

Submitter : Dr. guozhang cheng
Organization : sinai hospital of Baltimore
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.

Guozhang Cheng, MD

Submitter : Mr. Richard Whalen

Date: 07/11/2007

Organization : Mr. Richard Whalen

Category : Individual

Issue Areas/Comments

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Submitter : Mr. Bill Palmquist
Organization : Mr. Bill Palmquist
Category : Individual

Date: 07/11/2007

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Submitter : Mr. Todd Raquet

Date: 07/11/2007

Organization : Mr. Todd Raquet

Category : Individual

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Submitter :

Date: 07/11/2007

Organization : Palms Wellington Surgery Center

Category : Ambulatory Surgical Center

Issue Areas/Comments

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Submitter : Mr. Ron Raquet

Date: 07/11/2007

Organization : Mr. Ron Raquet

Category : Individual

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Submitter : Dr. Harry Wong

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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I strongly support CMS 1385-P regarding Revisions in Physician payments.

Submitter : Mrs. Mary Ellen Schuler

Date: 07/11/2007

Organization : Mrs. Mary Ellen Schuler

Category : Individual

Issue Areas/Comments

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Submitter : Dr. Eduardo Fraifeld
Organization : Dr. Eduardo Fraifeld
Category : Individual

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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Sincerely
Eduardo M Fraifeld, MD

Submitter : Mr. Jim Woytek
Organization : Mr. Jim Woytek
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

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Submitter : Dr. Maria Feichtl
Organization : Nova Southeastern University
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

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Submitter : Dr. Harold Miller
Organization : Dr. Harold Miller
Category : Physician

Date: 07/11/2007

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Submitter : Mrs. Joan Fraifeld
Organization : Mrs. Joan Fraifeld
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

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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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Joan Fraifeld

Submitter : Mrs. Marian Michaels
Organization : Mrs. Marian Michaels
Category : Congressional

Date: 07/11/2007

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Submitter : Mr. AL Kulikauskas
Organization : Mr. AL Kulikauskas
Category : Individual

Date: 07/11/2007

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Submitter : Dr. Veena basava
Organization : West Penn Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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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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Submitter : Mrs. Susan Jones

Date: 07/11/2007

Organization : Mrs. Susan Jones

Category : Individual

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Submitter : Dr. veena basava
Organization : west penn hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

DME Update

DME Update

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

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Submitter : Dr. Bridget Solomon

Date: 07/11/2007

Organization : Dr. Bridget Solomon

Category : Pharmacist

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To make certain 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 crucial matter.

Submitter : Dr. Ceressa Ward
Organization : Dr. Ceressa Ward
Category : Pharmacist

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 crucial matter.

Submitter : Mr. Matt Chapman

Date: 07/11/2007

Organization : Mr. Matt Chapman

Category : Physician Assistant

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 crucial matter.

Submitter : Mr. Matthew Nobari
Organization : Indiana University School of Medicine-Anesthesia
Category : Health Care Professional or Association

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

I believe that if funds are available to increase payments for anesthesia, then this would be an advantageous step for our health care system. Currently, one reason many physicians decide not to care for Medicare patients is that the payments the physicians receive are inadequate. In turn, this leads to fewer doctors being available for Medicare patients. In order to increase access to all people in the United States, I believe it is important to make payments more adequate for anesthesiologists so as to improve health care access. Thank you for your organization's consideration of this matter.

Sincerely,

Matt Nobari
Physician candidate, Indiana University School of Medicine

Submitter : Dr. Lorna Miller
Organization : Loudoun Anesthesia Associates
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:

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Thank you for your consideration of this serious matter.

Lorna M. Miller, MD

Submitter : Mr. Robert Palmquist
Organization : Mr. Robert Palmquist
Category : Individual

Date: 07/11/2007

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 crucial matter.

Submitter : Dr. Sujin Lee
Organization : Dr. Sujin Lee
Category : Pharmacist

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 crucial matter.

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

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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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. Benjamin Kline
Organization : Reading Anesthesia Associates
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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Sincerely,
Benjamin Kline, MD.

Submitter : Mr. Eric Weider
Organization : Mr. Eric Weider
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this crucial matter.

Submitter : Dr. Nancy Borja

Date: 07/11/2007

Organization : Dr. Nancy Borja

Category : Pharmacist

Issue Areas/Comments

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Re: CMS-1385-P

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Thank you for your consideration of this crucial matter.

Submitter : Mrs. Mary Matthews

Date: 07/11/2007

Organization : Mrs. Mary Matthews

Category : Individual

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this crucial matter.

Submitter :

Date: 07/11/2007

Organization : Atlantis Outpatient Center

Category : Ambulatory Surgical Center

Issue Areas/Comments

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this crucial matter.

Submitter : Ms. Joy Marcus
Organization : Ms. Joy Marcus
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Submitter : Mr. Lee Fallon
Organization : Mr. Lee Fallon
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

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Submitter : Dr. Reina Carcifi
Organization : Dr. Reina Carcifi
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

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Thank you for your consideration of this crucial matter.

Submitter : Dr. Michael Dorsey

Date: 07/11/2007

Organization : Dr. Michael Dorsey

Category : Physician

Issue Areas/Comments

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Anesthesia Coding (Part of 5-Year Review)

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Submitter : Dr. Cary Machado
Organization : Dr. Cary Machado
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

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Submitter : Mr. Normas Tamaka

Date: 07/11/2007

Organization : Mr. Normas Tamaka

Category : Individual

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

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

To make certain 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 crucial matter.

Submitter : Dr. Goar Alvarez
Organization : Nova Southeastern University
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I wish to express my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very thankful that CMS has realized that anesthesia services have been dramatically undervalued, and that the Agency is now taking steps to address this complex issue.

When the RBRVS was instituted, a huge payment disparity was created for anesthesia care. This was mostly due to significant undervaluation of anesthesia work compared to other physician services. This disparity has grown worse over time. Today, more than ten years since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This figure 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 significantly high Medicare populations. The fact that Medicare reimbursement has become so low has led to a spiraling decrease in the number of anesthesiologists relative to the demand for their services. Without some significant relief in reimbursement, there will be an ever-increasing lack of available quality anesthesia services for America's elderly patients.

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

To make certain 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 crucial matter.

Submitter : Ms. Stuart Ulrich
Organization : Ms. Stuart Ulrich
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I wish to express my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very thankful that CMS has realized that anesthesia services have been dramatically undervalued, and that the Agency is now taking steps to address this complex issue.

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

To make certain 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 crucial matter.

Submitter : Dr. Mary Ann Ramirez
Organization : Nova Southeastern University
Category : Pharmacist

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I wish to express my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very thankful that CMS has realized that anesthesia services have been dramatically undervalued, and that the Agency is now taking steps to address this complex issue.

When the RBRVS was instituted, a huge payment disparity was created for anesthesia care. This was mostly due to significant undervaluation of anesthesia work compared to other physician services. This disparity has grown worse over time. Today, more than ten years since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This figure 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 significantly high Medicare populations. The fact that Medicare reimbursement has become so low has led to a spiraling decrease in the number of anesthesiologists relative to the demand for their services. Without some significant relief in reimbursement, there will be an ever-increasing lack of available quality anesthesia services for America's elderly patients.

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

To make certain 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 crucial matter.

Submitter : Dr. John Beauregard
Organization : Dr. John Beauregard
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)
Dear Ms. Norwalk:

Currently the Medicare payment rate for Anesthesia services is approximately 36% of commercial insurance. This is contrasted with the average of other specialties at approximately 80% of commercial rates. This is contributing to the efflux of some of the best anesthesiologists out of the hospitals and into ambulatory surgery centers where payments are significantly higher due to selection at the for profit centers, of the insured patients. If this continues, the shortage of anesthesiologists in the hospitals will be progressively more severe. Raising the Medicare rate will likely slow the attrition of qualified anesthesiologists out of the hospital where most Medicare patients are treated because they are older and sicker.

Thus, 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.
John F. Beauregard MD

Washington, DC

Submitter : Ms. Kathy Petsos
Organization : Ms. Kathy Petsos
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I wish to express my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very thankful that CMS has realized that anesthesia services have been dramatically undervalued, and that the Agency is now taking steps to address this complex issue.

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

To make certain 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 crucial matter.

Submitter : Ms. Sandra Carter
Organization : Ms. Sandra Carter
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I wish to express my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very thankful that CMS has realized that anesthesia services have been dramatically undervalued, and that the Agency is now taking steps to address this complex issue.

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

To make certain 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 crucial matter.

Submitter : Dr. Edbril Steven
Organization : Pinnacle Anesthesia, PL
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

**Geographic Practice Cost Indices
(GPCIs)**

Geographic Practice Cost Indices (GPCIs)

IN ORDER TO BUILD AND MAINTAIN SUSTAINABLE QUALITY AND SERVICES IN A CONTRACTING ANESTHESIA GROUP PRIVATE PRACTICE MODEL DEMOGRAPHIC WHICH FACES EXTINCTION IN FAVOR OF CORPORATE STRUCTURED PROVIDER MODELS, THIS INCREASE IS IMPERATIVE. THERE WILL ALSO BE THE INDIRECT BENEFIT IN FOSTERING --PERHAPS EVEN ASSURING--MARKET COMPETITION WITHIN THE NON-MEDICARE INSURER RANKS THUS PREVENTING THE SIMULTANEOUS CO-CREATION OF SETS OF REGIONAL MEGAPROVIDER GROUPS WHERE THERE USED TO FLOURISH LOCAL TEAM AND GROUP BASED EXCELLENCE AND COMMERCIALY REASONABLE APPROACHES TO NEGOTIATIONS FOR CONTRACTED RVU RATES

Submitter : Mrs. Judy Peterson
Organization : Mrs. Judy Peterson
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I wish to express my utmost support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very thankful that CMS has realized that anesthesia services have been dramatically undervalued, and that the Agency is now taking steps to address this complex issue.

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

To make certain 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 crucial matter.

Submitter : Dr. Tobin McGowen
Organization : Dr. Tobin McGowen
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

I am in favor of 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.

Tobin McGowen, MD

Submitter : Dr. Lansheng Wang
Organization : Medical Anesthesiology Associates
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
July 11, 2007

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

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

Date: 07/11/2007

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:

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. Gerald Inahara, M.D.
Organization : Dr. Gerald Inahara, M.D.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

<http://www.asahq.org/Washington/commentlettertemplate.doc>

Submitter : Robert Lubanski

Date: 07/11/2007

Organization : Robert Lubanski

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 again 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. This has happened in nearby communities and is in danger of happening in our town. This is a real and immediate issue for the provision of health care for our seniors.

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 E. Lubanski, Jr. MD

Submitter : Dr. Frank E. Hawkins
Organization : Dr. Frank E. Hawkins
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 rural Iowa we see a significant number of Medicare patients, and this is only increasing as our population ages. The proposed changes will make it easier to continue to provide our services to this growing segment of our population. With these proposed changes it will make it easier to retain anesthesiologists to provide services to these patients, who generally are the sickest patients that we provide services to. They deserve the same level of care in the rural area that they receive in the urban areas.

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,

Frank E. Hawkins,

Submitter : Dr. Phillip Riddle
Organization : Solano 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:

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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. Medicare patients are typically the oldest and most critically ill patients anesthesiologists care for. It is difficult to justify the progressively declining reimbursement given to anesthesiologists caring for these 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 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 : Matt Fisher
Organization : Matt Fisher
Category : Health Care Professional or Association

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. As an anesthesia resident in training, issues of billing and payment are of concern to me as I look for locations to start providing anesthesiology care. By passing this proposal, CMS ensures that quality perioperative care will be provided and I will not have to limit my choices to practice based on inadequacy of payment.

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.

Matt Fisher

Submitter : Dr. michael sniderman

Date: 07/11/2007

Organization : LUMC

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 :

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)

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. Bruce Baird

Date: 07/11/2007

Organization : SDA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Dr. Andrew Goodrich
Organization : brevard Anesthesia Services
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

Submitter : Dr. Mark Grim
Organization : Dr. Mark Grim
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1408-Attach-1.DOC

July 11, 2007

Northwest Anesthesia, P. A.
2545 Chicago Avenue South, Suite 311
Minneapolis, MN 55404

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:

Caring for our nations citizens who depend on Medicare payment for their medical services is an important part of my practice. As a physician anesthesiologist, 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 longstanding 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.

The RUC recommended that CMS increase the anesthesia conversion factor to offset the large undervaluation of our work—a move that would serve as a major first 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.

Mark L. Grim, MD
Anesthesiologist

Submitter : Dr. Reuben Wechsler

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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. Richard Henry

Date: 07/11/2007

Organization : Board of Directors Florida Society Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please adjust medicare rates for physicians and nurse anesthetists to reflect the technical difficulties in treating our medicare patient population. They require greater care and skill as medical problems increase proportionately with age.
Richard Henry, MD

Submitter : Dr. Denis Jablonka
Organization : Yale New Haven Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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 :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1412-Attach-1.DOC

#1412

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. Paul Johnson

Date: 07/11/2007

Organization : Dr. Paul Johnson

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Hopefully someone has pointed this out to you in the past but in case they haven't I'd like to inform you that Anesthesiologists are currently reimbursed at an hourly rate that is less than an auto repair shop charges for working on your car. Anything you can do to correct this would go a long way towards improving the moral of my fellow health care workers. Thanks Paul Johnson

Submitter :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1414-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 : Katherine Harding
Organization : North Florida Anesthesia Consultants
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

I would like to express my strong support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I fully support the implementation of the RUC's recommendation. I request the CMS follow through with the proposal in the Federal Register by fully and immediately increasing the anesthesia conversion factor as recommended by RUC.

Submitter : Dr. Michael Ochs
Organization : Colorado Anesthesia Consultants
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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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. Olga Lyuksyutova
Organization : University of Texas Houston Medical School
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,

Olga Lyuksyutova, M.D.
Department of Anesthesiology
University of Texas Medical School-Houston

Submitter : Dr. Bijo Thomas
Organization : Ohio Valley General Hospital Anesthesiology
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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Thank you for your consideration of this serious matter.

Submitter : Dr. Timothy Cooper
Organization : Woods Mill Anesthesia, Inc.
Category : Health Care Professional or Association

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.

Submitter : Dr. Hugo Vazquez

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support this revision of payment CMS-1385-P. I believe it will be a very positive and necessary improvement to the current payment schedules.

Submitter : Dr. Sanford Schaps
Organization : Dominion Anesthesia, PLLC
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachmnet

CMS-1385-P-1421-Attach-1.RTF

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 : Nelson Alverio
Organization : American Society of Anesthesiology
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.

Nelson Alverio, MD

Submitter : Dr. Douglas McAllister
Organization : Dr. Douglas McAllister
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. Christopher May
Organization : FCAA
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I hope this is seriously considered as my practice has had a very difficult time recruiting new partners. i am afraid that the anesthesia field will be filled with underqualified physicians in the future if adequate reimbursement cannot keep the top people coming into the field.

Submitter : Mr. Dan Harper

Date: 07/11/2007

Organization : Mr. Dan Harper

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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

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Dan Harper
Vestavia Hills, AL 35242
Thank you for your consideration of this serious matter.

Submitter : Mrs. Alice Harper
Organization : Mrs. Alice Harper
Category : Individual

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.

Alice Harper
Vestavia Hills, AL 35242

Submitter : Dr. Trevor Pitsch
Organization : OHSU Anesthesiology
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. Michael Less
Organization : Dr. Michael Less
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1428-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.

Michael A Less, M.D.
15W316 60th St
Burr Ridge, IL 60527

Submitter : Mr. Tony Spatz
Organization : ASA
Category : Health Care Professional or Association

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.

Tony W. Spatz

Submitter : Dr. Thomas Delaney
Organization : Dr. Thomas Delaney
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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Alexander Dubelman
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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.

Alexander M. Dubelman, M.D.

Submitter : Dr. Ravi Dammanna
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

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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.

Sincerely,
Ravi Dammanna, MD
Anesthesiology
Pain Management

Submitter : Dr. Pravin Gandhi
Organization : CASE Med Grp
Category : Physician

Date: 07/11/2007

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)

Dear Ms. Norwalk:

I am an anesthesiologist practicing in Roseville, California, at Sutter Roseville Medical Center. We have very active Level II trauma Program. A large proportion of patient population that come to our hospital are in the elderly age group (over 70 years) who require Orthopedic reconstructive surgery, Urologic procedures, Cataract extraction and lens implant procedures and neurologic procedures. Anesthesia manpower has reduced over the last few years because of reduced reimbursement in anesthesia services. As a result we find it very difficult to recruit well qualified anesthesiologists at our hospital. I understand many hospitals, including the teaching hospitals are suffering a similar fate.

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.

Yours sincerely,
Pravin Gandhi, M.D.
Anesthesiologist/Medical Co-Director Perioperative Services,
Sutter Roseville Medical Center.
Roseville, Ca. 95661

Submitter : Dr. vimal lala

Date: 07/11/2007

Organization : Advanced Pain Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiology and interventional pain management procedures are risky and require an extensive amount of training to do. I feel that the reimbursements for these procedures should certainly be increased.

Submitter : Dr. Jennifer Foley
Organization : Emory
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
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Thank you for your consideration of this serious matter.

Jennifer R. Foley, M.D.

Submitter : Dr. Michael Beaudrie
Organization : Eau Claire Anesthesiologist Ltd.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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.

Michael Lee Beaudrie D.O.

Submitter : Dr. Michael Perouansky
Organization : University of Wisconsin Hospital and Clinics
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
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Thank you for your consideration of this serious matter

Submitter : Dr. Deborah Creath
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Clinton La Grange
Organization : AMGSB
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Michael Bishop
Organization : Dr. Michael Bishop
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Matthew Vo
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/12/2007

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
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Thank you for your consideration of this serious matter.

Sincerely yours,

Matthew Vo, M.D.

Submitter : Dr. Jonathan Feuer
Organization : Dr. Jonathan Feuer
Category : Physician

Date: 07/12/2007

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.

Submitter : Dr. Joseph Morgan

Date: 07/12/2007

Organization : Dr. Joseph Morgan

Category : Physician

Issue Areas/Comments

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.

Joseph E. Morgan, M.D.

Submitter : Dr. Vaucheria Carter-Rubenstein

Date: 07/12/2007

Organization : Dr. Vaucheria Carter-Rubenstein

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Re: CMS-1385-P

Dear Ms. Norwalk,

I am writing to express my strong support of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am glad that CMS has recognized the extreme undervaluation of anesthesia services. I have been giving anesthesia 25 years and Medicare payments to me are less than they were 25 years ago. This amount does not cover the cost of caring for our nations seniors and does not fairly compensate the anesthesia provider for the consultative time, risk, administration of the anesthetic, and post op follow up. Medicare represents 40% of my practice but only 15% of my income. Payment from Medicare doesn't cover it's fair share of my office overhead and malpractice premium. In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset the 32% work undervaluation...a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the longstand undervaluation of anesthesia services. I am please the Agency accepted this recommendation in its proposed rule. I support full implementation of the RUC's recommendation. It is imperative for CMS to follow through with the proposal in the Federal Registry by fully implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this matter of utmost importance to me.

Sincerely,

Vaucheria Carter-Rubenstein MD

Submitter :

Date: 07/12/2007

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

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Submitter : Dr. August Chang
Organization : Dr. August Chang
Category : Physician

Date: 07/12/2007

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.

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Submitter : Dr. Vadim Tokhner
Organization : Dr. Vadim Tokhner
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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Sincerely,

Vadim Tokhner, M.D.
(Diplomate of American Board of Anesthesiology)

Submitter : Dr. Leah Baron

Date: 07/12/2007

Organization : Burlington Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-1448-Attach-I.DOC

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Submitter : Dr. Emmanuel Guerrero
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/12/2007

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Submitter :

Date: 07/12/2007

Organization :

Category : Physician

Issue Areas/Comments

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