matter) has secondary implications for all populations in the US.

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.

Sincerely,
Reinhard Ketsche, MD

Submitter : Thomas Shaw

Date: 07/11/2007

Organization : Thomas Shaw

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1170-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

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Thank you for your consideration of this serious matter.

Thomas Shaw
Osteopathic Medical Student 3rd year
Kansas City University of Medicine and Biosciences
ASA member

Submitter : Dr. J. Elizabeth Schoemaker

Date: 07/11/2007

Organization : Associated Anesthesiologist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

An increase in the payment that Medicare make for anesthesia services will result in better pain managment and health care for patients, especially elderly patients.

Submitter : Dr. Rex Cheng
Organization : Harbor/UCLA Medical Center
Category : Physician

Date: 07/11/2007

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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Submitter : Dr. Jeffrey Graham

Date: 07/11/2007

Organization : Dr. Jeffrey Graham

Category : Physician

Issue Areas/Comments

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Submitter :

Date: 07/11/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

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Submitter : Dennis Buonafede
Organization : Dennis Buonafede
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Medicare should increase anesthesia payments!

It's reimbursement is substandard compared to any other in the industry.

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

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I would like to thank CMS for considering correcting the past undervaluation of anesthesia services by highly trained physicians providing important care to our nation's medicare recipients, often the most medically complicated and therefore work-intensive patients for whom we care. Historically, medicare payment for physician services have been significantly lower than that of average private payors. For anesthesiologists, this has been true to a much greater degree than for many other medical specialties. Until now, this problem has not been remedied. In fact, in the twenty years that I have provided medical care to our senior citizens, payment by medicare for that care has not only not increased secondary to inflation, it has actually decreased.

I do appreciate the enormous financial challenge that CMS faces as the number of our citizens who qualify for medicare coverage is burgeoning and life expectancy is increasing as well. However, continuing to decrease payments to physicians will eventually lead to a financial inability of physicians to continue to care for an ever increasing percentage of patients paying an ever decreasing percentage of costs. Access to care will be limited and our seniors may not be able to obtain medical care they want and need. That is the real healthcare crisis for seniors that we as a nation must determine to avoid.

Again, I thank you kindly for your attention to the matter of increasing medicare payment to anesthesiologists and strongly encourage you to enact CMS-1385-P.

Sincerely,

Daniel W. Heflin, MD

Submitter : Dr. David Jaffe

Date: 07/11/2007

Organization : Dr. David Jaffe

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 : Katherine Kinghorn
Organization : ASA
Category : Physician

Date: 07/11/2007

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.

Regards,

Katherine Kinghorn, M.D.

Submitter : Dr. Edwin Bartine
Organization : Dr. Edwin Bartine
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

CMS-1385-P-1179-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. John Hodgson
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I strongly encourage increased medicare reimbursement for Anesthesia procedures to encourage high levels of monitoring and care and to avoid anesthesiologists being stretched too thin in order to be profitable.

Submitter : Dr. Aung Gyi
Organization : AEHN
Category : Physician

Date: 07/11/2007

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 : Ms. Clarke Carson
Organization : Ms. Clarke Carson
Category : Individual

Date: 07/11/2007

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.

Submitter : Dr. Leonel Palmero
Organization : Bay Area Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

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. irving hirsch

Date: 07/11/2007

Organization : Dr. irving hirsch

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

cms 1385 c this proposed change should be approved in order to assure the continuing excellent anesthesia care which is currently available

Submitter : Dr. John Hunter

Date: 07/11/2007

Organization : Dr. John Hunter

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

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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.

John M Hunter, MD
46-133 Punalei Pl
Kaneohe, HI 96744
johnnyby@hawaii.rr.com
808-542-3969

Submitter : Dr. Kelly Jones

Date: 07/11/2007

Organization : Dr. Kelly Jones

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P.

SEE ATTACHMENT

CMS-1385-P-1186-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 : Todd Koppel
Organization : Garden State Anesthesia
Category : Physician

Date: 07/11/2007

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
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. Todd Koppel

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 : Mrs. Susan Houck
Organization : College of Medicine Department of Anesthesiology
Category : Academic

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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.

Susan Houck
Department of Anesthesiology

Submitter : Dr. Adam Waldman

Date: 07/11/2007

Organization : Dr. Adam Waldman

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1189-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. Paul Johnson
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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.

Best Regards,

Paul L. Johnson DO
Resident Anesthesiologist
University of Kentucky

Submitter :

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. ERIC RISOVI
Organization : ASA
Category : Physician

Date: 07/11/2007

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.

Eric Risovi, MD

Submitter : Dr. Ladan Farhoomand
Organization : San Dieguito Anesthesiology Medical Group
Category : Physician

Date: 07/11/2007

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

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. Jeffrey Drees
Organization : University of Texas Southwestern Medical Center
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-1194-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.

Jeffrey J. Drees, MD

Submitter : Mr. William Carson
Organization : Mr. William Carson
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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. Daniel O'Brien

Date: 07/11/2007

Organization : Dr. Daniel O'Brien

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1196-Attach-1.DOC

Daniel O'Brien, MD
79 Elmwood Road
Lunenburg, MA 01462

11JULY2007

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,

Daniel O'Brien, MD

Submitter : Dr. David Feenstra

Date: 07/11/2007

Organization : Dr. David Feenstra

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

#1197

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 : Melanie Bamert

Date: 07/11/2007

Organization : Melanie Bamert

Category : Pharmacist

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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CMS-1385-P-1198

Thank you for your consideration of this serious matter.

Submitter : Kristen Natale
Organization : KCOM
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

ASP Issues

ASP Issues

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,
Kristen Natale

Submitter : Dr. John McAllister
Organization : Washington University
Category : Physician

Date: 07/11/2007

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)

Please see attachment

CMS-1385-P-1200-Attach-1.RTF

CMS-1385-P-1200-Attach-2.RTF

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. As the US population ages, this proposal is critically important to ensure Medicare beneficiaries have continuing and uncompromised access to the best available anesthesia care throughout the country, irrespective of socioeconomic status or geographic location.

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Thank you for your consideration of this serious matter.

Submitter : Dr. John Tetzlaff
Organization : Cleveland Clinic
Category : Physician

Date: 07/11/2007

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
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.

John E. Tetzlaff, M.D.
Division of Anesthesiology, E-30
Cleveland Clinic
9500 Euclid Avenue
Cleveland, Ohio 44195
216 444-3739
tetzlaj@ccf.org

Submitter : Dr. Howard Rogers
Organization : Dr. Howard Rogers
Category : Physician

Date: 07/11/2007

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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Submitter : Dr. Kevin Kinkead

Date: 07/11/2007

Organization : Dr. Kevin Kinkead

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please see attached letter

CMS-1385-P-1203-Attach-1.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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Kevin P. Kinkead MD

Submitter : Dr. fernando resano
Organization : Dr. fernando resano
Category : Physician

Date: 07/11/2007

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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Submitter :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Submitter : Dr. Thomas Novak
Organization : Dr. Thomas Novak
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : Dr. Benton Fong
Organization : Dr. Benton Fong
Category : Physician

Date: 07/11/2007

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. David Feenstra
Organization : Dr. David Feenstra
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment regarding CMS-1385-P

CMS-1385-P-1208-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,

David S. Feenstra, M.D.

Submitter : Dr. J. M. Hay

Date: 07/11/2007

Organization : Dr. J. M. Hay

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Ms. Norwalk:

As an anesthesiologist with 26 years of "in the trenches" experience, I am confident that my views and concerns are shared by many of my fellow anesthesiologists. 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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Submitter : Dr. Kunal Gangopadhyay

Date: 07/11/2007

Organization : Dr. Kunal Gangopadhyay

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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Submitter : Dr. David Reich
Organization : Mount Sinai School of Medicine
Category : Physician

Date: 07/11/2007

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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As Chair of an academic department, please understand that Medicare's unfair reimbursement policy relative to other specialties hurts seniors by impeding the ability of academic department faculty to devote time to the research and teaching activities that will educate the next generation of anesthesiologists.

Thank you for your consideration of this serious matter.

David L. Reich, M.D.
Horace W. Goldsmith Professor and Chair
Department of Anesthesiology
Mount Sinai School of Medicine
One Gustave L. Levy Place
New York, NY 10029-6574
212-241-7473 voice
212-876-3906 fax
david.reich@mountsinai.org

Submitter : Dr. Nazar Kalivoshko
Organization : Hunt Valley Anesthesia
Category : Physician

Date: 07/11/2007

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 : gaston garcia

Date: 07/11/2007

Organization : gaston garcia

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1213-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. Craig Gross
Organization : Dr. Craig Gross
Category : Physician

Date: 07/11/2007

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. Bhaskar Mazumdar
Organization : Dr. Bhaskar Mazumdar
Category : Physician

Date: 07/11/2007

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 under valuation 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 under valuation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services in San Antonio (rest of Texas) stands at just \$16.08 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 either being forced away from areas with disproportionately high Medicare populations, or are abandoning subspecialties with high Medicare populations such as cardiac anesthesia. A simple example highlights this issue. If a Coronary Artery Bypass Graft (Heart Bypass) is coded as 40 units, Medicare's payment is $(16.08 \times 40) \times 80\% = \515.00 . Deducting an anesthesiologist's expenses and income taxes usually leaves him with \$200-\$250 to take home for 4 hours of hard work dealing with the sickest Medicare patients. No wonder many anesthesiologists are walking away from Medicare cases, and increasingly this will impact the care of Medicare patients.

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 under valuation 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 under valuation 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.

Bhaskar Mazumdar MD
San Antonio, Texas

Submitter : Dr. Robert Hendrick
Organization : Dr. Robert Hendrick
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1216-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 in my state (Louisiana) stands at approximately \$16 per unit. This is one third of the reimbursement we receive from managed care contracts. This amount does not cover the cost of caring for our Medicare patients, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. It also forces the cost of staffing anesthesia departments to be supplemented by the facilities where services are provided.

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.

Robert S. Hendrick, Jr. M. D.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/11/2007

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.

Submitter : Dr. Thomas Rich
Organization : Atlantic Anesthesia, Inc.
Category : Physician

Date: 07/11/2007

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.

Thomas J. Rich, M.D.

Submitter : Dr. Mias Pretorius
Organization : Vanderbilt University
Category : Physician

Date: 07/11/2007

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,

Mias Pretorius
Assistant Professor of Anesthesiology

Submitter : Dr. E. Kathryn Lowry
Organization : Dr. E. Kathryn Lowry
Category : Physician

Date: 07/11/2007

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,
E. Kathryn Lowry, MD

Submitter : Dr. Richard Bartkowski
Organization : Thomas Jefferson Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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. Jennifer Youngblood
Organization : Dr. Jennifer Youngblood
Category : Physician

Date: 07/11/2007

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. Traci Shogren-Knaak
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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. Mark Schroeder
Organization : Dr. Mark Schroeder
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the extraordinary 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, significantly due to undervaluation of anesthesia work as 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. Anesthesiologists are being forced away for financial reasons 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 and encourage 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. chad wagner

Date: 07/11/2007

Organization : vumc

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.

Submitter : Dr. Phyllis Marlar
Organization : Dr. Phyllis Marlar
Category : Physician

Date: 07/11/2007

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.

I personally am insulted by the poor payment I receive for taking care of the sickest, most challenging part of our population. I continue to provide good care b/c it is the ethical thing to do, but I can certainly understand why others would refuse to. It makes for poor business to operate at a loss for a long time, and that is what we do in taking care of Medicare patients at the current reimbursement rate.

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.

Phyllis T. Marlar, MD

Submitter : Dr. Glenn Dragon

Date: 07/11/2007

Organization : Dr. Glenn Dragon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed increase in the unit rate for anesthesiologists. Presently, the medicare rate is roughly 30% of our private payer rate. This puts all hospital based anesthesiologists who care for these patients at financial risk. The hourly rate does not even meet my operational costs. This increase will allow me to continue to give the best care to the sickest patients.

Submitter : Dr. Andrew Astrove
Organization : BROAD Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1228-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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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 Pike
Organization : Medical Anesthesia Consultants Medical Group, Inc.
Category : Physician

Date: 07/11/2007

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.

Robert A. Pike, M.D.
200 Brannan Street, No. 337
San Francisco, CA 94107

Submitter : Dr. Lisa Koenig
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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. Igor Kravchenko
Organization : Dr. Igor Kravchenko
Category : Physician

Date: 07/11/2007

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.

Igor Kravchenko, MD

Submitter : Dr. Karl Pintar
Organization : Dr. Karl Pintar
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Impact

Impact

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,

Karl H. Pintar, MD
Anesthesiologist

Submitter : Dr. Annette MacIntyre
Organization : University of Utah
Category : Physician

Date: 07/11/2007

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.

Annette MacIntyre, MD, FRCPC
Associate Professor of Anesthesiology
University of Utah

Submitter : J Dean Mollner
Organization : J Dean Mollner, MD, Inc.
Category : Physician

Date: 07/11/2007

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.

J Dean Mollner, MD

Submitter : Dr. Roger Stuart

Date: 07/11/2007

Organization : OAG

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Roger Stuart MD

Submitter : Dr. Ian Black
Organization : Dr. Ian Black
Category : Physician

Date: 07/11/2007

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. Corey Scurlock
Organization : Dr. Corey Scurlock
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1238

Submitter : Dr. Corey Scurlock
Organization : Dr. Corey Scurlock
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1238-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. Stuart Tillman
Organization : Shands Hospital at the University of Florida
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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)

I have attached the recent letter sent by the American Society of Anesthesiologists concerning increases in Medicare reimbursement for anesthesiologists. I feel that the current payments are under cost and compromising the care of those insured by Medicare. I support the ASAs position in this matter and hope that you choose to pass the proposed increases. Thank you for your time.

Sincerely,

Stuart F Tillman, MD

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.

#1240

Michael Menninger, MD

2533 NW 140th Terr
Gainesville, FL 32606
352-331-7209
mmenninger@gmail.com

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,

Michael D. Menninger, M.D.

CMS-1385-P-1240

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

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1385-P, See Attachment

CMS-1385-P-1240-Attach-1.PDF

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

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Ms. Norwalk:

I wish to strongly support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Thank you for addressing this issue as it is long overdue for consideration.

Anesthesia has long been undervalued in relation to other medical services provided to seniors. In my area, Medicare payment for anesthesia services is at about \$16 per unit. This doesn't come close to covering my costs for caring for the seniors in my practice. We have a large Medicare and Medicaid patient load as we provide care at the major hospital in the state for cardiac and transplant services. Frankly, the practice is close to being bankrupt because of the disparity in payments for Medicare and Medicaid. The problems are compounded by the fact that some private insurers link payment to federal reimbursement levels. The system is becoming more and more untenable as the population ages. We can no longer provide Rolls Royce services for Kia prices.

The proposal to rectify this situation, that CMS increase the anesthesia conversion factor to offset the calculated 32 percent work undervaluation, an increase of about \$4.00 per unit is a start.

Thank you for accepting this recommendation in your proposed rule. I strongly urge you to support full implementation of this RUC recommendation.

Our seniors are going to require access to expert anesthesia care more and more as the population ages. The importance of following through on the proposal in the Federal Register and immediately implementing the anesthesia conversion factor increase as recommended by the RUC cannot be stressed enough.

Thank you for your attention to this matter.

John Pank, MD

Submitter : David Milner, M.D.

Date: 07/11/2007

Organization : David Milner, M.D.

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.

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Thank you for your consideration of this serious matter.

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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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CMS-1385-P-1242

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Thank you for your consideration of this serious matter.

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. Johnathan Mauldin
Organization : Emory University
Category : Physician

Date: 07/11/2007

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,

Johnathan M. Mauldin, MD

Submitter : Dr. Kenneth Hansen
Organization : Dr. Kenneth Hansen
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

This letter is written in order to express support for increasing medicare reimbursement for anesthesia services. The current level of reimbursement by medicare for anesthesia services is woefully inadequate--I believe that it is the poorest reimbursement in all of medicine. I am an anesthesiologist and I can attest to the fact that medicare does not reimburse us well enough to allow us to cover the expense of employing our certified registered nurse anesthetists. (If the only cases that we performed were insured by medicare, my current practice could not afford to stay in business).

If the federal government wishes to continue to have medicare patients taken care of by anesthesiologists, it must increase the reimbursement rate. As a group, I believe that medicare has taken advantage of us: Unlike many other specialties, we have historically taken care of 'all comers.' We do not turn patients away or select the patients in our practice based on the type of insurance that they have. I believe that the government has taken advantage of this tendency, and believes that we will accept medicare payments out of fiduciary duty, regardless of how pitiful reimbursement becomes. I assure you, however, that there is a breaking point and it has nearly been reached. There is definitely a problem with the system when a plumber is compensated better for routine work than an anesthesiologist is for providing emergent services during the middle of the night for some of the sickest patients imaginable.

In summary, if you wish to turn anesthesiology into a nursing field, you are making the correct moves by unrelentingly cutting our compensation. Just remember that we do make a difference--the general public may not realize this because our work is seldom seen and is thus often unappreciated--and that patients will suffer without this remaining a physician's specialty. Please increase the reimbursement for anesthesia services

Kenneth D Hansen, MD
Anesthesiologist
Appleton, WI
(920) 738-3970

Submitter : Dr. Bayer Cheng

Date: 07/11/2007

Organization : acmg

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Bayer P. Cheng, M.D.
staff anesthesiologist

Submitter : Paul Mintz

Date: 07/11/2007

Organization : Paul Mintz

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr. Richard Kaplan
Organization : Children's National Medical Center Washington DC
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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Submitter : mark stypula
Organization : West Penn Hospital
Category : Physician

Date: 07/11/2007

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Submitter :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

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Submitter : Dr. David Nakata
Organization : Indiana University Medical Center
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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Sincerely,
David A. Nakata, MD, MBA