

Submitter : Dr. Mihail Nikolov
Organization : Dr. Mihail Nikolov
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. Franklin Cobos
Organization : University of Nebraska Medical Center
Category : Physician

Date: 07/16/2007

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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Re: CMS-1385-P
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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.

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,

Franklin Cobos II, MD
Asst. Professor of Anesthesiology
UNMC, Omaha, NE

Submitter : Dr. Stephen Patteson
Organization : University of Tennessee Medical Center, Knoxville
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

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

Dear Ms. Norwalk:

As a member of the Department of Anesthesiology at the University of Tennessee Medical Center at Knoxville, I am writing to express my fervent support of the RUC sponsored increase in anesthesia payments in the 2008 Physician Fee Schedule. I am grateful that the RUC and CMS have recognized the previous gross under valuation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, a huge payment disparity for anesthesia care was created 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 conversion factor is actually lower than it was in 1990 and is less than 36% of the average commercial insurance conversion factor. In contrast, MedPAC reports that Medicare payments to other physician groups average 80% of commercial insurance payments. Furthermore, 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 a teaching institution, our residency and nurse anesthetist training programs are in jeopardy because of the concomitant impacts of the under valuation of the conversion factor for anesthesia and the teaching penalty of 50% reduction in payments when anesthesia trainees are involved in the care of the Medicare patient.

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 under valuation. This move 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 and help ameliorate the impact of the teaching penalty.

Full and immediate implementation of the increase in the anesthesia conversion factor as recommended by the RUC is an imperative which cannot be ignored to ensure that our patients have access to needed anesthesiology medical care.

Thank you for your consideration of this serious matter.

Stephen K. Patteson, MD
Associate Professor
Department of Anesthesiology
University of Tennessee, Knoxville

Submitter : Dr. Stephen Elder
Organization : Dr. Stephen Elder
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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

Re: CMS-1385-P
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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.

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,

Stephen Elder, M.D.

Submitter : Dr. John Eckels

Date: 07/16/2007

Organization : Dr. John Eckels

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

Re: CMS-1385-P
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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. Scott Kolesky
Organization : ASA & Emory University Dept. of Anesthesiology
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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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.

Dr. Scott Kolesky, MD, PhD

Submitter : Dr. Kary Van Allen

Date: 07/16/2007

Organization : Anesthesia

Category : Physician

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 Leslie V Norwalk:

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

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. I currently work in a retirement community with a very high proportion of seniors. The Medicare reimbursement does not cover the costs of providing care to my senior patients. Other options have to be pursued to maintain fiscal viability.

In an effort to rectify this unsustainable 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 continued 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 action on this very serious matter.

Kary L. Van Allen, M.D.
President
Anesthesia & Pain Consultants, P.A.

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

Date: 07/16/2007

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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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.

This change in the conversion factor will help maintain access for our seniors to high quality anesthesia care they deserve.

Submitter : Dr. Methapan Arunakul
Organization : American Society of Anesthesiology/Rush Univ.
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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

Thank you for your consideration of this serious matter.

Sincerely,
Dr. Pon Arunakul
Rush University Medical Center

Submitter : Dr. Thinh Le
Organization : Dr. Thinh Le
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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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. Ravinder Chahal
Organization : University of Texas Southwestern Medical Center, TX
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

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. Paul McCullough
Organization : Penn State Hershey Medical Center
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Dr. Paul McCullough

Submitter : Dr. denis o'fallon

Date: 07/16/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Please consider increasing anesthesia payments for 2008. The current RBRVS system unfairly underpays Anesthesiologists and is not a sustainable program for our seniors. thank you,

Denis O'Fallon

Submitter : Dr. Brandon Allen
Organization : Dr. Brandon Allen
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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

Dr. Brandon Allen
Reno, Nevada

Submitter :

Date: 07/16/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: 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.

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. Penny Wesson
Organization : Dr. Penny Wesson
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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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 \$15.67 per unit in Wisconsin. 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. As people live longer lives and subsequently need more surgery, the value of expert anesthesia care cannot be underestimated.

Thank you for your consideration of this serious matter.

Sincerely,

Penny A Wesson M.D.
Board Certified Anesthesiologist

Submitter : Gregory Auzenne
Organization : Gregory Auzenne
Category : Physician

Date: 07/16/2007

Issue Areas/Comments

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: 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. Bruce Adelman

Date: 07/16/2007

Organization : Dr. Bruce Adelman

Category : Physician

Issue Areas/Comments

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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. Douglas Schlicht
Organization : United Anesthesia/ Appleton Area 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:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Micky Ahluwalia
Organization : Amercian Society of Anesthesiologist
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.
Dr. M. S. Ahluwalia

Submitter : Dr. Paily
Organization : North Bronx Health Care Net Work
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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

Coding--Multiple Procedure Payment Reduction for Mohs Surgery

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CMS-1385-P-2727-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.

Submitter : Kevin Woolley

Date: 07/17/2007

Organization : Kevin Woolley

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.

Sincerely,
Kevin S. Woolley, M.D.

Submitter : Dr. Edward Kaminski
Organization : Wayne State/Detroit Medical Center Anesthesiology
Category : Physician

Date: 07/17/2007

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.

Edward Kaminski, MD
4th year Anesthesiology Resident Physician
Wayne State University/ The Detroit Medical Center

Submitter : Kevin Woolley
Organization : Kevin Woolley
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs/Mde:

I did submit my professional organization's "template" form concerning proposed changes in Medicare reimbursements. But I really wanted to personally advise the government on what is really an impending disaster for seniors in the U.S. Since Medicare began cutting reimbursement for anesthesiology care in this country, fees paid have dropped over 70% - who else in this nation has seen their own pay reduced that much in 10-20 years? I dare say, none. My overhead costs (employee salaries, benefits, malpractice insurance, etc.) have risen nearly 200% in that same time period. My OWN health insurance premiums have gone up by 400%. Medicare reimbursement is so bad and has been so bad for so many years that at least 30% of my colleagues are no longer accepting elective Medicare patients to treat and that percentage is increasing rapidly. I fear that within the next five years, Medicare patients will not be able to find a competent physician practicing anesthesiology to care for them. Even if Medicare reimbursement rises by the proposed 32%, I believe that this will not sufficiently address the problem of physicians running away from elective Medicare care in this country. I strongly urge all those involved in the review process to seriously examine the ramifications of future decisions in this regard. As of a few years ago, Medicare only reimbursed anesthesiologists on average about 38% of commercial insurance rates compared to 83% for ALL other medical specialties. Clearly, there is a terrible disparity here. I thank you for your kind attention to these matters.

Submitter : Dr. david chavez
Organization : Hoag Presbyterian Hospital
Category : Physician

Date: 07/17/2007

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.

David Chavez

Submitter : Dr. Paul Weidoff

Date: 07/17/2007

Organization : Sacramento Anesthesia Medical Group

Category : Physician

Issue Areas/Comments

Background

Background

I am not sure if this is the appropriate category for my comments, but I will give them anyway. I am writing to express my support for the proposal to increase Anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been undervalued for 10 years since the RBRVS took effect. The low unit rate is an impediment to providing anesthesia services to medicare patients because it is so low that it does not cover the cost of care. This can be corrected easily by increasing the unit rate for anesthesia services. I strongly urge you to do so.
Thank you for your consideration in this urgent matter.

Submitter : Dr. craig vandelist
Organization : Dr. craig vandelist
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

see attachment

CMS-1385-P-2733-Attach-1.WPD

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing regarding the proposal to increase anesthesia services pay under medicare. The increase is long overdue and most necessary. I would like to offer a means in which to take some of the cost burden out of the equation. This would entail medicare no longer paying for anesthesia care in routine cataract surgery. This is an enormous number of cases and a good chunk of medicare reimbursement to anesthesia. The presence of anesthesia in today's average cataract is totally unnecessary. As someone who appreciates that revenues are limited, I feel this is something that would help ease the hit of any increase.

Thank you for your consideration of this serious matter.

Craig VanDeList, MD

Submitter : Dr. Mitchell Solomon
Organization : Dr. Mitchell Solomon
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-2734-Attach-1.TXT

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Lloyd Halpern
Organization : Dr. Lloyd Halpern
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

Impact

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

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

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Thank you for your consideration of this serious matter.

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

Date: 07/17/2007

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,

Dr. Mark A. Cordes

Submitter : Dr. phillip moss
Organization : Dr. phillip moss
Category : Physician

Date: 07/17/2007

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,

Phillip Moss MD
Staff Anesthesiologist
Del E Webb Memorial Hospital
Sun City West, AZ

Submitter : Dr. Thomas Moshiri
Organization : Metro Anesthesia Consultants
Category : Physician

Date: 07/17/2007

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 : Mr. midhat qidwai

Date: 07/17/2007

Organization : Mr. midhat qidwai

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

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,

Midhat Qidwai

CMS-1385-P-2739-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,

Midhat Qidwai

Submitter : Dr. Caleb Chu
Organization : Dr. Caleb Chu
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

I am an anesthesiologist who has been in practice since 1989. I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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Thank you for your consideration of this serious matter.

Sincerely,
C. Perry Chu, MD

Submitter : Dr. Kristopher Davignon
Organization : Providence Anesthesiology, Inc
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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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. Richard Wedgeworth, II, MD
Organization : Dr. Richard Wedgeworth, II, MD
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2743-Attach-1.TXT

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

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Submitter : Dr. Prashant Bhandare

Date: 07/17/2007

Organization : UPHS

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr. Arathi Sambasivan
Organization : United Anesthesia Services, PC
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Scott Falk
Organization : University of Pennsylvania
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

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Submitter : Dr. Neil Brister
Organization : Temple University
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

I fully support these proposed changes. I feel it is important to quality care and patient safety

Submitter : David friedman

Date: 07/17/2007

Organization : David friedman

Category : Individual

Issue Areas/Comments

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter :

Date: 07/17/2007

Organization : pro spine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I believe that given the current rate of inflation, rising cost and overhead an increase of \$3.30 is a step in the right direction.

Submitter : Dr. Satish Adawadkar
Organization : VCU Health System
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Sincerely,

Satish Adawadkar, M.D.

Submitter : Dr. daniel o'brien
Organization : Dr. daniel o'brien
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
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Sincerely,

Daniel O'Brien, MD
07/17/2007

Submitter : Dr. Sinisa Malinovic
Organization : Anesthesia Consulting Services
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. CHOU YANG
Organization : Dr. CHOU YANG
Category : Physician

Date: 07/17/2007

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,

Chou Yang, MD
University of TX Medical Branch
Galveston, TX 77555

Submitter : Dr. LILLIAN ENG
Organization : Dr. LILLIAN ENG
Category : Physician

Date: 07/17/2007

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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Sincerely,

Lillian Eng, MD
University of TX Medical Branch
Galveston, TX 77555

Submitter : Dr. Steven R Dryden
Organization : ASA
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

DME Update

DME Update

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. Gordon Kerr
Organization : Virginia Commonwealth University
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Dr Gordon Kerr

Submitter : Dr. Hasan Sarwar
Organization : Medica Anesthesiology Assoc.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Sincerely,
Hasan Sarwar, M.D

Submitter : Dr. saul lebovic
Organization : westchester anesthesiologists
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Submitter : Dr. Laurentiu Popa
Organization : Hackensack Anesthesiology Associates, PA
Category : Physician

Date: 07/17/2007

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

Laurentiu C. Popa, M.D.
Hackensack Anesthesiology Associates, P.A.
Anesthesiology Department, HUMC
30 Prospect Avenue
Hackensack, NJ 07601

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Sincerely,
Laurentiu C. Popa, M.D.

Submitter : Dr. Alberto Guinazu
Organization : Medical Anesthesiology Associates
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
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Thank you for your consideration of this serious matter.

Alberto R. Guinazu, MD

Submitter : nestor deasis
Organization : nestor deasis
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

I would to express my support for the increase in the reimbursement for anesthesiologists. They have been apid way below the payment schedule compared to the ather specialists.Thank you

Submitter : Dr. glenn batiller

Date: 07/17/2007

Organization : Dr. glenn batiller

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. Mark Tatman
Organization : Northlake Anesthesia Professionals
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

TRHCS--Section 101(b): PQRI

TRHCS--Section 101(b): PQRI

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

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Sincerely,

Dr. Mark Tatman

Submitter : Dr. Gary Wilson
Organization : Anesthesia & Pain Consultants, PC
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Cynthia Heyne
Organization : Dr. Cynthia Heyne
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

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Submitter : Dr. ramana reddy

Date: 07/17/2007

Organization : asa

Category : Physician

Issue Areas/Comments

GENERAL

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see attachment
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. jagdip shah
Organization : vcuhs - mcv
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Irving Ward
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Irving Ward, D.O.

Submitter : Dr. Darryl Berkowitz
Organization : Children's Anesthesia Associates
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-2769-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

Darryl Berkowitz, MD
Assistant Professor of Anesthesia
Children's Hospital of Philadelphia and University of Pennsylvania School of Medicine
Philadelphia, PA, 19104

Submitter : Dr. David Billman
Organization : Pinnacle Anesthesia Consultants
Category : Physician

Date: 07/17/2007

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,

David Billman MD

Submitter : Dr. Jessica Feinleib

Date: 07/17/2007

Organization : VA/ Yale

Category : Physician

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.
Jessica Lunaas Feinleib MD/PhD
VA/Yale

Submitter : Dr. Cleveland Thompson
Organization : Asheville Anesthesia Associates
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Michael Cook
Organization : University of Arkansas for Medical Sciences
Category : Physician

Date: 07/17/2007

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

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Michael W. Cook, M.D.
University of Arkansas for Medical Sciences
Department of Anesthesiology
4301 West Markham Street
Little Rock, AR 72227

Submitter : Dr. William Strong
Organization : Central Utah Anesthesia
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Sincerely,

William E. Strong, MD
Central Utah Anesthesia
Provo, Utah 84067

Submitter : Dr. John Kerchberger
Organization : Rush University Medical Center
Category : Physician

Date: 07/17/2007

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
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Sincerely yours, John Kerchberger, M.D.

Submitter : Dr. Thomas Stan
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

Dear Colleagues,

We have always worked hard to provide standard-of-care anesthesia for every patient, including our elderly. Currently, because of necessary overhead, we lose income when providing anesthesia for most elderly (Medicare) patients. Nonetheless, this will not stop us providing care for these deserving patients.

I would appreciate anything that you can do help us with support of Medicare Rule # CMS-1385-P.

Thank you for listening.

Thomas C. Stan, MD
Anesthesiologist (board certified)

Submitter : Dr. Joseph Annis
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

Technical Corrections

Technical Corrections

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.

Joe Annis, MD

Submitter : Dr. Neesa Flaxman
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
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Thank you for your consideration of this serious matter.

Sincerely,
Neesa Jill McCollum Flaxman, MD

Submitter : Dr. Stanlies D'Souza
Organization : Caritas St Elizabeth's Medical Center
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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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.

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Richard Rosenquist
Organization : University of Iowa Hospitals and Clinics
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Trach Nguyen
Organization : ASA
Category : Physician

Date: 07/17/2007

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.

Trach N. Nguyen MD

Submitter : Dr. Robin Goldsmith
Organization : Dr. Robin Goldsmith
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

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

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Thank you for your consideration of this serious matter.

Submitter : Mr. Bill Ashcraft
Organization : Diagnostic Health Services
Category : Other Health Care Provider

Date: 07/17/2007

Issue Areas/Comments

IDTF Issues

IDTF Issues

The proposed clarification to count individual mobile units as 1 IDTF site as it pertains to the limitation on how many IDTF locations a physician can supervise is unreasonable. While this limitation is reasonable as it pertains to fixed sites and entire mobile IDTFs (i.e. a mobile company considered 1 IDTF) to add each mobile unit when each unit is not its own IDTF is irrational. The individual locations should only be counted if they have separate and distinct Medicare PINs. Since each mobile unit (e.g. an ultrasound machine carried to physician offices in a van) does not have its own IDTF Medicare PIN but is a part of the overall company IDTF, we do not see how each unit could count towards this limitation.

Submitter : Dr. Linda Kijewski
Organization : Dr. Linda Kijewski
Category : Physician

Date: 07/17/2007

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.
Linda Kijewski MD

Submitter :

Date: 07/17/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Alan Kuhel
Organization : Cleveland Clinic
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

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Submitter : Dr. Joseph Tiojanco

Date: 07/17/2007

Organization : Dr. Joseph Tiojanco

Category : Physician

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.

Joseph K. Tiojanco M.D.

Submitter : Dr. Prisila Foss
Organization : Anesthesiology
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2788-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.

Prisila Foss M.D.

Submitter : Dr. Frank Barrack
Organization : Dr. Frank Barrack
Category : Physician

Date: 07/17/2007

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. Brian Lopp
Organization : Associated Anesthesiologist
Category : Physician

Date: 07/17/2007

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.

Dr. Brian R Lopp, Anesthesiologist

Submitter : Mr. Stephen Berzok
Organization : Mr. Stephen Berzok
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

We believe that medicare payments for anesthesia services should be increased, as currently proposed. The current rate is sub-standard and insulting to the professionals who perform these vital services to medicare patients, such as we, in a competent, professional manner.

Your support in having these changes made would be greatly appreciated.

Stephen V. and Marcia Berzok
7157 Haviland Circle
Boynton Beach, Florida 33437

CMS-1385-P-2791-Attach-1.PDF

CMS-1385-P-2791-Attach-2.TXT

CMS-1385-P-2791-Attach-3.DOC

CMS-1385-P-2791-Attach-4.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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Karl Willmann
Organization : University of Wisconsin Hospital and Clinics
Category : Physician

Date: 07/17/2007

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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Submitter : Dr. Mary Weber
Organization : Wyoming Medical Center
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Michael Duffy
Organization : Dr. Michael Duffy
Category : Physician

Date: 07/17/2007

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.

Sincerely,

Michael Duffy MD

Submitter : Arnold Berry
Organization : Emory University School of Medicine
Category : Physician

Date: 07/17/2007

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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Arnold Berry

Submitter : Dr. Mark Hofeldt
Organization : Children's Medical Center, Dayton
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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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.

Mark Hofeldt, MD

Submitter : Dr. Gabriel Lazarcik
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/17/2007

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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Gabriel Lazaecik M.D.

Submitter : Dr. tetsu uejima
Organization : Dr. tetsu uejima
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Submitter :

Date: 07/17/2007

Organization :

Category : Physician

Issue Areas/Comments

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Scott Johnson MD, Edmond OK

Submitter : Dr. g s
Organization : American Society Anesthesiologists
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2800-Attach-1.DOC

CMS-1385-P-2800-Attach-2.DOC

CMS-1385-P-2800-Attach-3.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Gina Sparacino D.O.
6400 Theresa Drive
Johnston, Iowa
50131

Submitter : Dr. Chad Dieterichs
Organization : Capitol Anesthesia
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-2801-Attach-1.DOC

Leslie V. Norwalk,

Esq. □ Acting Administrator □ Centers for Medicare and Medicaid Services □

Attention: CMS-1385-P

□ P.O. Box 8018 □ Baltimore, MD 21244-8018

Re: CMS-1385-P

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Chad Dieterichs M.D.

Submitter : Dr. Sonja Dieterichs
Organization : Private Ophthalmologist
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Sample Comment Letter:

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

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Submitter :

Date: 07/17/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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P.O. Box 8018
Baltimore, MD 21244-8018

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

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Submitter : Dr. Mark Franklin
Organization : Dr. Mark Franklin
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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See attachment

CMS-1385-P-2805-Attach-1.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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I feel very strongly this is an imperative change, without which the quality of care of our seniors is in jeopardy. Thank you for your consideration of this serious matter.

Sincerely,
Mark Franklin

Submitter :

Date: 07/17/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
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Submitter : Dr. Allan Snider
Organization : Dr. Allan Snider
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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

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Allan Snider, MD