

CMS-1385-P-2202

Submitter : Dr. Curt Gramlich

Date: 07/13/2007

Organization : Dr. Curt Gramlich

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)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Curt Gramlich, MD

Submitter : Dr. Richard Elf

Date: 07/13/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

CMS-1385-P, Anesthesia Coding; Please see attached file:

CMS-1385-P-2203-Attach-1.DOC

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

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Thank you for your consideration of this serious matter.

Sincerely,

Richard Elf, M.D.

Submitter : Dr. Chris Steel
Organization : Hershey Medical Center
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

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

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Oleg Vosicher
Organization : Anesthesiology
Category : Health Care Professional or Association

Date: 07/13/2007

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.

Oleg Vosicher, MD

Submitter : Dr. R. Kevin Jones
Organization : California Anesthesia Associates
Category : Individual

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

Sec attachment.

CMS-1385-P-2207-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 : Mr. Doug Moore
Organization : Mr. Doug Moore
Category : Individual

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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To: Leslie V. Norwalk, Esq

RE: CMS-1385-P
Anesthesia Coding

I want to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am happy to learn that CMS recognizes the current undervaluation of anesthesia services.

The anesthesiologist caring for a Medicare patient is paid less per hour than a plumber or electrician. The increase will not be enough to make a huge difference, but it may help keep some of these physicians from leaving practices where Medicare patients make up a large number of the people they care for each day.

Thank you for addressing this problem.

Doug Moore

Submitter :

Date: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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

Sincerely,

Baihan Li, MD
Assistant Professor of Anesthesiology
Hershey Medical Center

Submitter : Dr. Ameer Wright
Organization : Dr. Ameer Wright
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Kean Ganan
Organization : Anesthesiologist
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Dr. Kean S. Ganan

Submitter : Mr. Daniel Cormican

Date: 07/13/2007

Organization : Mr. Daniel Cormican

Category : Individual

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Respectfully,

Daniel Cormican

Submitter : Dr. Kyra Bannister

Date: 07/13/2007

Organization : Guthrie Clinic

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

I urge The Center for Medicare and Medicaid Services to support this important increase in Medicare reimbursement rates as they apply to anesthesia services. The increase is imperative so that the beneficiaries can continue to receive the anesthesia services they so deserve.

Sincerely,
K. Bannister, MD

Submitter : Dr. Adarsh Patel
Organization : Dr. Adarsh Patel
Category : Physician

Date: 07/13/2007

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. Douglas Martin
Organization : California Pacific Medical Center
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Douglas J. Martin, MD

Submitter : Dr. Agata Lebioda
Organization : Dr. Agata Lebioda
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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

Agata M Lebioda, MD
2115 N Sedgwick St Apt 4H
Chicago IL 60614

**CMS-1385-P-2217 Revisions to Payment Policies Under the Physician Fee Schedule,
and Other Part B Payment Policies; Revisions to Payment Policies
for Ambulance Services for CY 2008;**

Submitter : Dr. della lin

Date & Time: 07/13/2007

Organization : Queen's Medical Center

Category : Physician Assistant

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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This decision will impact not only access issues, but quality and community health as well.

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Sincerely,
Della Lin, M.D.
Anesthesiologist
National Patient Safety Leadership Fellow

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

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
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David M. Broussard, M.D.

Submitter :

Date: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
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Niloufar Ehya, MD

Submitter :

Date: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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

This increase will also go a long way in recruiting and maintaining quality anesthesia services to less urban areas, where many people are retiring to, and these seniors use health care often. The demographic trends that we are seeing now will continue, and by having Medicare reimburse anesthesia services with a more reasonable fee schedule, the high Medicare population areas will benefit.

Thank you for your consideration of this serious matter.

Sincerely, Michael Stivelman MD

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

Date: 07/13/2007

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.

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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. Jennifer Hochman
Organization : American Society Anesthesiologists
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Matthew Ockander
Organization : Dr. Matthew Ockander
Category : Physician

Date: 07/13/2007

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:

Recently clinical anesthesiologists received a large decrease in compensation as they no longer are able to receive payment for cases done in two rooms at the same time (despite the fact that surgeons and other doctors ARE able to follow multiple residents in multiple rooms and still receive payment for both cases). Now add to this the low compensation for medicare patients and it is obvious someone is out of touch with what our profession does and the services it provides appear undervalued. As an anesthesiology resident, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Matthew E. Ockander, DO
Anesthesiology Resident and Captain, USAF
SAUSHEC

Submitter : Dr. Edward Cooper
Organization : Dr. Edward Cooper
Category : Physician

Date: 07/13/2007

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.

Edward Cooper MD

Submitter : Dr. Hung-Hei Yung

Date: 07/13/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Hung-Hei Yung, MD

Submitter : Dr. James Altmann
Organization : Thomas Jefferson Hospital
Category : Physician

Date: 07/13/2007

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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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. Eric Lobel
Organization : Dr. Eric Lobel
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Eric F. Lobel M.D.

Submitter : Dr. Nathan Rachman
Organization : Halifax Anesthesiology Associates
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am urging you to follow through with the proposed increase for Anesthesia payments under the 2008 Physician Fee Schedule. Anesthesiology is GROSSLY undervalued compared to other specialties. Even with the proposed increase Anesthesiology will still be undervalued but less so.

When the RBRVS was instituted it significantly undervalued anesthesia work compared to other specialties. Today, Medicare's payment for services at just \$16 per unit is ridiculously low. This amount does not cover the cost of caring for Medicare patients and is creating a system where Medicare is avoided if at all possible.

The RUC has recommended an increase of almost \$4.00 per anesthesia unit. This move would be a step in the right direction and reverse a decade long trend in gross underpayment of Physician Anesthesiology payments. I support full implementation of the RUC's recommendation.

I believe it is imperative that CMS follow through with the proposal by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC. This action will help ensure that our patients retain access to expert Physician Anesthesiology care.

Thank You for considering this matter.

Nathan Rachman, MD

Submitter : Dr. Peter C. Wong
Organization : Dr. Peter C. Wong
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Peter C. Wong, MD

Submitter : Dr. Aaron Balanoff
Organization : Dr. Aaron Balanoff
Category : Physician

Date: 07/13/2007

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.

Aaron S. Balanoff, MD

Submitter : Dr. Jason Wells
Organization : New York Cardiovascular Anesthesiologists
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Jason B. Wells, MD

Submitter : Dr. Richard Doviak
Organization : Global Anesthesia Services
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

Dear CMS,

The current ASC health care delivery is not only more efficient and cheaper but is safer for patient care. I know these facts as I am an anesthesiologist that has worked in both hospital and ASC settings. without a doubt an ASC can cut the patient turn around time to 1/2 - 1/3. Patients are much happier with services they receive at an ASC. Patients are SAFER at an ASC because there is a well trained staff that only do certain procedures on a routine basis as opposed to float staffing from all over the hospital. Patients are not exposed to the higher risk of hospital acquired infections such as MRSA.

In all the is greater cost savings with better outcomes with the current ASC system and you want to reward this good behavior with cutting reimbursements? I thought CMS was backing "paying for performance" not penalizing for performance which is exactly what any cuts would be.

Sincerely,

Dr. Richard Doviak

Submitter : Dr. Todd Primack
Organization : Stockton Anesthesia Medical Group
Category : Physician

Date: 07/13/2007

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.

Todd Primack, D.O.
Anesthesiologist

Submitter : Dr. Rebecca Madigan
Organization : University of Arizona - Dept of Anesthesiology
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Brian Clarke
Organization : Southdale Anesthesiologists, LLC
Category : Physician

Date: 07/13/2007

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 \$15.28 per unit in Minnesota. 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.

Brian Clarke, MD
Southdale Anesthesiologists, LLC
6401 France Ave
Edina, MN 55435

Submitter : Dr. Matthew Desciak
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Anesthesia Coding (Part of 5-Year Review)

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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-2237

Submitter : Dr. Gauri Waingankar

Date: 07/13/2007

Organization : Dr. Gauri Waingankar

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2237-Attach-1.DOC

#2237

Leslie V. Norwalk, Esq.
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. Wes Irwin
Organization : South Tahoe Anesthesiology Medical Group
Category : Physician

Date: 07/13/2007

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.

Wes J Irwin, MD, MS
South Tahoe Anesthesiology Medical Group
710 Lassen Drive
South Lake Tahoe, CA 96150

Submitter : Dr. Jenelle Germany
Organization : Metropolitan Anesthesia Consultants
Category : Physician

Date: 07/13/2007

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,

Jenelle Germany, M.D.

Submitter : Dr. Sanjay Hegde
Organization : Capitol Anesthesiology Association
Category : Physician

Date: 07/13/2007

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. Bradley McAllister
Organization : Mountain West Anesthesia
Category : Physician

Date: 07/14/2007

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 : Matthew Carpinello
Organization : Matthew Carpinello
Category : Other Health Care Professional

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Michael Cox

Date: 07/14/2007

Organization : Anesthesia Medical Group of Santa Barbara, Inc.

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review
letter attached

CMS-1385-P-2243-Attach-1.DOC

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

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

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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.

Michael Cox, M.D.
American Board of Anesthesiology diplomate

Submitter : Dr. Vartan Tarakchyan

Date: 07/14/2007

Organization : Dr. Vartan Tarakchyan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a physician anesthesiologist, I am very concerned about the way I am compensated for the all hard work I do on a daily basis. This may be time that Medicare would reconsider the way anesthesiologists are paid for a very high risk job. Long hours, probably longest than any other in other medical specialty, that an average anesthesiologist put into the job (10-15 hours a day) should get a fair compensation.

I thank you in advance for your consideration.

Submitter :

Date: 07/14/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

To: Leslie V. Norwalk

Re: Anesthesia Coding

Dear Ms. Norwalk:

I am writing to express my support for the proposal to increase anesthesia payments. Anesthesiologists have too long been undervalued.

Medicare patients deserve the best care, and in order to accomplish this Medical Doctor Anesthesiologists must be compensated in a way that will allow them to continue to serve Medicare patients. Thank you for your time.

Submitter : Dr. Nasim Riazati

Date: 07/14/2007

Organization : Dr. Nasim Riazati

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.

Nasim Riazati M.D.

Submitter : Dr. Shea Aiken
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/14/2007

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. John Brenner
Organization : Dept of Anesthesiology, UTHSC-San Antonio
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Thank you for your consideration of this serious matter.

Sincerely,

John R. Brenner, D.O.
Dept of Anesthesiology
University of Texas Health Sciences Center at San Antonio

Submitter : Dr. Jeffrey Chvilicek
Organization : Wenatchee Anesthesia Associates
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am an anesthesiologist in rural Washington State. We are feeling a most severe pinch of the continued reimbursement cuts for our large Medicare population (over 62% of our cases at last look). We are having a rather difficult time recruiting anesthesiologists...it will only get worse. Our seniors deserve our physician services (but I cannot do it all myself)!

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,

Jeffrey P. Chvilicek, MD
Wenatchee, WA 98801

Submitter :

Date: 07/14/2007

Organization :

Category : Individual

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jason Isa
Organization : Physicians Anesthesia Services Inc.
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,
Jason M. Isa M.D., MsPH

Submitter : Dr. STEVEN SHOUM

Date: 07/14/2007

Organization : SOUTH NASSAU COMMUNITIES HOSPITAL

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See above comments please.

Resource-Based PE RVUs

Resource-Based PE RVUs

As Chairman of Anesthesiology Department at South Nassau Communities Hospital in Oceanside NY, and having practiced at this hospital 26 years as a clinical anesthesiologist, I have observed the reimbursements for our services to seniors diminish to unacceptable levels. Now, with Medicare reimbursements at current levels, I am unable to recruit and retain even Certified Registered Nurse Anesthetists, much less Board Certified or Eligible Physician Anesthesiologists to work at the hospital. You see, the hospital has a high volume of Medicare patients, and the reimbursement by CMS does not cover the cost of a CRNA, with their payroll or the part of the payroll of the anesthesiologist supervising them, malpractice for the MD supervising them and the CRNA, benefits, etc. We will soon be forced to seek subsidization from the hospital in order to cover our losses imposed by CMS. If that is not met, there is a good chance I will be unable to recruit or retain skilled MD anesthesiologists, who will defect and seek employment in private offices or surgicenters where CMS Medicare patients are turned away and more reasonable payers are selected and accepted. This will threaten the quality of care that our senior Americans deserve and expect. Please raise the reimbursement values to reasonable and fair levels to maintain the quality of care of our American senior citizens.

Submitter : Dr. Janice Pauley
Organization : Mont-Greene Anesthesia
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Attention: Leslie V. Norwalk, ESQ.

I strongly support the proposal for the increase in anesthesia payments under the 2008 Physician Fee Schedule. It is time for the CMS to compensate for the gross underpayments of the last 5 years. I hope you realize that the patients covered by Medicare and Medicaid are the sickest population group that we treat. They are the elderly and the lower socio-economic status patients. Medicaid patients often do not manage their chronic diseases well. Both Medicare and Medicaid patient's care requires more expertise, energy and manpower to manage their needs.

The RBRVS payments undervalued the work of the anesthesiologist. The anesthesiologist payment is only \$16.19/unit. This low payment for the nation's sickest, the elderly. This underpayment to anesthesia was not equal in any other field of medicine. The system is flawed and is driving anesthesia care away from areas where high populations of Medicare patients exist.

The RUC recommends the CMS increase the anesthesia conversion factor to an increase of \$4/unit. This would help offset some of the undervaluation of the past 5 years. I support the RUC recommendation in order to rectify this situation.

To provide coverage for the nation's most needy, the elderly, it is imperative that the CMS fully implement the anesthesia conversion factor increase as recommended by the RUC. Only by doing this can we ensure the expert care required for this population of patients.

Thank you for your consideration on this matter.

Sincerely, Janice Pauley, MD

Submitter : Dr. Chol Pak
Organization : Dr. Chol Pak
Category : Physician

Date: 07/14/2007

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. Paul D'Orazio
Organization : Dr. Paul D'Orazio
Category : Physician

Date: 07/14/2007

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.

Paul D'Orazio MD

Submitter : Dr. Larry Scott
Organization : Larry B Scott MD, PA
Category : Physician

Date: 07/14/2007

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 :

Date: 07/14/2007

Organization : centers for medicare & medicaid services

Category : Health Plan or Association

Issue Areas/Comments

GENERAL

GENERAL

we need increac the fee for physician and anesthesiology services.

Submitter : Dr. JOHN ALBERT, II, MD
Organization : AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

Background

Background

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

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

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.

GENERAL

GENERAL

"SEE ATTACHMENT"

Submitter : Richard Gillerman
Organization : Richard Gillerman
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.
Richard Gillerman MD

Submitter : Dr. Susan Lava-Parmele
Organization : Washington University in St. Louis
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

With a sicker patient population, the intensity of anesthesia practice has increased significantly. Thus, an increase in the unit pay for anesthesia services should reflect this.

Submitter : Dr. Jeffrey Dean Sr.
Organization : Anesthesiology of Greenwood
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

Background

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

Sincerely, Jeffrey Dean Sr MD

Submitter :

Date: 07/14/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Thomas Kindl
Organization : Amercian Society of Anesthesiologists
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Dear Sirs and Madame's:

Thank you for considering my reaction to CMS-1385-P. This represents a nominal increase in funding for anesthesia services. I would liken it to a cost-of-living raise. I would find it a gesture of kindness and respect to this individual who has devoted the last 12 years of his life to serving others. In return, you can rest assured those you represent are being served with the highest level of care and compasion.

Thank you in kind for your deepest consideration in this critical matter.

Kindest Regards,
Thomas Kindl MD
Diplomate, Amercian Board of Anesthesiologits

Submitter : Dr. TERRY LATSON
Organization : EXCEL ANESTHESIOLOGY
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

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

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-2265-Attach-1.DOC

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

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

Submitter : Dr. Wyndam Strodbeck
Organization : Dr. Wyndam Strodbeck
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,
Wyndam M. Strodbeck, MD

Submitter : Dr. hoang nguyen

Date: 07/14/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,

Hoang Nguyen

Submitter :

Date: 07/14/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Darin J. Correll, MD
Instructor of Anaesthesia, Harvard Medical School
Brigham and Women's Hospital
Boston, MA

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

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Douglas A. Dubbink, M.D.

Submitter : Dr. Diana Nguyen
Organization : Dr. Diana Nguyen
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Sincerely,

Diana Nguyen

Submitter : Dr. David Bryant
Organization : Pinnacle Anesthesiology
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. ryan nelson

Date: 07/14/2007

Organization : Dr. ryan nelson

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I believe an increase in compensation for anesthesiologists is long overdue. I strongly support the proposed increase in medicare compensation for anesthesiologists.

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

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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Submitter : Dr. Suzette Hong
Organization : Dr. Suzette Hong
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : Dr. Dean Chassay
Organization : Dr. Dean Chassay
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Kevin Cuccaro
Organization : Dr. Kevin Cuccaro
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jaroslav Strba
Organization : Oregon Anesthesiology Group
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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CMS-1385-P-2278

Submitter : Dr. Ku-Yuen Hsue

Date: 07/14/2007

Organization : Dr. Ku-Yuen Hsue

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-2278-Attach-1.DOC

2278

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Ku-Yuen Hsue, MD

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

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk,

I am writing to urge you to support the proposals to increase anesthesia payments under the 2008 Physician fee schedule. I am happy that CMS has recognized that there has been a gross undervaluation of anesthesia services and that your agency is taking steps to correct this.

When the RBRVS was instituted, it created a huge disparity for anesthesia care, mostly due to undervaluation of anesthesia work compared to other physician services. Today, Medicare payment for anesthesia services is \$16.19 per unit. This amount does not cover the cost of caring for our senior citizens.

The RUC has recommended that CMS increase the anesthesia conversion factor to offset a 32 % work undervaluation- a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long standing undervaluation of anesthesia services. I am pleased that your agency accepted this recommendation in its proposed rule and I support full implementation of the RUC's recommendation.

Thankyou for your consideration of this matter.

Submitter : Dr. Shelley Jacks

Date: 07/14/2007

Organization : Dr. Shelley Jacks

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Shelley M Jacks, MD

Submitter : Dr. Richard Lewis
Organization : Anesthesiologists Associated, PC
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Stephen Murphy
Organization : Anesthesia Specialists
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Stephen Phillip Murphy, M.D.

Submitter : Mrs. Amie Schilling
Organization : AAAA
Category : Other Health Care Professional

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-2283-Attach-1.DOC

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Amie L. Schilling AA-C
Anesthesia Associates of Rock Hill, SC.

Submitter : Mr. Geoffrey Langham
Organization : Mr. Geoffrey Langham
Category : Physician

Date: 07/14/2007

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:

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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. L. Steede Mankin
Organization : Pinnacle Partners in Medicine
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

L. Steede Mankin, M.D.

Submitter :
Organization : Emory University
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Jay Ham
Organization : Jay Ham, MD
Category : Physician

Date: 07/14/2007

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 \$15.84 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. When I began practice in Washington state in 1985 my Medicare unit fee was \$28.00. Now 22 years later, I'm being reimbursed 43% less than 1985 yet my practice expenses have climbed over 100%.

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.

Jay Ham, MD

Submitter : Dr. James Bartlett
Organization : Medical Center Anesthesiologists, P.C.
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

Dear Ms. Norwalk:

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.

James H. Bartlett, M.D.

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

Date: 07/14/2007

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. Keith Minnich
Organization : Reading Anesthesia Associates, Ltd.
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2290-Attach-1.DOC

Keith A. Minnich, M.D.
Reading Anesthesia Associates, Ltd.
P.O. Box 16052
Reading, PA 19612-6052
kminnich@readinganesthesia.com
July 14, 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:

My name is Dr. Keith Minnich and I am an anesthesiologist in Reading, Pennsylvania. As I'm sure you're aware, our state has one of the highest percentages of Medicare patients in our country, and Medicare's very low anesthesia reimbursement rate has definitely contributed to the exodus of both practicing anesthesiologists and newly trained anesthesiologists from our state's residency training programs to jobs in other states.

I am writing this letter to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has finally 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 such as my state of Pennsylvania.

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, which represents 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 very 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 elderly patients in Pennsylvania and across our country 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 very much for your consideration of this serious matter.

Sincerely,
Keith A. Minnich, M.D.

Submitter : Dr. Michael Pearman
Organization : Anesthesiologists of Bartlesville, PC
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists of Bartlesville, P.C.
2709 Legacy Court
Bartlesville, OK 74006
Phone: 918-331-1555 Fax: 331-1695

Michael H. Pearman, MD President

July 14, 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:

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Michael H. Pearman, MD

Submitter : Dr. Edward Matthew
Organization : Evanston Northwestern Healthcare
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Edward B. Matthew, MD
718 Glenview Ave.
Highland Park, IL 60035

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2293-Attach-1.DOC

#2293

Leslie V. Norwalk, Esq.
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. L. Michele Noles
Organization : Dr. L. Michele Noles
Category : Physician

Date: 07/14/2007

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.

L. Michele Noles

Submitter : Dr. Scott McGraw

Date: 07/14/2007

Organization : Dr. Scott McGraw

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.
Scott McGraw, MD

Submitter : Dr. Matthew Klein
Organization : Vassar Brothers Medical Center
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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

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Submitter : Dr. Jeffery Kirlangitis
Organization : Pinnacle Partners in Medicine
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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Submitter : Dr. Lisa White Kirlangitis
Organization : Pinnacle Partners in Medicine
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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Rc: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Christian Barotti
Organization : American Society of Anesthesiologists
Category : Health Care Professional or Association

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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

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Christian Barotti, M.D.

Submitter : Dr. Paul Hendrickson
Organization : ASA
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Please support the long overdue increase in CMS reimbursement for anesthesia services. I am a physician in a high medicare/medicaid population and finding it difficult to recruit physicians to our area. The current rate of \$16+ dollars per unit needs to be modified and this most recent proposal is a start and should be implemented. Thank you for your time. Paul S. Hendrickson D.O.

Submitter : Dr. Paul Hendrickson
Organization : Dr. Paul Hendrickson
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Please support CMS-1385-P. Thankyou .Paul s. Hendrickson

Submitter : Dr. Eugene Axelrod
Organization : Individual
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

GENERAL

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See attachment

CMS-1385-P-2302-Attach-1.DOC

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Centers for Medicare and Medicaid Services
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Submitter : Dr. Steven McCord
Organization : Dr. Steven McCord
Category : Physician

Date: 07/14/2007

Issue Areas/Comments

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Centers for Medicare and Medicaid Services
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