

**Submitter :** Dr. Marisa Lomanto  
**Organization :** Dr. Marisa Lomanto  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Hello:

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,  
Marisa Lomanto, MD

**Submitter :** Dr. David Vaughn  
**Organization :** Anesthesia Services of Lynchburg  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

Thanks for considering an increase in the proposed payment for anesthesia services.

Certainly you know that anesthesia is a well-compensated specialty. However, it's also a specialty whose services are in high demand. Our most reliable web-based clearinghouse shows 1500 full time jobs open as of 7/07.

A cut in reimbursement would likely lead to a drop in the supply of anesthesia services, as cuts usually do. Less availability of anesthesia would lead to longer waits for critical surgical procedures.

Again, thanks for considering.

Dr. David Vaughn

Submitter : Dr. stuart weg

Date: 07/10/2007

Organization : Dr. stuart weg

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq. 7/13/2007  
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. James York

**Date:** 07/10/2007

**Organization :** Anesthesia Consultants Medical Group

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

My comments will be brief. Anesthesia services have been relatively underpaid for years. The recent trends in costs of running a practice and the Medicare reimbursement which started artificially low has not kept pace with inflation. At some point without a correction anesthesiologists will face the possible choice of not providing care to Medicare beneficiaries because of the extremely poor reimbursement. My plumber or electrician makes more per hour than I do providing care to Medicare patients. That is a sad statement for the beneficiary population.

**Submitter :** Dr. James Lourim  
**Organization :** Sacramento Anesthesia Medical Group  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**Impact**

Impact

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

**Submitter :** Dr. George Bojanov  
**Organization :** Dr. George Bojanov  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely: George Bojanov

**Submitter :** Dr. Jane C.K. Fitch  
**Organization :** University of Oklahoma  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Anesthesiology has been undervalued for years. The survival of our specialty is contingent upon correcting this inequity thus providing financial stability to our academic programs and our practices. Please increase the anesthesia conversion factor.



**Submitter :** Michael Burm  
**Organization :** Michael Burm  
**Category :** Physician

**Date:** 07/10/2007

**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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Michael L Burm, MD  
3349 Decatur St  
Denver, CO 80211

**Submitter :** Dr. Joseph Enriquez  
**Organization :** Dr. Joseph Enriquez  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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Thank you for your consideration of this serious matter.

Joseph E. Enriquez, MD  
Trenton Anesthesiology Associates,  
Trenton, New Jersey.

**Submitter :** Dr. Nabeel Khan  
**Organization :** Dr. Nabeel Khan  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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**Submitter :** Dr. Bryan Putnam

**Date:** 07/10/2007

**Organization :** Oregon Anesthesiology Group

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

This proposal is a positive step toward the retention of highly trained physicians who case load included a large percent of medicare patients

**Submitter :** Dr. David Vener  
**Organization :** Cleveland Clinic  
**Category :** Academic

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Proposed Rule #CMS-1385-P

As a physician in a teaching hospital I want to strongly recommend that CMS Adopt the proposed rule. Current anesthesia reimbursements through Medicare are inadequate to allow for the effective recruitment and reimbursement of faculty without subsidies from sponsoring hospitals. As a former private practitioner, I can attest that Medicare reimbursement is a fraction of the cost to provide services to patients. Any increase in the proposed reimbursement will help insure that quality applicants continue to enter the specialty and that our work is valued in a manner that reflects the incredible strides anesthesiology makes towards patient safety and comfort.

**Submitter :** robert soffer

**Date:** 07/10/2007

**Organization :** asa

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

CMS-1385-P should be passed to increase anesthesia unit fees. thank you

**Submitter :** Dr. Diane Gibson

**Date:** 07/10/2007

**Organization :** Dr. Diane Gibson

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. David Kelley  
**Organization :** Dr. David Kelley  
**Category :** Individual

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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\$16.19 per unit represents a DECREASE in anesthesia reimbursement of over 50% since I started practice 20 years ago. This during a time of rising costs and overhead. Medicare's reimbursement for anesthesia services also stands at well below 20% of usual and customary fees for these vital medical services. In my group practice of over 80 anesthesiologists, it is increasingly difficult to find physicians willing to provide services for our seniors. The renumeration is just too low, and the current situation not sustainable. If the situation is not remedied soon, I fear there will be unacceptable delays in treatment for those with Medicare as their primary carrier of health insurance.

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,

David W. Kelley, M.D.



**Submitter :** Dr. Brian Jamieson  
**Organization :** Wayne Memorial Hospital  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please pass this increase to bring anesthesia payments up to a level that can sustain this valuable service to Medicare patients. I personally am involved in thousands of Medicare anesthetics each year and feel that we have been underpaid for our services for some time.

**Submitter :** Dr. Jim York  
**Organization :** Southeast Alabama Medical Center  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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

**Submitter :** Christopher Wahlgren  
**Organization :** First Colonies Anesthesia Associates  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Get it done and get it done now!  
Stop underpaying anesthesia providers!  
Stop undermining quality health care with busboy wages!  
Face your aging electorate with a clear conscience!  
Get it right or lose your seat!

**Submitter :** Dr. Vincent Degenhart  
**Organization :** South Carolina Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Regarding CMS 1385-P. Anesthesiology reimbursement has been grossly underpaid for many years. Further cuts in Anesthesiology reimbursement have made our specialty severely underpaid by Medicare and Medicaid which bases payment on Medicare. We are paid approximately 25% of what we contract with private insurers. This is a disservice to our Medicare patients, and jeopardizes access to care for seniors. We strongly support the RUC recommendation of 32% increase to the anesthesia CF for anesthesia.

**Submitter :** Dr. Robert Garvin

**Date:** 07/10/2007

**Organization :** Anesthesia & Pain Associates of N.L.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

The Centers for Medicare and Medicaid Services (CMS), the government agency that runs the Medicare program, must make sure that Medicare beneficiaries have adequate access to care. ASA has well-founded concerns that current Medicare payment levels do not meet this standard and improved payment is essential.

**Submitter :** Dr. Danny Wilkerson  
**Organization :** Dr. Danny Wilkerson  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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

Re: CMS-1385-P  
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Dear Ms. Norwalk:

I enjoyed the talk you gave at this year's ASA Legislative Conference. Thank you for taking time out of your busy schedule to do so.

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Thank you for your consideration of this serious matter.

Sincerely,

Danny Wilkerson, M.D.  
<wilkersondanny@uams.edu>

**Submitter :** Dr. Margaret Garahan MD  
**Organization :** Dr. Margaret Garahan MD  
**Category :** Congressional

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

CMS 1385 P is an excellent step in continuing to provide standard medical benefits to Medi recipients. I support the bill wholeheartedly.

**Submitter :** Dr. Richard Apple  
**Organization :** anesthesia society of america  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

regarding rule number, CMS-1385-P.

After years of falling payments, these corrections should be made asap, back to levels 10-15 years ago.

increasing medical costs are unrelated to physician reimbursements, as is clear. the falling pay will serve only to encourage the best future docs to go into other non-medical fields. do you want yourself or your family to be cared for by the lowest bidder?



**Submitter :** Dr. David Mitchell  
**Organization :** Monterey Peninsul Surg Center  
**Category :** Ambulatory Surgical Center

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Fees must increase for anesthesia as we are experiencing incredible difficulty in recruiting young(or old) docs to our very expensive area to live in. We are on the low end of the Medicare reimbursement schedule, even though it costs as much or more to live here as it does in the SF area. Thanks for your help.

**Submitter :** Dr. Steven Shafer  
**Organization :** Stanford University  
**Category :** Individual

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear CMS administrator:

The unique and ongoing penalization of academic anesthesia programs under CMS guidelines poses an ongoing threat to the training of the next generation of anesthesiologists and to the academic and scholarly vigor of academic anesthesiology departments. As a Professor of Anesthesia at Stanford University, I have seen how our institution has responded to the penalization of academic anesthesia by CMS. While our senior faculty continue to pursue research, we have virtually no junior faculty with research interests. The reason is that they necessarily work full time in the operating room, on their own, as though they were private practice anesthesiologists. Why? Because CMS has forced our department, and most other academic departments, to minimize teaching and research in favor of a private practice model. Teaching is uniquely penalized.

When teaching is penalized, research become virtually unaffordable. The result is the seemingly inexorable withering of academic anesthesiology programs. Despite the tremendous contributions of anesthesia to our understanding of neuroscience, basic pharmacology, clinical pharmacology, trauma and critical care, cardiology, and simulation in medical practice (to name a few), at most institutions there are only a few researchers, if any, carrying on the tradition.

There are still fundamental questions and unmet medical needs within our discipline, particularly in the area of pain management and the pharmacology of the anesthetic state. I urge you to reverse the damage done by CMS through the unique and unreasonable penalty placed on academic anesthesia programs by the CMS.

Sincerely,  
Steven L. Shafer, MD  
Professor of Anesthesia, Stanford University  
Editor-in-Chief, Anesthesia & Analgesia

**Submitter :** Dr. Robert Hastings  
**Organization :** American Society of Anesthesiology  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please consider increasing medicare payments for anesthesiology. This field has been undervalued by the medicare payment schedule for quite sometime compared to other physician provided services. As the population of this country becomes older, it is very important that our seniors continue to have access to quality anesthesia care providers.

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Please consider this recommendation.

Thank you,  
Robert Hastings

**Submitter :** Dr. David Serota  
**Organization :** Burlington Anesthesia Associates  
**Category :** Hospital

**Date:** 07/10/2007

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

Medicare reimbursements for anesthesia need to increase. Other physicans (surgeons) reccive 80% of proposed fees. Anesthesia reimbursement fees are so low that it has severely damaged our ability to maintain a functional/successful medical practice. We are putting our time/skills/knowledge and effort forth to care for these patients, we deserve to be fairly reimbursed for doing so.

**Submitter :** Dr. Aalok Kacha  
**Organization :** University of Chicago Hospitals  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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

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.

As a resident in an academic anesthesiology program, I believe that increasing reimbursement levels is vital to the recruitment and training of future anesthesiologists to care for an aging patient population with increasing comorbidities who are undergoing ever more complex procedures.

Thank you for your consideration of this serious matter.

Aalok Kacha, M.D., Ph.D.  
Department of Anesthesiology and Critical Care  
University of Chicago Hospitals

**Submitter :** Dr. James Kindscher  
**Organization :** Kansas University Hospital  
**Category :** Health Care Provider/Association

**Date:** 07/10/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

CMS needs to revise the payment formula for physician reimbursement. Anesthesiology in particular is harmed by the grossly undervalued payment for physician services.

**Submitter :** Dr. Mohanad Shukry

**Date:** 07/10/2007

**Organization :** OUHSC

**Category :** Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

Please see attached letter.

Thanks

Mohanad Shukry, MD

CMS-1385-P-182-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.  
Mohanad Shukry, MD



**Submitter :** Dr. Scott Henderson  
**Organization :** Dr. Scott Henderson  
**Category :** Physician

**Date:** 07/10/2007

**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. Glenn Brady  
**Organization :** St. Mary's Hospital  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I encourage and support additional funding support to Physicians. Caring for medicare and medicaid patients is important and rewarding but the payment for services dose not cover the expense incurred in caring for them. For a universal care system to work people need to be cared for and those that deliver the care need to be payed a fair amount; not 16 to 40 cents on the dolar. Thank you.

**Submitter :** Dr. Michael Sebastian  
**Organization :** Dr. Michael Sebastian  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I wish to strongly support the proposals in the referenced docket number above, which will result in at least some progress towards redressing the longstanding inequity in Medicare payments for anesthesiology services. This movement towards redressing this wrong will help ensure that practitioners can afford to provide services to Medicare beneficiaries. I urge the approval of this proposal. Thank you for your consideration. Michael Sebastian, MD, Anesthesiologist

**Submitter :** Dr. George Hsu  
**Organization :** Thomas Jefferson University Hospital  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Hi,  
At a time when physician reimbursements have dwindled year after year owing to increased healthcare costs, less insurance compensation, and more and more medicolegal lawsuits, I am in favor of this CMS-1385-P proposition. It's about time the government recognizes the importance of physicians (specifically anesthesiologists) and their contributions to patient care both in and out of the operating room. Thank you.

**Submitter :** Dr. William Martin  
**Organization :** Dr. William Martin  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

**Resource-Based PE RVUs**

I strongly urge CMS to enact the increase in reimbursement for Anesthesiology. As it stands now we actually LOSE money on every Medicare case we do secondary to costs of CRNA's, office and billing staff, etc. Because we are hospital based we cannot change our payer mix and thus are required to administer anesthesia to all patients. As the population ages we will be caring for a larger percentage of Medicare patients. If the conversion rate is not realistic we will continue to see an even bigger shortage of Anesthesiologists that currently exists. Once again I urge you to enact the increase as recommended.

**Submitter :** Dr. Bradley Karr  
**Organization :** Washington State Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/10/2007

**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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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.

Bradley P Karr, MD

**Submitter :**

**Date: 07/10/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please see attached document

**Submitter :** Dr. Donald Caton  
**Organization :** Dr. Donald Caton  
**Category :** Individual

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am an anesthesiologist. I strongly support an increase of fees for anesthesia services, which now are unrealistically low.



**Submitter :** Dr. Melvin Cohen  
**Organization :** Anesthesiology  
**Category :** Physician

**Date:** 07/10/2007

**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:

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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. Bradley Karr  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Bradley P Karr, MD

**Submitter :** Dr. Richard Stern  
**Organization :** Anesthesia Services, P.A.  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Dear Ms. Norwalk:

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

To ensure that our patients have access to 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. Louis DeWild  
**Organization :** Associated Anesthesiologists, PC  
**Category :** Physician

**Date:** 07/10/2007

**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. I practice in Iowa which has a high percentage of seniors, enjoy practicing here, and this change will help us recruit new partners.

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,

Louis DeWild, MD

**Submitter :** Dr. Carol Melancon  
**Organization :** Lott-Sheffield Anesthesia  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely,

Carol Baker Melancon, M.D.

**Submitter :** Dr. Matthew Belmont

**Date:** 07/10/2007

**Organization :** Weill Cornell Medical

**Category :** Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

As an anesthesiologist I have seen our profession make great advances in patient safety and outcomes. We need our conversion factor to increase as it has not only not kept up with inflation but does not afford the proper reimbursement for the risk and management of the patients that we accept every day.

**Submitter :** Dr. charles gibbs  
**Organization :** personal  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

to continue to attract competent young physicians int anesthesiology,it is critical that thie increase in paments be accomplished.

**Submitter :** Dr. Lymari Vargas  
**Organization :** Puerto Rico Society of Anesthesiologists  
**Category :** Other Association

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-198-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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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Dr. Lymari Vargas  
Secretary –Puerto Rico Society of Anesthesiologists  
Active member-American Society of Anesthesiologists

**CMS-1385-P-199**

**Submitter :** Dr. Jonathon Rutkauskas  
**Organization :** Dr. Jonathon Rutkauskas  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment concerning CMS-1385-P.

CMS-1385-P-199-Attach-1.PDF

#199

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,  
Jonathon Rutkauskas M.D.

**Submitter :** Dr. Kenneth Elmassian

**Date:** 07/10/2007

**Organization :** Dr. Kenneth Elmassian

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Kenneth Elmassian

**Submitter :** Dr. Dominick Iaconetti  
**Organization :** Fairfax Anesthesiology Associates, Inc  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I strongly support the proposal to increase reimbursement to Anesthesiologists under consideration by CMS. The Anesthesia field has been grossly under reimbursed for the services they provide to the point where the specialty is in crisis.

**Submitter :** Dr. John Feiner  
**Organization :** UCSF Department of Anesthesia  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I would like to state my strong support for improved medicare reimbursement for physicians. The past decreases in reimbursement for physicians is unique in government: no other professionals have been treated this way. Improved reimbursement is essential for medicare patients to have adequate access to health care, and for support of academic medicine that provides a large percentage of this care.

**Submitter :** Scott Berger  
**Organization :** Colorado Permanente Medical Group  
**Category :** Physician  
**Issue Areas/Comments**

**Date:** 07/10/2007

**GENERAL**

GENERAL

Please see attachment.

CMS-1385-P-203-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:

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Thank you for your consideration of this serious matter.

Respectfully yours,

Scott M. Berger, M.D.



**Submitter :** Dr. Lorri Lee  
**Organization :** University of Washington  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P  
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Lorri A. Lee, M.D.

**Submitter :** Dr. Christopher Yeakel  
**Organization :** Dr. Christopher Yeakel  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I fully support and urge CMS to adopt the proposed increase value for the conversion factor for anesthesia. An increase/correction is long overdue when compared to other medical and surgical specialties' CMS reimbursement rates.

**Submitter :** Dr. sanjiv patel  
**Organization :** granite state anesthesiologist  
**Category :** Physician

**Date:** 07/10/2007

**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. James Petersen

**Date:** 07/10/2007

**Organization :** Dr. James Petersen

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Revision to payment policy

**Submitter :** Dr. Kenneth Blazier

**Date:** 07/10/2007

**Organization :** Dr. Kenneth Blazier

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please approve the suggested change in anesthesia unit charge. We anesthesia providers have long been underpaid for services provided to medicare patients. parity is long overdue!

**Submitter :** Dr. Salvatore Zisa  
**Organization :** Robert Wood Johnson University  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please support the increase in in payment from medicare to anesthesia

Thank You,  
Dr. Salvatore Zisa

**Submitter :** Dr. Daniela Alexianu  
**Organization :** Physician anesthesia Group, PS, Spokane, WA  
**Category :** Physician

**Date:** 07/10/2007

**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.

Respectfully,

Daniela Alexianu, MD  
Physician Anesthesia Group, PS  
104 W 5th Ave, suite 250E  
Spokane, WA 99204

**Submitter :** Dr. Zhongcong xie  
**Organization :** massachusetts General Hospital  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I support the increase for medicare payment for anesthesia.



**Submitter :** Dr. Alberto de Armendi  
**Organization :** Children's Hospital of Oklahoma  
**Category :** Health Care Professional or Association

**Date:** 07/10/2007

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Alberto de Armendi, MD  
Chief of Pediatric Anesthesia  
Children's Hospital of Oklahoma

**Submitter :** Dr. Eric Pourmand

**Date:** 07/10/2007

**Organization :** Dr. Eric Pourmand

**Category :** Physician

**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 :** REginald Bulkley

**Date:** 07/10/2007

**Organization :** REginald Bulkley

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

I support this measure

**Submitter :** Dr. Muhammad Rafique  
**Organization :** University of Oklahoma Health Sciences Center  
**Category :** Physician

**Date:** 07/10/2007

**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.

Sincerely,  
Muhammad B. Rafique, MD  
Asst. Prof Anesthesiology  
University of Oklahoma Health Sciences Center  
Oklahoma City, OK

**Submitter :** Dr. Tim VadeBoncouer  
**Organization :** Dept. of Anesthesiology, Univ. of Ill. @ Chicago  
**Category :** Physician

**Date:** 07/10/2007

**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. Michael Devlin  
**Organization :** Promedica Physician Group  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment.....

CMS-1385-P-217-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.

Sincerely,

Michael F. Devlin, MD  
2333 Wimbledon Park Blvd  
Toledo, OH 43617-2229

**Submitter :** Dr. Alfonso Tagliavia  
**Organization :** Dr. Alfonso Tagliavia  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

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

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

Anesthesia payments have historically been below par when compared to other physicians and any increase would be appreciated. Anesthesiology is at the forefront of patient safety and our involvement whether it be in the hospital or ASC setting is crucial.



**Submitter :** Dr. Mark Carlisle  
**Organization :** University of California at San Francisco  
**Category :** Physician

**Date:** 07/10/2007

**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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Sincerely,

Mark Carlisle

**Submitter :** Dr. Stephen Rath  
**Organization :** University of Tx Medical Branch  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :**

**Date: 07/10/2007**

**Organization :**

**Category : Individual**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Edward Pollak  
**Organization :** William Beaumont hospital  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

The Centers for Medicare and Medicaid Services (CMS), the government agency that runs the Medicare program, must make sure that Medicare beneficiaries have adequate access to care. ASA has well-founded concerns that current Medicare payment levels do not meet this standard and may have finally convinced CMS administrators that improved payment is essential.

Regarding rule CMS-1385-P -

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. If the government follows through on all its proposals, the anesthesia conversion factor could be about \$3.30 per unit more than was projected for 2008 before Medicare made its July announcement. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

This would be a terrific improvement for patients and physicians.

**Submitter :** Dr. Trevor Smith  
**Organization :** Greenville Anesthesiology  
**Category :** Physician

**Date:** 07/10/2007

**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.

Trevor Smith, MD  
Greenville, SC

**Submitter :** Dr. Bryant Santos  
**Organization :** Oregon Anesthesiology Group  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

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

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

Bryant Santos MD,  
Anesthesiologist

**Submitter :** Dr. christopher rohan  
**Organization :** central vermont anesthesia associates  
**Category :** Health Care Professional or Association

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

please respect the commitment of anesthesiologists to patient care and do not lower our reimbursement. thank you

**Submitter :** Dr. David Bogdonoff  
**Organization :** University of Virginia Health System  
**Category :** Physician

**Date:** 07/10/2007

**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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In our academic training session where we are covering two residents, we are further penalized by cutting our reimbursement in half for Medicare cases. This has placed an extreme financial burden on our training mission since it has become difficult to retain clinical faculty due to the enhanced reimbursement that is present in private practice settings. This lack of qualified attending anesthesiologists runs the risk of detracting from the training of our future care providers.

Thank you for your consideration of this serious matter.

David L. Bogdonoff, MD  
Associate Professor of Anesthesiology  
Department of Anesthesiology  
University of Virginia Health System  
Charlottesville, VA 22908-0710



**Submitter :** Dr. Stacie Sanders  
**Organization :** Physician Anesthesia Group  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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**Submitter :** Dr. Jason Workman  
**Organization :** Dr. Jason Workman  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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.

Jason N. Workman MD

**Submitter :** Dr. James Jistel  
**Organization :** Dr. James Jistel  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

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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.

James R. Jistel, M.D.

**Submitter :** Dr. William Harrison  
**Organization :** Dr. William Harrison  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

William L. Harrison, M.D.  
Anesthesiologist, Ft. Collins, Colorado

**Submitter :** Dr. Ryan Finsten

**Date:** 07/10/2007

**Organization :** Dr. Ryan Finsten

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Ryan O. Finsten, M.D.  
Diplomate - American Board of Anesthesiology

**Submitter :** Dr. David Varlotta  
**Organization :** Dr. David Varlotta  
**Category :** Physician

**Date:** 07/10/2007

**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. As an example, nurse anesthetists in my area (and who are employed by anesthesia groups) make more per hour than Medicare pays in professional fees. This creates a situation where private citizens (the anesthesia practice) subsidizes the care of the Medicare recipients.

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,  
David Varlotta, D.O.

**Submitter :** Dr. Eugene Kim

**Date:** 07/10/2007

**Organization :** Dr. Eugene Kim

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-233-Attach-1.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:

As a practicing anesthesiologist who is well aware of the intensity of work we perform, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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

Thank you for your consideration of this serious matter.

Sincerely,  
Eugene J. Kim, M.D.



**Submitter :** Dr. John Herbert  
**Organization :** Columbia University - Harlem Affiliation  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

As a practicing anesthesiologist, I fully support the plan for increased payment to providers in our specialty. Our research shows that over the past 30 years that I have been in the field, outcomes have improved in terms of Morbidity and mortality. Patients do better with a board certified anesthesiologist in the room and the increase in certified MD specialists parallels this improvement.

Improved outcome leads to lower costs as the length of stay decreases as well as ICU transfers and admissions for ambulatory surgery.

Please increase the amounts paid to me and my colleagues as in the proposed legislation.

Thank you for your attention.

John T. Herbert, M.D., M.B.A.

**Submitter :** Dr. Lee Perrin  
**Organization :** CAP Anesthesia, PC  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

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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.

This update is of particular concern to me as I work in a teaching hospital and we are subject to the 50% decrease in our payment even if we overlap cases by only one minute.

Thank you for your consideration of this serious matter.

**Submitter :** Mr. Cameron Woolf  
**Organization :** Mr. Cameron Woolf  
**Category :** Academic

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Cameron Woolf

**Submitter :** Dr. Todd Traub

**Date:** 07/10/2007

**Organization :** Bayou Anesthesia and Pain Management Assoc. P.A.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

**Submitter :** Dr. Steve Roberts

**Date:** 07/10/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

CMS 1385 P- Anesthesia reimbursements are absurdly low and are impeding access of the elderly to quality service.

**Submitter :** Dr. Jeffrey Broussard  
**Organization :** Anesthesia Medical Alliance of East Tennessee  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

GENERAL

GENERAL

see attachment

CMS-1385-P-239-Attach-1.DOC

Anesthesia Medical Alliance of East Tennessee (AMAET)  
Attn.: Jeffrey K Broussard MD  
501 20<sup>th</sup> Street  
Knoxville, TN 37916  
July 10, 2007

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

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

Dear Ms. Norwalk:

Please allow me to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been undervalued by our government, unfairly, for far too long. It is indeed gratifying to see the CMS taking steps to rectify this situation.

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. At just \$16.19 per unit, services provided by me and my colleagues are re-imbursed at a rate lower than many skilled workers without a college education, much less an MD!. 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

Best Regards,

Jeffrey K. Broussard MD.

**Submitter :** Dr. Mark Rosen

**Date:** 07/10/2007

**Organization :** University of California San Francisco

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment

CMS-1385-P-240-Attach-1.PDF

CMS-1385-P-240-Attach-2.PDF



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Mark A. Rosen, M.D.  
Professor and Vice Chairman  
School of Medicine  
Department of Anesthesia and Perioperative Care

513 Parnassus Avenue (Room S-436, Box 0648)  
San Francisco, California 94143-0648  
(415) 476-3234 phone  
(415) 514-0185 facsimile  
rosenm@anesthesia.ucsf.edu

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

Tuesday, July 10, 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.

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Thank you for your consideration of this serious matter.

Mark A. Rosen, M.D.  
Professor of Anesthesia and Perioperative Care, and  
Obstetrics, Gynecology and Reproductive Sciences  
Vice Chairman, Department of Anesthesia and Perioperative Car

**Submitter :** Dr. Jan Harland  
**Organization :** Dr. Jan Harland  
**Category :** Physician

**Date:** 07/10/2007

**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.

Jan Harland M.D

**Submitter :** Dr. Bill Gambrell  
**Organization :** Bill Gambrell MD PC  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Thank you for considering the increase in payment per unit for anesthesia reimbursement.

**Submitter :** Dr. Anita O'Neil

**Date:** 07/10/2007

**Organization :** Dr. Anita O'Neil

**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.

Anita O'Neil, M.D.

**Submitter :** Dr. Amanda Alford  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/10/2007

**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.

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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. Joseph Billig  
**Organization :** Dr. Joseph Billig  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Ms. 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. Jeffrey Hellbusch  
**Organization :** Agnesian Healthcare, Fond du Lac, WI  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment

CMS-1385-P-246-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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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. Susanne Otero-Mallon  
**Organization :** Dr. Susanne Otero-Mallon  
**Category :** Physician

**Date:** 07/10/2007

**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 10, 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 a retired anesthesiologist for the past 5 years, now in my early forties. The early retirement was greatly influenced by the current anesthesia payment practices. 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,

Susanne Otero-Mallon, MD

**Submitter :**

**Date: 07/10/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

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See Attachment

CMS-1385-P-248-Attach-1.DOC

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. Scott Edwards  
**Organization :** Anesthesia Service of Charleston  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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I urge you to implement the proposed revisions in the medicare fee schedule for Anesthesia. It has been far too long that Anesthesia has been undervalued relative to other specialties simply due to the differences in the way anesthesia work is billed (Procedure & Time) vs. other specialties. This update will help narrow that gap and continue to ensure quality access for Medicare enrollees.

**Submitter :** Dr. Sunita Sastry  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/10/2007

**Issue Areas/Comments**

**GENERAL**

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This revisoin will ensure a fair and adequate compensation, to enable anesthesiologists to provide adequate and appropriate care to their patients.