

Submitter : Dr. Scott Switzer
Organization : Milford Anesthesia Associates, PC
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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,

Scott K. Switzer, DO

Submitter : Dr. Pavel Lobanov

Date: 07/10/2007

Organization : Thomas Jefferson University Hospital

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Viswanathan Aiyer
Organization : Dr. Viswanathan Aiyer
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Carol Wolfe
Organization : Carol Wolfe
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
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P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. Ben King

Date: 07/10/2007

Organization : Medical Anesthesia Consultants

Category : Physician

Issue Areas/Comments

GENERAL

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Please give consideration to helping us continue to provide the best possible care to our Medicare patients by elec our conv factor.

Submitter : Dr. Donald Milne
Organization : Millenia Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Dr. Donald W Milne
1025 Mellathon Circle
Leesburg, Florida
34748

Submitter : Dr. Zvi Grunwald
Organization : Jefferson medical College
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Rc: CMS-1385-P
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Thank you for your consideration of this serious matter.
Zvi Grunwald, M.D.

The James D. Wentzler Professor and Chair
Department of Anesthesiology
Thomas Jefferson University and Hospital
111 South 11th. Street, Suite G-8940
Philadelphia, PA 19107

Phone: 215-955-6161
Fax: 215-923-5507

Submitter : Dr. Elizabeth Alley
Organization : virginia mason medical center
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Elizabeth Alley MD

Submitter : Mr. Robert McCreadie

Date: 07/10/2007

Organization : N.A.

Category : Individual

Issue Areas/Comments

GENERAL

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Please support the increase in payments to physicians. I'm aware of physicians acting to avoid having to deal with Medicare patients and the hassle of Medicare billing, coding, etc. Congress can not legislate that care be provided to all without having the physicians to provide that care. Again, please go forward with this payment increase to at least lessen this economic and practice burden of caring for the Medicare population.

Submitter :

Date: 07/10/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-260-Attach-1.DOC

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

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Thank you for your consideration of this serious matter.

Sincerely,

Calvin A. Burcher

Submitter : Dr. Ron Osborn

Date: 07/10/2007

Organization : Dr. Ron Osborn

Category : Physician

Issue Areas/Comments

TRHCS--Section 101(b): PQRI

TRHCS--Section 101(b): PQRI

I would like to emlore Congress and CMS to seriously consider and act on this important legislation. If we dont act on the gross underpayment to Anesthesiologist relative to all other physicians then I am afraid there will continue to be extreme shortages of Anesthesiologist, especially with the Baby Boom generation starting to reach Medicare eligibility. Thank You for your consideration of this important matter.

Submitter : Dr. Alexander Wolfson

Date: 07/10/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please, support CMS-1385-P. IT IS ABSOLUTELY NECESSARY TO ALLOW FOR QUALITY CARE DELIVERY TO ALL OF US

Submitter : Dr. Ivan Velickovic
Organization : SUNY Downstate Medical Center
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. william chester
Organization : fcaa
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Yours Truly,

William Chester, MD

Submitter : Dr. Zafrir Diamant
Organization : Dr. Zafrir Diamant
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

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Submitter : Dr. Sarah Bodin

Date: 07/10/2007

Organization : Wake Forest University School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

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See Attachment regrading CMS-1385-P

CMS-1385-P-266-Attach-1.DOC

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

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

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Submitter : Dr. Jeffrey Rosenberg
Organization : Dr. Jeffrey Rosenberg
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Submitter : Dr. Joseph Maggioncalda
Organization : Coastal Anesthesia Medical Group
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Re; CMS 1385-P

I have been a practicing anesthesiologist for more than 20 years and during that entire time the specialty of anesthesiology has been grossly under reimbursed for services in relation to other specialties. In 1989 I was paid \$16.85 per unit for medicare services, in 2007 I am being paid \$15.30 per unit for those same services. If Medicare payments to anesthesiologists had simply kept up with inflation for the past 18 years the Medicare payment would be over \$29 per unit. Medicare patients are usually our greatest challenge in rendering anesthetic care as they have serious health problems and anesthesiologists expend a disproportional amount of time and effort caring for these patients, reasonable compensation is to be expected. A serious increase in the payment for anesthesia care is required.

Submitter : Dr. Daniel Hasfurther
Organization : Dr. Daniel Hasfurther
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Daniel L. Hasfurther, M.D.

Submitter :

Date: 07/10/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

support the CF

Submitter : Dr. Frederick Field

Date: 07/10/2007

Organization : Private Practice

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

I'm a rural anesthesiologist, in an underserved area, and I'm trying to continue to work where I'm needed. I'm finding it very difficult to manage my student loans and living expenses working with a patient population that is about 70-80% medicare reimbursement. The average payment to surgeons is about 70% of 'usual and customary' charges, but the reimbursement to anesthesiologists is only 33%. This is flat out crazy. I'm the guy with 11 yrs of training, and \$250,00 in medical school debt (no college debt, thankfully), who KEEPS PEOPLE ALIVE. On medicare pay scale I make less an hour than our electrician. I'm not exaggerating, unfortunately.

My plan was to give rural practice a shot for a few years, but I can't afford to stay with current medicare reimbursements. I'm not alone in being in this situation, so it shouldn't be a surprise that rural areas are under-served. My friends who stayed in cities, doing the same types of cases are making between 200-250% more than I'm making, just because a greater percentage of their patients have private insurance.

I'm not sure why anesthesiologists got the short end of the stick, but it's got to be corrected. Current reimbursements are untenable. Medicare may be swirling the drain, but it's not from physician overpayment, that's for sure. My per unit reimbursement is \$15.40. That comes out to \$62/hour. Also, you don't honor the ASA coding guideline's code for 'extremes of age'. Yeah, I know almost all medicare patients are old, so you don't want to pay it, but taking an 85 year old with heart failure, arrhythmias, and emphysema to the operating room for a \$100 isn't something many anesthesiologists are willing to do.

All I ask is that reimbursements to anesthesia providers be raised to be in-line with other medical providers. It only makes sense, not only because of the ethics of it, but because of the long term outcome of losing providers willing to treat medicare patients. Do what's right.

Submitter : Dr. Glen Rosenfeld
Organization : Dr. Glen Rosenfeld
Category : Health Care Professional or Association

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-272-Attach-1.DOC

Leslie V. Norwalk, Esq.
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.

Respectfully,
Glen S. Rosenfeld, MD

Submitter : Dr. Ronald Meyer
Organization : self
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Ronald M. Meyer, M.D.

Submitter : Dr. Bryan Bohman
Organization : Dr. Bryan Bohman
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I am writing to encourage the adoption of the new rule CMS-1385-P, increasing payment rates for anesthesiology services. This will help ameliorate a great mistake which was made many years ago in valuing anesthesia services relative to other medical services. It is critical in ensuring continued access to care for Medicare patients.

Thanks for your consideration.

Submitter : Dr. John Herbert
Organization : Harlem Hospital Affiliation
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Ambulance Services

Ambulance Services

I understand that Congress is considering two major healthcare issues: Reauthorization of the State Childrens' Health Insurance Program (SCHIP) and Medicare Physician Payment Reform. I am in agreement with my medical colleagues as:

- " We ask that these critical issues be considered as one package.
- " We ask that SCHIP be reauthorized to the broadest extent that is budgetarily achievable.
- " On Medicare physician payment reform:
 - o We ask that Congress implement the recommendation of the Medicare Payment Advisory Commission (MedPAC) and grant a 1.7% positive payment update for 2008, rather than allow a 10% payment reduction to take effect on January 1, 2008.
 - o We ask that this same 1.7% positive update be repeated for 2009 instead of the anticipated 5% payment cut.
 - o We ask that Congress begin a process to commence in 2010 to replace the sustainable growth rate (SGR) formula with a more equitable measurement of a physician's cost of providing care to Medicare beneficiaries.

John T. Herbert, M.D.
Jrh23@columbia.edu

Submitter : Michael Carroll
Organization : Michael Carroll
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Thank you for your consideration of this serious matter.

Submitter : Edward Smyth
Organization : Edward Smyth
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS,

Thank you for considering this adjustment to reimbursement for the provision of anesthesia services as proposed in CMS-1385-P. With the population aging and costs rising to provide anesthesia as well as severe shortages in anesthesia providers, it makes sense to make sure that FAIR reimbursement adjustments come into place so that incentives will exist and ensure that adequate numbers of anesthesia providers will be available in the future. The most important feature here is that fairness prevails and it has been shown convincingly that the provision of anesthesia services has been undervalued in the past and at present. I would request that the proposed increases be effected so that fairness ultimately prevails.

Sincerely,
Edward M. Smyth M.D.

Submitter : Dr. Brian Wallace
Organization : Dr. Brian Wallace
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Joseph McComb
Organization : Bryn Mawr Hospital
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

CMS-1385-P

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.

Please feel free to contact me with any questions. jm0614@yahoo.com

Regards,

Joseph McComb, DO

Submitter : Dr. Christopher Reidy
Organization : Dr. Christopher Reidy
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration,

Christopher Reidy MD

Submitter : Dr. Daniel Napierkowski

Date: 07/10/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would like to applaud the proposed increase in reimbursement for Anesthesia providers. Years of cutting reimbursement to Anesthesia providers has created a dangerous environment for patients. The proposed increase will help with staffing levels, educational activities and ensure the delivery of the best medical care available

Submitter : Dr. Elisa Maxwell

Date: 07/10/2007

Organization : NYSSA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment re: CMS-1385-P

Submitter : Dr. wade smith

Date: 07/10/2007

Organization : Dr. wade smith

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. Denisa Haret
Organization : UAMS
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I support CMS-1385-P for not reducing the payment of anesthesia provider while they are supervising two cases concurrently./ARKANSAS

Submitter :

Date: 07/10/2007

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.

Submitter : Dr. Alan Gilman

Date: 07/10/2007

Organization : Oro Valley Anesthesia P.L.L.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed increase in Medicare reimbursement for Anesthesia services for fiscal year 2008 will help support efforts to provide quality care for our continually growing Medicare population. I applaud the attention given to this matter.

Submitter : Dr. Andrew Pate

Date: 07/10/2007

Organization : Charleston Anesthesia Group, LLC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I cannot stress the importance of the increase in the anesthesia conversion factor being recommended by CMS. Anesthesiologists have long been treated by the Medicare program with significant lack of parity as compared to all other physicians. The proposed increase is overdue and terribly needed in order to provide this critical medicine specialty care to Medicare beneficiaries. Thank you for your support of CMS-1385-P.

Submitter : Dr. Darrell Boykin
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

mostly 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.

Darrell J. Boykin M.D.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Jon Barrett

Date: 07/10/2007

Organization : OUHSC

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Please bring fairness to the profession of academic anesthesia. There needs to be a change in the teaching rule to allow for equal and fair payment for services. If surgeons can supervise and bill for two procedures simultaneously, medicare must recognize that the anesthesia care team (attending and resident) should have equal rights in payment. We are only asking for equality, and calling for a change in a gross oversight that has nearly bankrupted multiple teaching institutions and crippled their ability to function effectively.

Submitter : Dr. James Tylke
Organization : Regal Marketing Inc
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Docket: 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 200

Please restore proper reimbursement for physician and ambulance services. Physicians and patients shouldn't have to pay more than their share so immoral insurance companies, greedy hospital organizations, and frivolous attorneys can make even more money while decreasing healthcare quality. With the baby-boomers retiring we don't have any more time or money to waste on people unnecessarily decreasing the quality of healthcare to increase their personal wealth at the expense of others. This unfair and illegal redistribution of wealth is prohibited in the Bill of Rights and in the constitution.

In addition, people can no longer expect others to pay for their healthcare because they chose to prioritize their expenditures toward other things that are more 'fun' on which to spend money.

Submitter : Dr. Frank Fortunato
Organization : Cape Cod Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

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Thank you for your consideration of this serious matter.

Sincerely,

Frank L. Fortunato, Jr. MD

Submitter : Dr. Damon Templeton
Organization : Dr. Damon Templeton
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Impact

Impact

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

Sincerely,

Damon Templeton, MD

Submitter : Robert Shangraw
Organization : Robert Shangraw
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

This note is 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 well-documented undervaluation of anesthesia work compared to other physician services. Promises heretofore to correct the error have gone without follow through. 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 causes an unsustainable system in which anesthesiologists are discouraged from serving areas with disproportionately high Medicare populations.

In an effort to rectify this long standing problem, 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 serious 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, CMS must 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. catherine blakeney
Organization : Metropolitan Anesthesia Consultants
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I fully support an increase in the Medicare conversion factor. It was set way too low initially and we were told it could not be increased without lowering other physicians rates, Yet this year our pay was lowered 8% in order to pay more to primary care doctors. After waiting for so many years it is good to hear that our plight has now been recognised. Catherine Blakeney

Submitter : Dr. Arnold Chong
Organization : Self-employed physician
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P

Medicare payments to physician anesthesiologists has been inadequate for many years, while cost of practice has been increasing. Resulting in reluctance of accepting elderly patients.

Submitter : Dr. Alan McMillan

Date: 07/10/2007

Organization : AASC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern on any government level: PLEASE SUPPORT CMS 1385-P which will provide a much needed and deserved benefit for both patient as well as providers. Thank You. Wade McMillan

Submitter : Dr. Marc Brower

Date: 07/10/2007

Organization : Chillicothe Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please see attached comments regarding CMS-1385-P
Thank You.

CMS-1385-P-298-Attach-1.RTF

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Marc C Brower MD
Chillicothe Anesthesia Associates
Chillicothe, Ohio

Submitter : Dr. Todd Bailey
Organization : Western Anesthesiology
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Todd D Bailey M.D.
St Louis MO 63105

Submitter : Timothy Houseman
Organization : Timothy Houseman
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P

With regards to rule CMS-1385-P, I am firmly in support of an increase in reimbursement to anesthesiologists. As I am sure that you aware, Medicare patients, as a general rule of thumb, are older, sicker and require significantly more pre-operative, intra and post-operative time commitments. Delivering an anesthetic to these patients is usually more stressful and difficult than perhaps a young, healthy patient. It would be nice to be compensated more rather than less for these more difficult cases. Thank you for your consideration.

timothy w houseman, m.d.

Submitter : Dr. Amgad Hanna
Organization : Cleveland Clinic
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Christopher Bernards

Date: 07/10/2007

Organization : Dr. Christopher Bernards

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I write to support the proposed increase in physician reimbursement. Failure of reimbursement to keep pace with inflation may well result decreased health care access for vulnerable populations.

Submitter : Dr. Todd Dorman

Date: 07/10/2007

Organization : Dr. Todd Dorman

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P

The Centers for Medicare and Medicaid Services (CMS), the government agency that runs the Medicare program, must make sure that Medicare beneficiaries have adequate access to care. I have been concerned that current Medicare payment levels do not meet this standard and may glad to see the proposal for an increase in the anesthesia conversion factor. I remain concerned that the proposed change is not fully adequate, but believe the change will go a long way to avoid problems with access for care for Medicare beneficiaries.

On July 2, CMS announced that it is considering an increase in payments for anesthesia. I again want to state that I believe this proposal is a positive step toward addressing my concerns about sufficient Medicare payments.

In the future CMS should also remove the restrictin placed on anesthesiologist by the teaching rule.

CMS-1385-P

Submitter : Dr. Nir Hoftman

Date: 07/10/2007

Organization : UCLA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P. As an anesthesiologist I very strongly support the proposed increase in medicare reimbursement for anesthesiologists This is especially crucial for academic anesthesiologists, which are already paid at a lesser rate than private practitioners. The future of the field depends on the academicians, which is a major patient safety issue. I hope better reimbursement will continue to draw the best and brightest applicants into the field.

Submitter : Dr. BENJAMIN JACOBS

Date: 07/10/2007

Organization : AMBULATORY ANESTHESIA SPECIALISTS, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Mr. Matt Sullivan
Organization : Mr. Matt Sullivan
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

**Coding--Multiple Procedure
Payment Reduction for Mohs
Surgery**

Coding--Multiple Procedure Payment Reduction for Mohs Surgery

Modifier 51 Exemption for Mohs Micrographic Surgery

I support the decision by the Centers for Medicare and Medicaid Services (CMS) to withdraw the specific exemption for Mohs Micrographic Surgery (Mohs) codes from the multiple surgery reduction rule payment adjustment in the 2007 Medicare Physician Fee Schedule. This would take away the specific exemption accorded to the Mohs codes in the 1992 Medicare

Physician Fee Schedule and maintained by CMS within all subsequent fee schedules since 1992. This exemption was not needed, and should be removed. The money should be diverted to other physicians not making as much money, who work harder and make much less than dermatologists.

Submitter : Ms. MaryAnn Loiselle

Date: 07/10/2007

Organization : Orthopedic Surgeons & Sports Medicine, PSC

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

My comment is on 1385-P reduction in reimbursement. This is the most absurd proposal I have ever heard!!!! The physicians will be limiting or not seeing Medicare patients at all, if this is finalized. Who will provide medical services to the elderly? Is that fair??? The doctors deserve to be adequately paid for services rendered and the Medicare populations deserves to have quality care.

When care to the elderly is denied I hope you can live with that on your conscience and perhaps it may happen to you.

Submitter : Dr. Elliott Greene

Date: 07/10/2007

Organization : Dr. Elliott Greene

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely yours,

Elliott Greene, MD
Associate Professor of Anesthesiology
Albany Medical College
47 New Scotland Avenue
Albany, New York 12208

Submitter : Dr. Scott Roethle
Organization : UT-Houston Med School Dept of Anesthesia
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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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. Please pass CMS-1385-P, and increase anesthesia reimbursement.

Scott T. Roethle, MD
3523 Brandemere Drive
Pearland, TX 77584

Submitter : Yan Li
Organization : Yan Li
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the bill of the Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies; Revisions to Payment Policies for Ambulance Services for CY.

Submitter : Dr. Per Thorborg
Organization : OHSU
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

University hospitals are today struggling with relatively low medicare payments for patient services. To maintain and meet future public needs for safe anesthesia, better rcimbursements are needed. The proposed change may help assure this.

Submitter : Dr. Brian Daniel
Organization : Dr. Brian Daniel
Category : Hospital

Date: 07/10/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Thank you for your consideration of this serious matter.

Sincerely,

Brian P. Daniel DO

Submitter : Dr. Paul Bojrab

Date: 07/10/2007

Organization : ASA

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Please consider the increase in anesthesia reimbursement schedule for anesthesia. As a specialty, we have been undervalued for years, and are in danger of either dropping the amount of medicare patients we are taking care of, or having to be reimbursed by the hospitals for taking care of these patients due to poor reimbursement. These patients are some of the more difficult patients we take care of, and are the source of many on call procedures we perform emergently. We are not allowed to use any modifiers to bill for these patients, just a flat rate plus time, and in many cases, car mechanics make more per hour than we do taking care of patients.

This is a very important issue. We may face even further shortages of anesthesiologists if this trend continues. The brightest minds will choose other specialties instead of ours.

Thanks for your time.

Sincerely

Paul D. Bojrab MD

Submitter : Dr. Ahmed Zaki

Date: 07/10/2007

Organization : Dr. Ahmed Zaki

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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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. Russell Ensign
Organization : Dr. Russell Ensign
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Eric Matten

Date: 07/10/2007

Organization : Dr. Eric Matten

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-316-Attach-1.DOC

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Jean McGrady

Date: 07/10/2007

Organization : Dr. Jean McGrady

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist, I feel that it is important to update physician reimbursement to continue to attract quality health care workers into our field. The quality of anesthesia in this country has vastly improved in the last twenty years , due to the quality of providers and research in anesthesia. If reimbursement continues to decline, our ability to recruit the best medical school graduates into our area will decrease. One of the reasons that health care in this country is so remarkable is that we can now safely anesthetize incredibly sick people with good results. We need to continually monitor our specialty and improve. This will be adversely affected by decreasing reimbursement in an increasingly aging society. Please support this health care reform.

Submitter : Dr. Joseph Uehlein
Organization : Hoosier Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir,

Concerning the proposal to adjust the Medicare reimbursement conversion factor:

I am an anesthesiologist practicing in Indiana in a county hospital. About 45% of our cases are Medicare. Our billing/bookkeeping manager tells us that we have the highest percentage of medicare cases from the 20 or so anesthesia groups that he bills for. He also tells us that is the reason why our incomes are the lowest of his clients. We are proud of the quality service that we provide for our community. We are also needing to hire two new anesthesia providers in the next 2-3 years due to retirement. Unfortunately we we can not afford the current wage packages that new CRNA's are receiving in our area. We just want to maintain the quality of our staff.

From what I see, anesthesia is reimbursed by medicare at a HUGE discount compaired to our surgical friends. Compaired to our contracted commercial payers we get about 1/3 of the amount from medicare than we do from these large insurance payors. The surgeons say that they collect just a bit less from medicare than they do from insured payors.

I am just asking for fairness. We who do a large percentage of medicare cases are being forced to look at other options. We like taking care of our elderly patients. Yes they are older, sicker and much more likely to have complications. Yes this is a greater stress on us anesthesia providers. And yes, as things stand now we are way under paid for our time, quality of care and the stress that goes along with the job. Life in a surgical center doing healthier, younger and insured patient's anesthetics would be much easier and give us much larger incomes. That is not what we want to do. We want what is fair. Nothing more.

Thank you,

Joseph G. Uehlein M.D.

Submitter : Dr. F.C kumar
Organization : Ouhsc, OklahomaCity
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

Please continue to support anesthesiologists. Your help in better payment is very much appreciated and hopefully the payment will be much better in future.

Submitter : Dr. James Marco
Organization : Dr. James Marco
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-320-Attach-1.DOC

CMS-1385-P-320-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
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.

James Marco MD

Submitter : Dr. MORAD TEHRANI
Organization : OAKLAWN HOSPITAL ANESTHESIA
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

SEVENTY PERCENT OF OUR PATIENTS ARE COVERED BY MEDICARE.
MOST DO NOT HAVE A SUPPLEMENTAL INSURANCE.
GIVEN THE SEVERE ECONOMICAL SITUATION IN SOUTHWEST PART OF MICHIGAN CONTINUATION OF PRESENT FEES WOULD FORCE
THE HOSPITAL TO CURTAIL THEIR SERVICES ALL TOGETHER.
A RECONSIDERATION IN THESE FEES WOULD SURE HELP TO AMELIORATE CUURENT STATUS.

Submitter : Dr. Thomas Fawell
Organization : Bellingham Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Thomas Fawell, MD
433 15th St
Bellingham, WA
98225

Submitter : Dr. John Weaver

Date: 07/10/2007

Organization : Fairfield Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment for my letter regarding:

Docket: 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;

CMS-1385-P-323-Attach-1.DOC

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

John M. Weaver, M.D.
Board Certified Anesthesiologist

Submitter : Dr. Stephanie Almy
Organization : Dr. Stephanie Almy
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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,
Stephanie S Almy, DO
1622 Boston Blvd
Lansing, Michigan
48910
1-517-267-0149

Submitter : Dr. Elizabeth Bussard
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Elizabeth S Bussard, MD

Submitter : Dr. Kenneth Cummings

Date: 07/10/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,
Kenneth Cummings, M.D.
Shaker Heights, OH

Submitter : Dr. Jeffrey Barr
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Sincerely,

Jeffrey W. Barr, M.D.

Submitter : Dr. Laura Alexander
Organization : Dr. Laura Alexander
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Laura D. Alexander, M.D.

Submitter : Dr. Robert O'Leary
Organization : Brookhaven Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia services have been undervalued for many years by Medicare, averaging 30-40% of private payers. The proposed policy will partially offset this huge discrepancy. Access to Anesthesia services by Medicare recipients may be curtailed if the present horrendous fee schedule is not increased.

Submitter : Dr. George Buczko
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. I agree with the American Society of Anesthesiologists and believe that this proposal is a positive step toward addressing my concerns about sufficient Medicare payments.

Submitter : Dr. zuzana Stehlikova
Organization : University of Utah
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Zuzana Stehlikova, MD
1194 Castlecreek Dr.
Murray, UT 84117

Submitter : Mr. Richard Carson
Organization : Alabama State Society of Anesthesiologists
Category : Health Care Professional or Association

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter. Many thanks, too, for your participation at our legislative meeting in May. Sometimes you wonder who is the wizard behind the screen at CMS. I found your comments to be quite useful, explanatory and with a human touch. Thanks.

Richard Carson, Executive Director
Alabama Soc. Of Anesthesiologists

Submitter : Dr. David Mumme
Organization : Dr. David Mumme
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Sincerely,

David R. Mumme, MD

Submitter : Dr. Josef Stehlik
Organization : University of Utah
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Josef Stehlik, M.D.
Assistant Professor
University of Utah
Salt Lake City, UT

Submitter : Dr. Bridget Ruscito
Organization : Dr. Bridget Ruscito
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Dr. Bridget M. Ruscito

Submitter : Dr. Kenneth Oswalt
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

The current practices are arbitrarily unfair to anesthesiologists

Submitter : Dr. Jonathan Berget

Date: 07/10/2007

Organization : Dr. Jonathan Berget

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-337-Attach-1.DOC

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

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Sincerely,

Jonathan T. Berget, M.D.

Submitter : Dr. Ervin Moss

Date: 07/10/2007

Organization : NJ State Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

As Executive Medical Director of The NJSSA and a practicing Anesthesiologist for 52 years, I represent 800 practicing anesthesiologists who strongly support the proposed increase in anesthesia unit value by \$3.30 to \$4.00. Medicare has historically underpaid anesthesia services until the value, in many states, is less than Medicaid. In 2007 the unit value in the northern NJ area is about \$17 per unit as compared to the 80s when the unit value was between \$32 and \$38 per unit. An example would be that an appendectomy lasting one hour would allow \$170 and pay 80%. The average HMO would pay \$700. The trend in NJ has been to have insurance companies and HMOs base fees on Medicare. Aetna recently sent letters to out of network doctors telling them they will pay at 125% of Medicare and that the 25% above Medicare is their generous premium payment. Even with the proposed increase to about \$20 per unit, payment will be about 25% of what is paid by an HMO. However it is a hopeful sign that the hugh undervalued anesthesia service is recognized and being corrected after years of CMS to recognize the injustice.

For those doctors practicing anesthesia in high medicare areas (NJ has the second largest retirement population next to Florida). caring for the Medicare patient has become a burden. Once the Medicare population exceeds 25% (in Toms River it exceed 60%), the anesthesia departments needs a subsidy , not only for the care of Medicare patients but Medicaid and the indigent, and un-insured. Medicaid pays \$9.30 per unit the second lowest in the United States.

AS mentioned, during the 80s Medicare paid \$32 to \$38 per unit in NJ. The increase to about \$20 per unit will be in today's dollars and it can be argued that the increase has not kept up to the inflation over the last 25 years.

I appeal that those with the power to adjust our fees in a positive direction, instead of the planned 10% decrease after suffering an 8.9% decrease in 2007, do so.

Thank you

Ervin Moss, MD
Executive Medical Director
New Jersey State Society of Anesthesiologists

Submitter : Mrs. alka patel

Date: 07/10/2007

Organization : Mrs. alka patel

Category : Individual

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. James Gibson

Date: 07/10/2007

Organization : J&S Medical, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to urge that you pass proposed legislation that would increase the conversion factor for medicare for anesthesiology. The fee we receive is less than 20 cents on the dollar compared to our other patients, and we can not continue to provide care for seniors at such a low rate. The problem is only compounded by our aging population, as a higher percentage of our patients generate reimbursement that is BELOW OUR COST of providing the care. There will be no option but to limit the number of medicare cases done in order to stay in business. An increase in the anesthesia conversion factor would definitely be a long-overdue adjustment that would be greatly appreciated by anesthesia providers in our country.

PLEASE APPROVE THE PROPOSED INCREASES IN THE MEDICARE ANESTHESIA CONVERSION FACTOR and continue to make access to quality medical care available to our senior citizens.

Thank you,

James H. Gibson, MD
jimgb@mac.com

Submitter : Dr. James Davis
Organization : Dr. James Davis
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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James P Davis

Submitter : Dr. Steven Weissman
Organization : Unicom Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Thomas Gettelman
Organization : Dr. Thomas Gettelman
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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Acting Administrator
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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. DOUGLAS SILLART

Date: 07/10/2007

Organization : Dr. DOUGLAS SILLART

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

If the government follows through on all its proposals, the anesthesia conversion factor could be about \$3.30 per unit more than was projected for 2008 before Medicare made its July announcement. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments. we have been underpaid for years.

Submitter : Dr. Jorge Kurek
Organization : Stockton Anesthesia Medical
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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Thank you for your consideration of this serious matter.

Submitter :

Date: 07/10/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the increase for anesthesia fees. It has been long over due to increase the fees.

Submitter : Paul Turry
Organization : Georgia Anesthesiologists pc
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Dr. Lawrence Stoskopf
Organization : Anesthesia Associates of Central Kansas
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

I am a 1/64 owner of the Salina, Kansas ASC. The local hospital owns 1/2. Surgical procedures performed at the Salina Surgical Hospital have more net earnings to the Salina Regional Medical Center with their partial share than if done in their OR with full reimbursement to them. Efficiency is much greater if Physicians have a large role in management and control. No penalty should result from limiting payment for that role. All concerned benefit from the resulting efficiency.

Submitter : Dr. Keith Roller

Date: 07/10/2007

Organization : Anesthesia Consultants of Pettis County

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of proposed rule CMS-1385-P. Anesthesia services have long been undervalued since the implementation of the RBRVS. This has had a domino effect since most other insurance providers base reimbursement on medicare fee schedules. It is only fair to make the adjustments to anesthesia reimbursement contained in this rule.

Submitter : Dr. Russell Austin

Date: 07/10/2007

Organization : Dr. Russell Austin

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please increase our fees. I am amazed at how little Medicare pays me to anesthetize(put someone to sleep), wake them up, and send them home.