

Submitter : Mrs. kimberly Ackelson-Kubit
Organization : Mrs. kimberly Ackelson-Kubit
Category : Nurse

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS 1385P

please see attachment

CMS-1385-P-1551-Attach-1.DOC

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Karthic Kumaran
Organization : ASA
Category : Health Care Provider/Association

Date: 07/12/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

It is very unfair to keep cutting down on Anesthesia service payment while the cost of providing care has been increasing and every other expenses increasing. True cost cutting measures should be applied in reducing the waste done in health care in the form of administrative costs (40% of each dollar)

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

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely Yours,

Mark G. Mandabach, M.D.

Submitter : Dr. William Croley

Date: 07/12/2007

Organization : Dr. William Croley

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Brandi Kondracke
Organization : Consultant Anesthesiologists, Inc.
Category : Physician

Date: 07/12/2007

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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Submitter : Dr. Vyas Kartha
Organization : Florida Pediatric Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Leslic V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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CMS-1385-P-1556-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.

Submitter : Dr. Steven A Glasser
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Steven A Glasser, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
405 Parkview Drive
Wynnewood, PA 19096

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. Meenakshi Dayal

Date: 07/12/2007

Organization : CAS

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

Anesthesia Coding (Part of 5-Year Review)

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To ensure that senior 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 favorable consideration of this serious matter.

Dr. Meenakshi Dayal

Submitter : Mr. ray b BREES
Organization : MEDICAL COLLEGE OF GEORGIA
Category : Academic

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)

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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 : Mr. Paul Salow
Organization : University of Michigan, Dept of Anesthesiology
Category : Academic

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

July 12, 2007
Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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

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

Thank you for your consideration of this important matter.

Paul A. Salow
Administrative Director
Department of Anesthesiology
University of Michigan Medical School
734-615-8446

Submitter : Mrs. Janis Meek

Date: 07/12/2007

Organization : U.S. Citizen

Category : Congressional

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

July 12, 2007

Issue: Medicare reimbursement issue.

Our Iowa Congressmen are Senators Charles Grassley and Tom Harkin, and Representative Leonard Boswell.

Please address the Medicare reimbursement issue ASAP. This is in the interests of ALL seniors in the US, especially Iowa's. Currently Iowa is LAST of the 50 states in reimbursement. Simply stated: This is out of balance because our number of elder population is very high. Thank you.
Janis G. Meek, 7325 NW 5th Drive, Ankeny, IA 50023-8990

Submitter : Joseph Thornhill

Date: 07/12/2007

Organization : Washington U. School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I believe that it is very important for the health of the anesthesiology profession to increase reimbursement under Medicare. Thank you.

Submitter : Mr. RAY BREES
Organization : MEDICAL COLLEGE OF GEORGIA
Category : Academic

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk,

It is imperative that CMS implement the anesthesia increased rate in the FY08 Physician Fee Schedule. As an academic practice, we train anesthesia residents who are in short supply. Since our Resident Instruction AND Graduate Medical Education dollars are decreasing, it is important to have the additional dollars to offset the losses.

Since the RUC has recommended this, I hope you will implement it.

Thanks

Ray C. Brees

Financial Director

MCG

1120 15th Street

Augusta, GA 30912

Submitter : Dr. Allan Goldstein
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Allan Goldstein, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
21 Old Barn Drive
West Chester, PA 19382

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

Dear Dr. Goldstein:

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.

Submitter : Ms. Cynthia Adama
Organization : Good Samaritan Hospital
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Siraj Bhadsavle
Organization : Baylor College of Medicine
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 an anesthesiology resident at the Baylor College of Medicine in Houston and 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.

Sincerely,

Siraj A. Bhadsavle, MD
Baylor College of Medicine
Houston, TX

Submitter : Dr. David Langdon
Organization : Loma Linda University Medical Center
Category : Physician

Date: 07/12/2007

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.

Sincerely,

David Langdon, MD

Submitter : Dr. Andrew Satz
Organization : Northside Anesthesia Services, LLC
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

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

Dear Ms. Norwalk:

Thank you for taking the time for reading this and many of my colleague s letters. I am the managing member and president of one of the largest private practice anesthesia groups in the United States of America. I am truly proud to be a physician and love my profession. I can t tell you how important the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule is to the viability of our profession. 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.

Andrew K Satz MD
Managing Member Northside Anesthesia Services, LLC
Office: 317-407-2277
Web: www.nasllc.org

Submitter : James Williams
Organization : Massachusetts General Hospital
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

James Williams

Submitter : Dr. Virgil Roberson
Organization : Wilkes Anesthesia Assoc
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachement

CMS-1385-P-1570-Attach-1.DOC

CMS-1385-P-1570-Attach-2.DOC

1570

Wilkes Anesthesia Assoc PA

V.O. Roberson, MD
William R. Henrick, MD
Michael D. Wingfield, MD
Thomas W. Wingfield, MD

Billing Office
PO Box 4581
Archdale, NC 27263

Phone: 866-434-2745
Fax: 336-434-6478
E-mail: wdraughn@triad.rr.com
Practice Administrator
Wanda Draughn, CMPE, MBA

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 : Emil Menk

Date: 07/12/2007

Organization : Emil Menk

Category : Individual

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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.

Emil Menk

Submitter : Dr. kenneth carlson
Organization : ARM Birmingham, AL
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

I have been asked to forward an attachment regarding the issue of raising the reimbursement to anesthesiologists for medicare patients. I strongly support this measure with my reason being that anesthesiologist medicare reimbursement in the past has been grossly undervalued compared to other physicians. Rather than attaching a preprinted comment I am writing this myself as I view this as an extremely important issue. I have been involved in extensive financial negotiations over the years in my anesthesiology practices over this issue. Medicare reimbursement for cases for our elderly population does not cover the fixed overhead that an anesthesia group pays. The only way for an anesthesia practice to survive is to offset your medicare cases with private insurance cases which often reimburse at many multiples higher than medicare. In many practices bankruptcy or not accepting medicare patients is becoming the only real option to keep an anesthesia practice alive. I have personally changed practices twice over this issue. We lost money due to high levels of medicare, medicaid and uninsured patients. The hospitals refuse to change contracts and stipends based on this issue. Therefore, the best anesthesiologists are changing jobs to practices with better insured patients thus leaving the elderly, poor, disabled and uninsured patients having poorer access to quality anesthesia care. We have made very little headway locally as the surgeons and hospitals reimbursement for medicare patients does not cause the finance distress that it does for an anesthesia practice. I really hope that this measure passes as it will result in much good will toward anesthesiologists as well as a more viable financial anesthesia practice and better access to quality care by board certified anesthesiologists, including myself, for the medicare patients. Thank you for your time and consideration on this issue which is vital to the survival of anesthesiology practices.

Sincerely,

Kenneth A. Carlson, MD
Board Certified Anesthesiologist 1997
Birmingham, AL

Submitter : Dr. Richard Goldstein
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Richard Goldstein, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
4111 Kottler Drive
Lafayette Hill, PA 19444

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

Dear Dr. Goldstein:

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. Chris Kittle

Date: 07/12/2007

Organization : Dr. Chris Kittle

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support an increase in the anesthesia conversion factor for reimbursement. There exists a large gap between Medicare vs commercial reimbursement for anesthesia that far exceeds the narrow gap between Medicare vs commercial reimbursement for all other medical specialties. Any move to reduce the anesthesia gap would be a welcome step in the right direction.

Submitter : Dr. Jacqueline Proper
Organization : Gundersen Lutheran
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
Baltimore, MD 21244-8018

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

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Jason Hennes
Organization : Loyola University Medical Center
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.

Thank you for your consideration of this serious matter.

Submitter : Dr. Allen B Haas
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Allen B Haas, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
1012 Bryn Mawr Ave
Narbeth, PA 19072

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

Dear Dr. Haas:

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.

CMS-1385-P-1578

Submitter : Dr. William Henrick
Organization : Wilkes Anesthesia Assoc
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1578-Attach-1.DOC

CMS-1385-P-1578-Attach-2.DOC

#1578

Wilkes Anesthesia Assoc PA

V.O. Roberson, MD
William R. Henrick, MD
Michael D. Wingfield, MD
Thomas W. Wingfield, MD

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E-mail: wdraughn@triad.rr.com
Practice Administrator
Wanda Draughn, CMPE, MBA

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. Ida Hudson
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Ida Hudson, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
4400 Emerson Rd
Wilmington, DE 19802

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

Dear Dr. Hudson:

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.
Organization : Dr.
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.

Thank you for your consideration of this serious matter.

Michael Hanania, M.D.

Submitter : Dr. Michael Wingfield
Organization : Wilkes Anesthesia Assoc PA
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachement

CMS-1385-P-1581-Attach-1.DOC

Wilkes Anesthesia Assoc PA

V.O. Roberson, MD
William R. Henrick, MD
Michael D. Wingfield, MD
Thomas W. Wingfield, MD

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E-mail: wdraughn@triad.rr.com
Practice Administrator
Wanda Draughn, CMPE, MBA

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Thomas Wingfield
Organization : Wilkes Anesthesia Assoc PA
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1582-Attach-1.DOC

#1582

Wilkes Anesthesia Assoc PA

V.O. Roberson, MD
William R. Henrick, MD
Michael D. Wingfield, MD
Thomas W. Wingfield, MD

Billing Office
PO Box 4581
Archdale, NC 27263

Phone: 866-434-2745
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E-mail: wdraughn@triad.rr.com
Practice Administrator
Wanda Draughn, CMPE, MBA

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 : Mrs. Wanda Draughn
Organization : Wilkes Anesthesia Assoc PA
Category : Other Health Care Professional

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachement

CMS-1385-P-1583-Attach-1.DOC

Submitter : Dr. Sandra J Kahn
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Sandra J Kahn, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
1420 Locust St #36f
Philadelphia, PA 19102

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

Dear Dr. Kahn:

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. Penelope Duke
Organization : Premier Anaesthesia Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

As a provider of healthcare to patients, my reimbursement has croded to the point where I cannot begin to cover my costs of providing care to the Medicare population. I understand this, and view the care I provide as my civic responsibility.

Submitter : Dr. Kenneth Lee
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Kenneth Lee, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
40 University News
Philadelphia, PA 19104

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

Dear Dr. Lee:

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. Suzanne Blaylock
Organization : Anesthesia Medical Consultants
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

I am writing to give my support for the proposal to increase anesthesia payments under the 2008 Physician fee schedule. Thank you for recognizing the huge undervaluation of anesthesia services and taking steps to correct this issue.

Apparently there was a big undervaluation of anesthesia work compared to other physicians. Today reimbursement is \$16.19 per unit which does not cover our costs of providing care for our seniors. Anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

The RUC has recommended that CMS increase the anesthesia conversion factor to offset the 32% work undervaluation. This would be a major step forward in correcting the longstanding undervaluation of anesthesia services. I support full implementation of the RUC's recommendation.

It is imperative the 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. Allan A Lewis
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Allan A Lewis, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
87 Forrest Hills Dr
Voorhees, NJ 08043

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

Dear Dr. Lewis:

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. Anoja Madison
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Anoja Madison, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
130W. Maple Ave
Moorestown, NJ 08057

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

Dear Dr. Madison:

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 : slawomir oleszak

Date: 07/12/2007

Organization : slawomir oleszak

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Marla G Maistrow
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Marla G Maistrow, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
200 Country Gate Rd
Wayne, PA 19087

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

Dear Dr. Maistrow:

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.

Submitter : Dr. Linda Polley
Organization : University of Michigan Dept of Anesthesiology
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

July 12, 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:

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Thank you for your consideration of this important matter.

Linda S. Polley MD
Associate Professor of Anesthesiology
Director, Obstetric Anesthesiology
University of Michigan Hospitals and Health System
Ann Arbor, Michigan

Submitter : Dr. Ronald Wasserman
Organization : University of Michigan
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)

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Thank you for your consideration of this important matter.

Submitter : Dr. Andrew Newman
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Andrew Newman, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
513 Mercer Rd
Merion, PA 19066

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

Dear Dr. Newman:

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.

Submitter : Dr. Roberto Auffant

Date: 07/12/2007

Organization : Dr. Roberto Auffant

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Please see attached letter.

Roberto A. Auffant, MD
930 S. Caowley St., Apt. # 401
Spokane, WA 99202

CMS-1385-P-1595-Attach-1.DOC

1295

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

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

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Thank you for your consideration of this serious matter.

Sincerely yours,

Roberto A. Auffant, M.D.

930 S. Cowley St.
Apt. # 401
Spokane, WA 99202

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Sincerely yours,

Roberto A. Auffant, M.D.

930 S. Cowley St.
Apt. # 401
Spokane, WA 99202

Submitter : Dr. Jonathan Parmet
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Jonathan Parmet, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
1236 Medford Road
Wynnewood, PA 19096

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

Dear Dr. Parmet:

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Ellen Janke
Organization : University of Michigan Health Systems
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Hello,

The ASA has issued several pleas for EVERY anesthesiologist to contact CMS to support the proposed increase to anesthesia payments. This increase could bring up to \$.5 million per year more revenue to this department!

"Why bother, since CMS has accepted the RUC recommendation, placed the proposal in the Federal Register and issued a press release?"

Publication in the Federal Register presents an opportunity for all affected parties to comment including parties who believe they may be negatively affected by the proposed changes.

Who might oppose this increase?

- Seniors (AARP) who think that their coinsurance will increase if anesthesia allowable go up
- Physicians who think their Medicare fees will decrease to pay for anesthesia s increase.
- Insurers that own Medicare Advantage plans and think their payouts to anesthesia providers may increase.
- Congresspersons who think that anesthesiologists already make too much.
- Anyone who opposes fee-for-service and wants to replace Medicare with Universal Healthcare.

Please go to the following link:

<http://www.asahq.org/news/asalert070207.htm>

I have attached a template letter that I downloaded from the ASA website. Feel free to add any content you feel is necessary or send it as-is - please sign it whether you use electronic or hardcopy. I simply pasted this letter into the government comments box noted on the ASA link above. Very Painless!

If CMS does not receive a sufficient number of letters, it may conclude that anesthesiologists do not need or care about the increase.

Your letters will also be a show of support for ASA leadership and staff. They have been working on this issue for many years.

All it takes is for all you to sign a letter that has already been prepared.

Thank you for your help!

Paul

Submitter : Dr. Pamela A Polise
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Pamela A Polise, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
120 Lafayette Ave
Haddonfield, PA 08033

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

Dear Dr. Polise:

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.

Submitter :

Date: 07/12/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia Coding (Part of 5-Year Review)

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G. KEITH MORTON, MD

Submitter : Dr. John Schulz
Organization : Dr. John Schulz
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)

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Thank you for your consideration of this serious matter.

Sincerely,

John M. Schulz, M.D.

Submitter : Dr. Craig Palmer
Organization : Dr. Craig Palmer
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)

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Thank you for your consideration of this serious matter.

CMS-1385-P-1601-Attach-I.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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Submitter : Dr. Scott H Seitchik
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Scott H Seitchik, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
28 Susana Way
Newton, PA 18940

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

Dear Dr. Seitchik:

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.

Submitter : Dr. Richard Richter
Organization : Anesthesia Associates of Rock Hill
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)

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Submitter : Dr. Bernard Wittels
Organization : Rush University Medical Ctr
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

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

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Thank you for your consideration of this serious matter.
Sincerely, Bernard Wittels, M.D.

Submitter : Dr. Morton Shulman
Organization : Rush University Medical Ctr
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

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

Dear Ms. Norwalk:

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

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

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Thank you for your consideration of this serious matter.
Morton Shulman, MD

Submitter : Dr. Stephen Vanasco

Date: 07/12/2007

Organization : Dr. Stephen Vanasco

Category : Physician

Issue Areas/Comments

**Geographic Practice Cost Indices
(GPCIs)**

Geographic Practice Cost Indices (GPCIs)

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

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

Regards,
Stephen Vanasco D.O.
Anesthesiologist

Submitter : Dr. Jill Mhyre
Organization : University of Michigan
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

July 12, 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
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Thank you for your consideration of this important matter.

Jill Mhyre
Staff Anesthesiologist
Obstetric Anesthesiology
Room L3622 Women's Hospital
1500 E. Medical Center Drive SPC 5278
Ann Arbor, MI 48109-5278

Submitter : Dr. Diane M Shropshire
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Diane M Shropshire, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
7100 Wayne Ave
Philadelphia, PA 19119

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

Dear Dr. Shropshire:

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.

Submitter : Dr. Renee Koltes-Edwards

Date: 07/12/2007

Organization : Dr. Renee Koltes-Edwards

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Dr. Koltes-Edwards

Submitter : Dr. James M Springstead
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

James M Springstead, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
810 Fernwood Rd
Moorestown, NJ 08057

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

Dear Dr. Springstead:

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.

Submitter : Dr. Douglas A Swift
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Douglas A Swift, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
265 S 25th St
Philadelphia, PA 19103

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

Dear Dr. Swift:

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.

Submitter : Dr. Ellen Janke
Organization : University of Michigan Health Systems
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:

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Thank you for your consideration of this serious matter.

Submitter : Thong Le
Organization : Thong Le
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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. William Hass
Organization : Alabama Anesthesia of Huntsville, LLC
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)

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Submitter : Dr. William Thompson
Organization : Dr. William Thompson
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

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Thank you for your consideration of this serious matter.

Submitter : Dr. William Hass
Organization : Anesthesia Cooperative of the Panhandle
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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Jeffrey Heinemann
Organization : Dr. Jeffrey Heinemann
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)

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Thank you for your consideration of this serious matter

Submitter : Dr. Benjamin Deaton
Organization : Dr. Benjamin Deaton
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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Leticia Franklin
Organization : Dr. Leticia Franklin
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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Earl Wilson
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Earl Wilson, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
586 West Valley Rd
Wayne, PA 19087

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

Dear Dr. Wilson:

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.

Submitter : Dr. Susan Lee

Date: 07/12/2007

Organization : Dr. Susan Lee

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Kenneth Park
Organization : Bergen Anesthesia Associates/ ASA
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.

Thank you for your consideration of this serious matter.

Kenneth Park

Submitter : Dr. Patrick Benedict
Organization : University of Michigan
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

Rc: 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. Julie Jones
Organization : Dr. Julie Jones
Category : Physician

Date: 07/12/2007

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. Ben Walker II
Organization : American Society of Anesthesiologists
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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Marie Young
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Marie Young, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
1205 West Kay Drive
Cherry Hill, NJ 08034

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

Dear Dr. Young:

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Geoffrey Allen
Organization : Dr. Geoffrey Allen
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)

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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. Miriam Zentner
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Miriam Zentner, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
404 Timber Ln
Mullica Hill, NJ 08062

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

Dear Dr. Zentner:

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.

Submitter : Mr. John Bisciglia
Organization : Mr. John Bisciglia
Category : Nurse Practitioner

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

Rc: 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 : Ms. Benigno Contron
Organization : Ms. Benigno Contron
Category : Nurse Practitioner

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)

Dcar 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 immediatcly implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Dr. Larry Collins
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Larry Collins, M.D.
Chestnut Hill Hospital
Attention: CMS-1385-P
8111 Devon St.
Philadelphia, PA 19118

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

Dear Dr. Collins:

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 : Ms. Fran Macy
Organization : Ms. Fran Macy
Category : Nurse Practitioner

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

Rc: 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. Bruce Crider
Organization : University of Michigan
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.

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In an effort to improve 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 important matter.

Bruce A. Crider, M.D.

Submitter : Dr. Muhammad Abou-Samra
Organization : West Virginia University Hospitals
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 strongly support 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 correct 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. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services in West Virginia where I practice stand at just \$16.60 per unit. This amount does not cover the cost of caring for our patients, and is creating an unsustainable system in which anesthesiologists must limit the number of Medicare patients we treat.

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.

Submitter : Dr. Kevin Guynn
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Kevin Guynn, M.D.
Chestnut Hill Hospital
Attention: CMS-1385-P
2 Aiman Circle
Dresher, PA 19025

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

Dear Dr. Guynn:

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.

Submitter : Ms. Cheryl Martin
Organization : Ms. Cheryl Martin
Category : Nurse Practitioner

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)

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Thank you for your consideration of this serious matter

Submitter : Ms. Kelli Marroquin
Organization : Ms. Kelli Marroquin
Category : Nurse Practitioner

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter

Submitter : Mr. Ray Teheng
Organization : Mr. Ray Teheng
Category : Nurse Practitioner

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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Marco Mikhael
Organization : American Society of Anesthesiologists- Texas Child
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)

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Thank you for your consideration of this serious matter.

Marco Mikhael, MD
Pediatric Anesthesia Fellow
Texas Children's Hospital
6621 Fannin suite A300
Houston, TX 77030
marcoabdelnour@yahoo.com

Submitter : Ms. Rosemary Martinez
Organization : Ms. Rosemary Martinez
Category : Individual

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.

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Thank you for your consideration of this serious matter

Submitter : Mr. Howard Olexy
Organization : Mr. Howard Olexy
Category : Individual

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Marco Mikhael
Organization : American Society of Anesthesiologists- Texas Child
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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Marco Mikhael, MD
Pediatric Anesthesia Fellow
Texas Children's Hospital
6621 Fannin suite A300
Houston, TX 77030
marcoabdelnour@yahoo.com

Submitter : Ms. Susan Spillios

Date: 07/12/2007

Organization : Ms. Susan Spillios

Category : Individual

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter : Dr. Rachelle Sutton
Organization : Dr. Rachelle Sutton
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Rachelle Sutton, M.D.

Submitter : Dr. Vincent Johnson
Organization : Dr. Vincent Johnson
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I am writing to encourage you to support the increase to anesthesia payments under the 2008 Physician Fee Schedule. Currently there is a huge disparity in the amount reimbursed for anesthesia services (\$16.19 per unit) and the cost to deliver these services. This disparity is unsustainable and impacts our ability to provide needed health care services to Medicare populations.

Thank you for your support of the RUC's recommendations.

Sincerely, Vincent Johnson, D.O.

President, St. Joseph Anesthesia Services.

Submitter : Ms. Marayn Jistel
Organization : Ms. Marayn Jistel
Category : Individual

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Submitter : Dr. matthew nelson
Organization : Hanover Anesthesia Group, VA.
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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CMS-1385-P

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.
Dr. Matthew M. Nelson DO

Submitter : Mr. Richard Kunkel

Date: 07/12/2007

Organization : Mr. Richard Kunkel

Category : Individual

Issue Areas/Comments

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Submitter : Dr. Dong Quach
Organization : California Anesthesia Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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Sample Comment Letter:

Leslie V. Norwalk, Esq.
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Submitter : Ms. Elenor Bisciglia
Organization : Ms. Elenor Bisciglia
Category : Individual

Date: 07/12/2007

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