

**Submitter :** Dr. Gregory Garbin  
**Organization :** MACMGI  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Thank you for the opportunity to express my support for this proposal. 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. Paul Bruha

Date: 07/15/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Sincerely,

Paul J. Bruha, MD

**Submitter :** Ms. Shena Scott  
**Organization :** Brevard Anesthesia Services, PA  
**Category :** Individual

**Date:** 07/15/2007

**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.

Shena Scott

Submitter : Dr. Richard Shinaman

Date: 07/15/2007

Organization : MAC Anesthesia

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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**Submitter :** Dr. Lewis Hunt  
**Organization :** American Society Of Anesthesiologists  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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Sincerely,

Lewis A. Hunt, M.D.

**Submitter :** Dr. Brian Burnbaum

**Date:** 07/15/2007

**Organization :** Dr. Brian Burnbaum

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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**Submitter :** Dr. Patrick Miller  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2410-Attach-1.PDF

CMS-1385-P-2410-Attach-2.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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**Submitter :** Dr. John Hackett  
**Organization :** Emory University Anesthesiology  
**Category :** Physician

**Date:** 07/15/2007

**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  
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Thank you for your consideration of this serious matter.

Sincerely,

John P. Hackett

Submitter : Dr. Aleksander Mirski

Date: 07/15/2007

Organization : N/A

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Yours sincerely,  
Aleksander Mirski

**Submitter :** Dr. Vivek MOITRA  
**Organization :** COLUMBIA Presbyterian Hospital  
**Category :** Physician

**Date:** 07/15/2007

**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

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Vivek Moitra

Submitter :

Date: 07/15/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

**GENERAL**

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

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Thank you for your consideration of this serious matter.

G. Boston, MD  
Cincinnati, OH

**Submitter :** Dr. Michael Jakubowski  
**Organization :** Schenectady Anesthesia Associates  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Michael S. Jakubowski, M.D.  
1350 Hawthorn Rd.  
Schenectady, NY 12309  
Jul 15, 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 serious matter.

Respectfully,

Michael S. Jakubowski

**Submitter :** Dr. Eric Schnell

**Date:** 07/15/2007

**Organization :** UCSF

**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

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**Submitter :** Dr. Vijaya Gottumukkala

**Date:** 07/15/2007

**Organization :** Dr. Vijaya Gottumukkala

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
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**Submitter :** Dr. John Fragola  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2418-Attach-1.DOC

CMS-1385-P-2418-Attach-2.DOC

CMS-1385-P-2418-Attach-3.DOC



Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
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Thank you for your consideration of this serious matter.

**Submitter :** Dr. R.S. Farmer

**Date:** 07/15/2007

**Organization :** Arizona Medical Association

**Category :** Physician

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

Undervaluation of Anesthesia services is drastic and has serious adverse impacts on seniors in Arizona and on their access to quality care. The recommendation from the RUC to correct this problem is appropriate and should be supported.

**Submitter :** Dr. Nicholas Back  
**Organization :** Dr. Nicholas Back  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2420-Attach-1.PDF

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

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**Submitter :**

**Date: 07/15/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Jacob Kaczmariski  
**Organization :** Dr. Jacob Kaczmariski  
**Category :** Physician

**Date:** 07/15/2007

**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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**Submitter :** Dr. Gregory Miller  
**Organization :** Dr. Gregory Miller  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

See attachment

**Submitter :** Dr. Kevin Li  
**Organization :** Dr. Kevin Li  
**Category :** Physician

**Date:** 07/15/2007

**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. Mark Pelerosi  
**Organization :** Anesthesia Medical Group  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Acting Administrator  
Leslie V. Norwalk, Esq.  
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,  
Mark Pelerosi, M.D.

**Submitter :** Dr. Daniel Thomas  
**Organization :** General Anesthesia Services  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-2426-Attach-1.DOC

#2426

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. James Tobin

**Date:** 07/15/2007

**Organization :** Dr. James Tobin

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

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

Thank you for your consideration of this serious matter. The future of anesthesia care in the United States is at stake.  
Sincerely,  
James Tobin, MD

Submitter : Dr. Jeanne Tramm

Date: 07/15/2007

Organization : Dr. Jeanne Tramm

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

Respectfully,

Jeanne Tramm, MD

**Submitter :** Dr. Brian Mitchell

**Date:** 07/15/2007

**Organization :** OHSU

**Category :** Physician

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

I am a resident within the Oregon Health Sciences University Anesthesiology program. The RVU increase for the time value units is critical for academic training programs. It is imperative that this increase occurs in order for physicians such as myself to have the opportunity to learn how to practice anesthesiology. Academic medical centers are losing their best and brightest physicians who have difficulty paying off their massive educational debts (>>\$150,000) given the current repayment plan for anesthesiology services under Medicare. Our field is dependant on the education provided at major academic centers, which often serve Medicare patients. Please consider this RVU as an opportunity to support the academic medical centers need to train the physicians of the future. Thank you.

**Submitter :** Dr. Amy Coffman  
**Organization :** Dr. Amy Coffman  
**Category :** Physician

**Date:** 07/15/2007

**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.

Amy Coffman, M.D.

**Submitter :** Mr. David Hulata  
**Organization :** Rush University  
**Category :** Academic

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

David Hulata  
974 W. 35th Place  
Chicago, IL 60609



**Submitter :** Dr. w. neil ambrosini  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Medicare reimbursement (for anesthesia services I provide as a skilled, hard-working, devoted, and caring physician) is an insult to my pride as well as my livelihood. Please rectify this unjust situation.

**Submitter :** Ms. Antoinette Dalcamo  
**Organization :** Dalcamo Funeral Home  
**Category :** Individual

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Antoinette Dalcamo  
2921 S. Canal St.  
Chicago, IL 60616

**Submitter :** Dr. Neil A. Macdonald

**Date:** 07/15/2007

**Organization :** ACV

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Neil A. Macdonald, MD, MPH

**Submitter :** Dr. Mark Destache  
**Organization :** Associated Anesthesiologists, PA  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
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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. Anesthesiologists have worked closely with the RUC over the years and we believe in the system set up for this review.

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. In my own practice, after splitting the fee with a nurse anesthetist, I receive about \$30/hour to take care of a Medicare patient. Needless to say, I think the federal government pays many of its workers and consultants significantly more for work that is less intensive than an anesthesiologist. I do not believe that this is a sustainable rate in the future.

Thank you for your consideration of this serious matter.

Sincerely,  
Mark Destache, MD

**Submitter :** Dr. Martha Van Clief  
**Organization :** Dr. Martha Van Clief  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

**Date:** 07/15/2007

**Organization :** Dr. Raghu Sanga

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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.

Raghu Sanga, M.D.

**Submitter :** Dr. Mark Krantz  
**Organization :** Cleveland Clinic Foundation  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
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**Submitter :** Dr. Lannon Lucas  
**Organization :** Dr. Lannon Lucas  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

**Date:** 07/15/2007

**Organization :** Dr. Orville Wetzel

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please consider raising the physician reimbursement for anesthesia care. The continued cuts we have endured in the face of ever escalating practice costs, as well as cost of living will surely increase the shortage of anesthesiologists and limit the availability of quality care for patients.

**Submitter :** Dr. Hinda Abramoff  
**Organization :** CCHS/Huron Hospital  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

I am emailing my strong support for the increase in medicare payment to anesthesiologists. I am an anesthesiologist in an inner city, underserved area. The patient population is primarily poor, on medicaid or medicare. Anesthesiologist reimbursement from medicare does not cover the cost of physician services. If physicians had to depend on reimbursement from medicare and medicaid, there would be no anesthesiologists covering this hospital and underserved patient population. Fortunately, we are affiliated with a strong hospital system so in the past, we have been subsidized by the hospital. However, Huron hospital can no longer afford to cover the cost of anesthesiology services, since it has been 'in the red'. I don't know for how long the hospital will be able to continue losing money.

**Submitter :** Dr. Steven Feit

**Date:** 07/15/2007

**Organization :** Dr. Steven Feit

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Curby Jenkins

Date: 07/15/2007

Organization : Dr. Curby Jenkins

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

Thank you for your consideration of this serious matter.

Dr. Curby Jenkins  
Haslett, MI

**Submitter :** Dr. David Hardman  
**Organization :** Duke Univ. Dept. of Anesthesiology  
**Category :** Physician

**Date:** 07/15/2007

**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

Rc: 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.

**Submitter :** Dr. marco Mikhael  
**Organization :** American Society of Anesthesiology  
**Category :** Physician

**Date:** 07/15/2007

**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)

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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.

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

**Submitter :** Dr. PRASAD GADIRAJU  
**Organization :** Greater Houston Anesthesiology  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

I wish to convey my strong 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 I am thankful that the Agency is taking steps to address this complicated issue.

I feel that the RBRVS has created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Medicare payment for anesthesia services stands at a low \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors. I feel it forces anesthesiologists to shy away from areas with disproportionately high Medicare populations.

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. This will be a major step 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.

I would urge CMS to 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 very important and often overlooked matter.

**Submitter :** Dr. James McGriff  
**Organization :** Comprehensive Anesthesia Services, PC  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I support the following:

CMS-1385-P - 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;  
J. T. McGriff, MD



**Submitter :** RAFAEL MACHADO  
**Organization :** RAFAEL MACHADO  
**Category :** Physician

**Date:** 07/15/2007

**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. Terry Hack  
**Organization :** Coastal Anesthesiology Medical Associates  
**Category :** Physician

**Date:** 07/15/2007

**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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We are finding it particularly difficult in San Luis Obispo, CA to attract good quality anesthesiologists and keeping them here. Between the high cost of living, increasing elderly population and the low reimbursement rate this is not an attractive practice. This increase will greatly facilitate our ability to attract and keep new members. This would prevent our needing to decrease the number of operating rooms which would effect all of our patients not just our seniors.

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

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

Thank you for your consideration of this serious matter.  
Terry A. Hack, MD

**Submitter :** Dr. Todd Phillips

**Date:** 07/15/2007

**Organization :** Dr. Todd Phillips

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter.

Todd Phillips MD  
Anesthesiologist Longview, WA

**Submitter :** Dr. Jeb Sorom  
**Organization :** Dr. Jeb Sorom  
**Category :** Physician

**Date:** 07/15/2007

**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.

Jeb Sorom, MD

**Submitter :** Dr. Daniel Nahrwold  
**Organization :** Vanderbilt University Medical Center  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

**Submitter :** Dr. michael gesquiere  
**Organization :** PEAK ANESTHESIA  
**Category :** Physician

**Date:** 07/15/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

My average conversion factor for anesthesia services is \$65 a unit. All of the surgeons I work with recognize that without the intense training and skill set I provide, they would be unable to perform their jobs. Please tell me why they receive 85 percent of their average third party payer and you provide me 26 percent. I am truly ashamed at the government for taking advantage of anesthesia providers. The current proposal of a \$4 dollar a unit increase should be \$25!!!!!!

**Submitter :** Dr. Mark Scheller

**Date:** 07/15/2007

**Organization :** Cardiovascular Anesthesia Consultants

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Medicare recipients are already unable to receive first class anesthesia care for major cardiovascular procedures. Approximately 90% of Cardiovascular Anesthesiologists in Las Vegas no longer provide this type of care. Why? Medicare reimbursement for these lengthy, stressful and complex cases is inadequate. Our group, CAC, has continued to provide this care, but at a great cost. We are unable to recruit new anesthesiologists to join us because we cannot offer a competitive salary. This requires us to overwork and sacrifice meeting and vacation time to meet the burgeoning clinical need. However, we are at the breaking point. If CMS does not increase reimbursement for Medicare recipients, we will be forced to abandon that aspect of our practice. Others will follow. The large Medicare population will simply not have access to Board Certified Anesthesiologists who specialize in Cardiovascular Care and have further extensive training in Perioperative Echocardiography and Critical Care. These practitioners will be lost.

**Submitter :** Dr. Richard Okamura  
**Organization :** Overlake Anesthesiologists  
**Category :** Physician

**Date:** 07/15/2007

**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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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. Chung-Ih Chou  
**Organization :** Palo Alto Medical Clinic  
**Category :** Physician

**Date:** 07/16/2007

**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  
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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Vitaly Domashevich  
**Organization :** peak anesthesia  
**Category :** Ambulatory Surgical Center

**Date:** 07/16/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

DR. Domashevich

**Submitter :** Dr. michael gesquiere  
**Organization :** Peak Anesthesia and Pain Management  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Michael Gesquiere, MD  
President Peak Anesthesia and Pain Management  
Medical Director Centennial Medical Plaza  
Medical Director Centennial Pain Center

**Submitter :** Dr. James Halcomb  
**Organization :** Anesthesia Services Medical Group  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

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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 (you realize this is \$64/hour which is LESS than my auto mechanic charges!). 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. It certainly is in my economic interest to minimize my care of Medicare patients.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work 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. John Jarrard  
**Organization :** Dr. John Jarrard  
**Category :** Physician

**Date:** 07/16/2007

**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

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.

**Submitter :** Dr. Stephanie Yang  
**Organization :** Dr. Stephanie Yang  
**Category :** Physician

**Date:** 07/16/2007

**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.

Stephanie H. Yang, M.D.

**Submitter :** Dr. Edwin Yau

**Date:** 07/16/2007

**Organization :** Dr. Edwin Yau

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2462-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.

Edwin J. Yau, M.D.



**Submitter :** Mr. Robert Yang  
**Organization :** Mr. Robert Yang  
**Category :** Individual

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-2463-Attach-1.DOC

# 2463

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Robert Yang

**Submitter :** Dr. Miko Enomoto

**Date:** 07/16/2007

**Organization :** OHSU

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Robert Rosen  
**Organization :** Anesthesia Assoc of Pinellas County  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Robert J Rosen M.D.  
Anesthesia Associates of Pinellas County  
Morton Plant Hospital  
300 Jeffords St. Suite B  
Clearwater, FL 33756  
727 441-1524  
BORO@tampabay.rr.com  
July 2, 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.

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.

Respectfully yours,

Robert J. Rosen, M.D.

**Submitter :** Dr. Keith Fleischman

**Date:** 07/16/2007

**Organization :** NJAA

**Category :** Physician

**Issue Areas/Comments**

**Physician Scacity Areas**

Physician Scacity Areas

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.

Keith A. Fleischman, D.O.  
34 Little Wolf Rd.  
Summit, NJ 07901

**Submitter :** Dr. James West

**Date:** 07/16/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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. Anne West  
**Organization :** Mrs. Anne West  
**Category :** Individual

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2468-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 happy to see that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

Ever since the RBRVS was created, there has been a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. As someone who will soon be a Medicare recipient, I want to be sure that I will have access to an anesthesiologist should I need one.

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.

Anne R. West



**Submitter :** Dr. Sara Schaefer  
**Organization :** Springfield Hospital  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Dr. Sara Schaefer  
Springfield Hospital  
Springfield, VT

**Submitter :** Ms. Whitney West

**Date:** 07/16/2007

**Organization :** ASA

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-2470-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 fully support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am delighted that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

There has long been 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.

Fortunately, the RUC has moved to rectify this situation and I am pleased that the agency has accepted its recommendation. 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.

Whitney B. West

**Submitter :** Dr. Gary Kanter  
**Organization :** Baystate Medical Center  
**Category :** Physician

**Date:** 07/16/2007

**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,

Gary Kanter, MD

**Submitter :** Dr. Ira Cohen  
**Organization :** Children's National Medical Center  
**Category :** Individual

**Date:** 07/16/2007

**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.

Ira Todd Cohen, M.D., M.Ed.  
Associate Professor of Anesthesiology and Pediatrics  
Director of Education  
Department of Anesthesiology and Pain Medicine  
Children's National Medical Center  
111 Michigan Avenue, NW  
Washington, DC 20010  
icohen@cnmc.org

**Submitter :** Dr. Russell Stewart

**Date:** 07/16/2007

**Organization :** West Virginia University School of Medicine

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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.

To ensure that our patients have access to expert anesthesiology medical care, 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.

Thank you for your consideration of this serious matter.

Russell Stewart, MD  
Anesthesiology Department  
WVU School of Medicine

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

**Date:** 07/16/2007

**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.

Christopher R. Roscher, M.D.

**Submitter :** Dr. Donald Charney  
**Organization :** First Colony Anesthesia Associates, PA  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

July 9, 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.

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.

Yours Truly,

Donald Charney, MD  
First Colony Anesthesia Associates, PA



**Submitter :** Dr. Andrew Harris

**Date:** 07/16/2007

**Organization :** Dr. Andrew Harris

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

I am writing to express my strongest support for the the aspect of CMS-1385-P that would increase payments for anesthesia care 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 unintentionally created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services using incorrect methodology for the specialty. 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 under current calculations 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. Kevin Tremper  
**Organization :** University of Michigan  
**Category :** Academic

**Date:** 07/16/2007

**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:

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 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.

**Submitter :** Dr. Jerome Adams  
**Organization :** Dr. Jerome Adams  
**Category :** Physician

**Date:** 07/16/2007

**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. Reed Underwood  
**Organization :** Fair Oaks anesthesia  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

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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,

Reed S. Underwood, MD

**Submitter :** Dr. Joan Ruffle  
**Organization :** Hershey Medical Center  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

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.

Joan M. Ruffle, M.D.

**Submitter :** Dr. Jeffrey Bergsbaken  
**Organization :** Watetown Anesthesia P.C.  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I am writing to CMS as a member of the American Society of Anesthesiologists (ASA) urging CMS to support CMS docket 1385-P, which would increase the anesthesia conversion factor and increase anesthesia access for medicare beneficiaries. Anesthesia services have been undervalued for some time compared to other physician services and it is even more noticeable in the rural region where I practice. Our anesthesia group just lost a partner who is leaving for a more lucrative venue (I don't blame him). I enjoy my rural practice (which has a higher component of medicare beneficiaries than practices in urban areas), but I see a day where I may have to leave if medicare continues to slash anesthesia reimbursements as they have for the past several years. Thank your for this attention to this important matter. Sincerely, Jeffrey Bergsbaken M.D.

**Submitter :** Dr. John McCall  
**Organization :** Dr. John McCall  
**Category :** Physician

**Date:** 07/16/2007

**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.

John E McCall MD  
Director of Anesthesiology  
Shriners Hospital for Children Cincinnati  
Cincinnati, Ohio

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

**Date:** 07/16/2007

**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. Susan Dashow  
**Organization :** Dr. Susan Dashow  
**Category :** Physician

**Date:** 07/16/2007

**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. Benjamin Suaco  
**Organization :** Dr. Benjamin Suaco  
**Category :** Physician

**Date:** 07/16/2007

**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 :**

**Date: 07/16/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

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.

**Submitter :** Dr. Annette Zwick

**Date:** 07/16/2007

**Organization :** Dr. Annette Zwick

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Israel Sanchez

**Date:** 07/16/2007

**Organization :** Dr. Israel Sanchez

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Emad Ghabious  
**Organization :** Dr. Emad Ghabious  
**Category :** Physician

**Date:** 07/16/2007

**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. Stan X. Li  
**Organization :** Dr. Stan X. Li  
**Category :** Physician

**Date:** 07/16/2007

**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 :** Dr. Shridevi Pandya  
**Organization :** Dr. Shridevi Pandya  
**Category :** Physician

**Date:** 07/16/2007

**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. Raafat Beshara  
**Organization :** Dr. Raafat Beshara  
**Category :** Physician

**Date:** 07/16/2007

**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. Manal Basiliou

**Date:** 07/16/2007

**Organization :** Dr. Manal Basiliou

**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. guy whitaker iii  
**Organization :** Dr. guy whitaker iii  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

I positively support the RUC recommendation to increase the anesthesia conversion factor. sincerely, GDW, III

**Submitter :** Dr. Kristin Daley  
**Organization :** Charleston Anesthesia Associates, PA  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

These revisions are critical for the specialty of anesthesiology- for doctors in the trenches - hands on -taking care of critically ill patients in the perioperative period.

**Submitter :** Dr. Richard Siegenfeld

**Date:** 07/16/2007

**Organization :** NAPA

**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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Sincerely,  
Richard Siegenfeld, MD

**Submitter :** Dr. Marina Markos

**Date:** 07/16/2007

**Organization :** Dr. Marina Markos

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Brent Lee  
**Organization :** Fair Oaks Anesthesia Associates  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Reynaldo Santos  
**Organization :** Dr. Reynaldo Santos  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. David Fitzgerald  
**Organization :** Anesthesiologist Associated, PC  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Christopher Ford

**Date:** 07/16/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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see attachment

CMS-1385-P-2501-Attach-1.WPD

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Centers for Medicare and Medicaid Services  
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**Submitter :** Dr. yitzchak jacobowitz  
**Organization :** Dr. yitzchak jacobowitz  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

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Sincerely,

Yitzchak S. Jacobowitz, M.D.

**Submitter :** Dr. Howard Bennett  
**Organization :** Dr. Howard Bennett  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

**GENERAL**

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Respectfully,

Howard Bennett, MD

**Submitter :** Dr. Robert J. Egan  
**Organization :** Pinnacle Anesthesia Consultants  
**Category :** Physician

**Date:** 07/16/2007

**Issue Areas/Comments**

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