

Submitter : Ronald Jasper
Organization : Indiana Anesthesia Assoc
Category : Physician

Date: 07/18/2007

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,
Ronald Jasper, D.O.

Submitter : Gerald Scheinman
Organization : Gerald Scheinman
Category : Physician

Date: 07/18/2007

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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Gerald Scheinman

Submitter : Dr. Steven Cohn
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.
Sincerely,
Steven G. Cohn, M.D.

Submitter : Dr. harshad gurnaney
Organization : Childrens hospital of philadelphia
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. David Johnson
Organization : First Colonies Anesthesia Associates
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

July 9, 2007

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

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

Yours Truly,

Dr. David A. Johnson
Frederick, Maryland

Submitter : Dr. C. Charese Pelham
Organization : Colquitt Regional Medical Center
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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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,
C. Charese Pelham, MD
Director Anesthesiology and Pain Management
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, Ga 31768
229-890-3543

Submitter : Dr. Stuart Roth
Organization : Hunt Valley Anesthesia Associates
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Re: CMS-1385-P

Anesthesia Coding (part of 5 year review)

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When the RBRVS was instituted, it created a payment disparity for anesthesia care due to an undervaluation of anesthetic practice relative to other physician services. More than a decade after it took effect, Medicare payment for anesthesia services stands at only \$16.19 per unit. This fails to cover the costs of care for our nation's seniors often the most medically complex of patients. This creates a disincentive for anesthesiologists who are being forced away from the Medicare population.

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

To insure that our patients have access to expert anesthesiologist 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 and important matter.

Submitter : Dr. Lester Raff

Date: 07/18/2007

Organization : Pathology Associates of Northern Illinois, PC

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Please see attached comment in regards to the in-office laboratory exception.

CMS-1385-P-3017-Attach-1.DOC

Pathology Associates of Northern IL, PC

5918 Partridge Lane

Long Grove, IL 60047

Telephone 708-486-0076

Lester J. Raff, MD President

July 17, 2007

To: Department of Health and Human Services

RE: CMS-1385-P

Physician Self-Referral Issues

In Office Ancillary Services Exception

Please accept this comment in regards to the above mentioned item. As President of a private pathology group, I am involved with a multi-office specialty physician's office laboratory performing anatomical pathology. This enterprise involves full time leasing of 4000 sq feet of laboratory/office space, purchase of close to \$1,000,000 of laboratory equipment by the specialty group, and the employment by the specialty group of approximately 8 full time equivalent laboratory technicians and staff personnel. My group of three pathologists is contracted full time to provide Medical Director Services and professional component of pathology services. Our laboratory is College of American Pathologist accredited, and we take pride in the quality service we provide.

The benefits of our arrangement include:

1. The ability of our pathologists to specialize and provide expertise in a field of anatomic pathology.
2. A close working relationship between clinicians and laboratorians. We know our clinicians and they know us. I am an active participant at all Board meetings of the specialty group, and chair a "Clinical-Laboratory Quality Assurance Committee" that includes four clinicians, meets quarterly, and reports to the Board. A laboratory representative also attends all office manager meetings. Laboratory information is disseminated from the pathologists to the clinicians and their staff via a monthly newsletter.
3. We are present in the metropolitan community that we serve. Patients have the opportunity to visit our laboratory and review their case with the diagnosing pathologist, and have done so.

4. An equitable compensation agreement between my pathology group and the specialty group provides income for the pathologists without the necessity of separate billings for technical and professional components.

I strongly object to the concept that the in office anatomic laboratory is an abuse of the In Office Ancillary Services Exception. As outlined above ours is a model that provides excellent service to our patient population.

Sincerely,

Lester J. Raff, MD FCAP

Submitter : Dr. Abhaya Seshachar
Organization : University Of Oklahoma Health Sciences Center
Category : Physician

Date: 07/18/2007

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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Thank you for your consideration of this serious matter.

Sincerely,

Abhaya R Seshachar MD, FAAP
Assistant Professor, Department of Anesthesiology
Children's Hospital, OU Medical Center
750 NE 13th Street, Suite 200
Oklahoma City OK 73104
Phone : (405)-271-4351
Fax: (405)-271-4015
Email : abhaya-seshachar@ouhsc.edu

Submitter : Dr. Guy Aliota

Date: 07/18/2007

Organization : Meriden Wallingford Anesthesia Group, PC

Category : Physician

Issue Areas/Comments

GENERAL

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SEE ATTACHMENT

CMS-1385-P-3019-Attach-1.DOC

Leslie V. Norwalk, Esq.
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Sincerely,

Guy J. Aliotta, MD
Director of Anesthesia
Midstate Medical Center
435 Lewis Avenue
Meriden, CT 06450

Submitter : Dr. Danny Powell
Organization : UTMB Anesthesiology
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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Danny W. Powell, M.D.

Submitter : Dr. Edmund Garvey
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

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Submitter : Rodrigo Herreros

Date: 07/18/2007

Organization : Rodrigo Herreros

Category : Physician

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter :

Date: 07/18/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I fully support the proposed increase in the anesthesia work value. Currently, medicare payments for anesthesia are undervalued resulting in the provision of services below the cost of providing the service. Long-term this is not sustainable and will result in lack of access of medicare patients to quality anesthesia services. The proposed increase will bring the reimbursement level closer to the actual cost of providing the service.

Submitter : Traci Coffman
Organization : Anesthesia Assoc. of Ann Arbor
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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Acting Administrator
Centers for Medicare and Medicaid Services
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Sincerely,

Traci Coffman, M.D.

Submitter : Dr. Frank Sutton
Organization : Kinston Anesthesia Group
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

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

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Respectfully,
Frank M Sutton, Jr, MD, MBA
Kinston, North Carolina

Submitter : Michael Wargolet

Date: 07/18/2007

Organization : Oak Creek Fire Dept

Category : Health Care Professional or Association

Issue Areas/Comments

Ambulance Services

Ambulance Services

I do not agree with the additional info needed if a patient can not sign the form. It is already too difficult getting a nurse or doctor to sign the paper work due to them being too busy. It would create an unneeded amount of paper work and it would delay getting the ambulance back in service for the next call.

Submitter : Dr. Jon Turula
Organization : Anesthesia Associates of Lancaster,Ltd.
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
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Sincerely,
J>B> Turula,M.D.

Submitter : Dr. James Simon

Date: 07/18/2007

Organization : Dr. James Simon

Category : Physician

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Yours,

James N. Simon, D. O.

Submitter : Dr. Timothy Cross

Date: 07/18/2007

Organization : Dr. Timothy Cross

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

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

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

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. Ronnie Gandhoke
Organization : Rehoboth McKinley Christian Hospital, Gallup NM 87
Category : Physician

Date: 07/18/2007

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.

Ronnie Gandhoke, MD

Submitter :

Date: 07/18/2007

Organization : Oklahoma Society of Anesthesiologists

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Submitter : Mr. Joann Simon
Organization : Mr. Joann Simon
Category : Individual

Date: 07/18/2007

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.

Yours,

Joann Simon

Submitter : Mr. Robert Simon
Organization : Mr. Robert Simon
Category : Individual

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Lcslic 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.

Yours,

Robert Simon

Submitter : Dr. GEOFFREY D. SLOAN
Organization : AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Mitchell Tsai
Organization : Fletcher Allen Health Care
Category : Physician

Date: 07/18/2007

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. As an academic anesthesiologist in a rural hospital environment, I believe that the future of our specialty and the care of the general American public is important.

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. Increasing the reimbursement for Medicare services will also place academic anesthesiology programs at an equal footing with their private counterparts. 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,

Mitchell Tsai, M.D.

Submitter :

Date: 07/18/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3036-Attach-1.DOC

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Howard Weiss

Date: 07/18/2007

Organization : Rockford Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to strongly support the proposed correction of the long undervalued anesthesia services. For many years patient mix has been looked at strongly and anesthesia practices with high medicare populations are looked at as pariahs by potential applicants. Within hospitals surgeons with high medicare populations are avoided in favor of those with better patient mixes, leaving medicare patients to be taken care of by the physicians that are least sought after.

The proposed correction in anesthesia services would help to alleviate some of the above problems. I hope that it is implemented.

Submitter : Dr. Rebecca R Porras
Organization : Capitol Anesthesiology Association Austin Texas
Category : Physician

Date: 07/18/2007

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,

Rebecca R. Porras MD
Capitol Anesthesiology Association
3705 Medical Parkway Suite 570
Austin, Texas 78705
512-454-2554

Submitter : Dr. Alan Crosta Jr
Organization : Dr. Alan Crosta Jr
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

Submitter : Dr. Mark Stull
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-3040-Attach-1.DOC

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

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

Dear Ms. Norwalk:

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

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

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

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

While I realize that your budget is tight and the Medicare system is stressed financially, I believe this corrective measure in the value of anesthesia services is warranted.

Thank you for your service to our nation and your attention to this serious matter.

Sincerely,

Mark W. Stull, M.D.

Submitter : Dr. Brian Johnson
Organization : Anesthesiology Consultants Exchange, Inc.
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

CMS-1385-P-3041-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)**

Dear Ms. Norwalk:

I am writing to express my thanks for your consideration of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has finally recognized the gross undervaluation of anesthesia services for our seniors, and that the Agency is taking steps to address this complicated issue. As a practicing anesthesiologist, working in a public hospital we care for many seniors and others who are under plans directed by CMS, I have seen first-hand the difficulties in recruiting and maintaining adequate anesthesia providers at current levels of reimbursement.

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 \$15.35 per unit for our area. 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. John Fox
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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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. Stephen Kapaon

Date: 07/18/2007

Organization : CMAA, Inc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Stephen Kapaon, MD

Submitter : Dr. Alex Evers
Organization : Washington University ion St Louis
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Alex S. Evers, MD
Professor and Chairman
Department of Anesthesiology
Washington University School of Medicine
St. Louis, Missouri

Submitter : Dr. Lois Ganzi
Organization : Macatawa Anesthesia, PC
Category : Physician

Date: 07/18/2007

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

<P>

Rc: CMS-1385-P

<P>

Anesthesia Coding (Part of 5-Year Review)

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Dear Ms. Norwalk:

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<P>

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<P>

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.

<P>

Thank you for your consideration of this serious matter.

Submitter : Dr. Thomas A Moore II
Organization : University of Alabama at Birmingham
Category : Physician

Date: 07/18/2007

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.

Thomas A Moore, II, M.D.

Submitter : Dr. Rosalie Tocco-Bradley
Organization : St. Joseph Mercy Health System
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

Rosalie Tocco-Bradley, Ph.D., M.D.
Department of Anesthesiology
St. Joseph Mercy Health System
Ann Arbor, MI 48105
734-712-3840

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Rosalie Tocco-Bradley, Ph.D., M.D.
Chairman, Department of Anesthesiology
St. Joseph Mercy Health System

Submitter : Dr. jim duong
Organization : medical center anesthesiologists
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

i support an increase in medicare reimbursement for anesthesia services

Submitter : Dr. jim duong
Organization : medical center anesthesiologists
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-3049-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 : Dr. David Heaton
Organization : Pinnacle Partners in Medicine
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

July 18, 2007

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

David A. Heaton, MD
Pinnacle Partners in Medicine
Dallas, Tx 75240
972-233-1999

Submitter : Dr. Frederick Ganzi
Organization : Macatawa Anesthesia, PC
Category : Physician

Date: 07/18/2007

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

<P>

Re: CMS-1385-P

<P>

Anesthesia Coding (Part of 5-Year Review)

<P>

Dear Ms. Norwalk:

<P>

Thank you for your efforts to increase medicare payment for anesthesia services. As the president of a medium sized (17 providers) anesthesia group, I know first hand how the current medicare reimbursement level has affected our group's financial viability. In sum, it makes it very difficult for us to maintain staffing and provide adequate coverage for our patients' needs.

<P>

The current level of reimbursement (\$16 per unit) is an 82% discount off our standard charge and is less than a third of the reimbursement rate of our largest HMO. Clearly, medicare, in our mind, has amounted to free care, as the payments come nowhere close to covering the costs of providing the service. Your proposed change to increase reimbursement to about \$20 per unit is still grossly low, but is a step in the right direction, and we appreciate that. So, thank you again for trying to bring medicare reimbursement more in line with current reimbursement rates.

<P>

Sincerely,

Frederick S. Ganzi, MD,
President - Macatawa Anesthesia, PC

Submitter : Dr. steven borene

Date: 07/18/2007

Organization : Dr. steven borene

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It is essential that physician fee schedules advance in order to ensure that patient care can continue to advance in a safe and efficient manner by motivated physicians.

Submitter :

Date: 07/18/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

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

Date: 07/18/2007

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. Setiawan Kamaru
Organization : Northwest Anesthesia Physician
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter :

Date: 07/18/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please increase the Medicare reimbursements for anesthesia. We have a busy regional hospital which sees a disproportionate geriatric population, due to the ancillary care the hospital can provide. This forces the anesthesia total reimbursement down, and many anesthesia providers have left the hospital due to poor salaries.

Submitter : Dr. Merlin Wehling
Organization : Dr. Merlin Wehling
Category : Physician

Date: 07/18/2007

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.
Merlin Wehling MD private practice anesthesiologist

Submitter : Dr. Garry Fuller
Organization : Dr. Garry Fuller
Category : Physician

Date: 07/18/2007

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.

Garry L Fuller MD

Submitter : Dr. Samir Dzankic
Organization : Medical Anesthesia Consultants, Inc.
Category : Physician

Date: 07/18/2007

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 : Ms. Sharon Lichtenstein
Organization : Ms. Sharon Lichtenstein
Category : Individual

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. David Graf
Organization : West Virginia University
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to correct this situation.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services in West Virginia where I practice stand at just \$16.60 per unit. This amount does not cover the cost of caring for our patients, and is creating an unsustainable system in which anesthesiologists must limit the number of Medicare patients we treat.

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

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Thank you for your consideration of this serious matter.

Submitter :

Date: 07/18/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

I am writing in support of proposal CMS 1385-P - Revisions of payment policies under the physician fee schedule. I am a hospital based anesthesiologist who specializes in open heart anesthesia care. A full 50% of our patients are covered by CMS. These patients are the most elderly and infirmed of any of the patients that we take care of. The cases are the most difficult and specialized of any in my field. On average our group receives \$800-900 for an average 5-6 hour open heart anesthesia for this surgery for a patient with CMS coverage. For the level of accuity and invasiveness that is undertaken for these complex procedures the risk/reimbursement ratio is extremely high. As the population continues to age we are very concerned about the reimbursements and continue to attract physicians into our specialty, state (Indiana), and group.

Thanks for addressing and considering this important issue.

Sincerely,

Jason Thorp, MD

Southeast Anesthesiologists, LLC

Indianapolis, IN

Submitter : Dr. David Drexler
Organization : Central Massachusetts Anesthesia Affiliates, Inc.
Category : Physician

Date: 07/18/2007

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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Sincerely,

David L. Drexler, M.D., Ph.D.
UMass Memorial Medical Center
University of Massachusetts School of Medicine
Worcester, Massachusetts 01605

Submitter : Dr. Anthony Sifonios
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/18/2007

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
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Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Ms. Milena Pilipovic
Organization : Mileton Hershey medical center
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. William Krippner
Organization : Dr. William Krippner
Category : Physician

Date: 07/18/2007

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Jolie Bailey
Organization : Dr. Jolie Bailey
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

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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. Jolie Bailey
Organization : Dr. Jolie Bailey
Category : Physician

Date: 07/18/2007

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. Kyle Wehner

Date: 07/18/2007

Organization : Fullerton Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The Medicare reimbursement conversion factor for Anesthesiologists has been well below that of physicians in other specialties. In most specialties, the Medicare reimbursement is close to that of private insurance. For Anesthesiologists, Medicare reimbursement rates are less than a third of the private insurance rates. A correction in the Anesthesia conversion factor is long overdue. Please take this opportunity to correct this inequity. Thank you. Dr Kyle Wehner, M.D.

Submitter : Dr. Robert Jarman

Date: 07/18/2007

Organization : Anesthesiology Consultants of Savannah, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The practice of anesthesiology has been undervalued by CMS for far too long. I strongly support the RUC recommendation to boost the anesthesia conversion factor to account for the calculated 32-percent work undervaluation. This action will benefit patients and doctors alike, and go a long way toward correcting a payment imbalance that has hampered our specialty for more than a decade.

Thank you.

Robert H. Jarman MD

Submitter :

Date: 07/18/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Curtis Baysinger
Organization : Vanderbilt University School of Medicine
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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.

Curtis L. Baysinger, MD
Associate Professor Anesthesiology
Vanderbilt University School of Medicine
4202 Vanderbilt University Hospital
1211 22nd Ave S
Nashville, TN 37232
(615) 322-8476

Submitter : Dr. Christopher Chavez
Organization : Old Pueblo Anesthesia, P.C.
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Regards,

Christopher M. Chavez, M.D.
Old Pueblo Anesthesia, P.C.
Tucson, AZ

Submitter : Dr. Frank Liu

Date: 07/18/2007

Organization : Dr. Frank Liu

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.

Frank Liu, M.D.

Submitter : Dr. Julie Selbst
Organization : Central Massachusetts Anesthesia Affiliates
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Julie Selbst MD
Central Massachusetts Anesthesia Affiliates
UMass Memorial Medical Center
Assistant Professor of Anesthesiology
University of Massachusetts Medical School

Submitter : Dr. JOHN SEITZ
Organization : New York Downtown hospital
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

John A Seitz, MD
30 charlton St.
apt LL
New York, NY 10014

Leslic 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.

JOHN A SEITZ MD
New York, NY



Submitter : Dr. Alexander Fortune
Organization : Dr. Alexander Fortune
Category : Federal Government

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. George Dumas
Organization : ASA
Category : Physician

Date: 07/18/2007

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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Thank you for your consideration of this serious matter.

Sincerely,
George Dumas, M.D.

Submitter : Dr. Daniel Huber
Organization : Lyons-Huber Anesthesia
Category : Physician

Date: 07/18/2007

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.

Daniel G. Huber, MD

Submitter : Dr. Donna Pearce
Organization : Harlem Hospital- Columbia University
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3080-Attach-1.DOC

CMS-1385-P-3080-Attach-2.DOC

CMS-1385-P-3080-Attach-3.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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Submitter : Dr. Donna Pearce
Organization : Harlem Hospital- Columbia University
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

See attached

Resource-Based PE RVUs

Resource-Based PE RVUs

See Attached

CMS-1385-P-3081-Attach-1.DOC

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

Submitter : Dr. Mark Brady
Organization : Kansas Society of Anesthesiologists
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. David Eckmann
Organization : Hospital of the University of Pennsylvania
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Veronica Porter
Organization : Greater Houston Anesthesiology
Category : Physician

Date: 07/18/2007

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
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Rc: CMS-1385-P

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Veronica Porter, MD

Submitter : Dr. tom blackwell
Organization : Georgia anesthesia and pain management
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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I am an anesthesiologist in a rural area, heavily populated with Medicare and Medicaid patients. My group needs to expand, but we have insufficient revenues to attract and hire another doctor. The proposed increase in fees for anesthesia services will definitely help this situation.

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.
Tom Blackwell MD
1499 Fair Road
Statesboro, GA

Submitter : Dr. Stephen Hennenfent
Organization : Palos Anesthesia Associates
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : Mrs. Jennifer Burnett
Organization : Mrs. Jennifer Burnett
Category : Individual

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Dr. Michael Bracht
Organization : Old Pueblo Anesthesia
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

The adjustment that is being considered for anesthesia services will go a long way towards ensuring that our senior citizens will be able to receive the medical care they need. Our specialty has always been undervalued by CMS and further cuts would certainly guarantee the erosion of coverage for these patients. I am grateful that this is being considered, and I am aware that the funds for such an increase will necessarily have to result in cuts for some other specialty. However, anesthesia services are so far behind all other services when it comes to medicare reimbursement, that I feel the increase is not only justified but long overdue. Help us continue our seamless coverage of medicare patients by approving this increase for anesthesia services. Thank you.

Submitter :

Date: 07/18/2007

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Mitesh J Patel, MD
Dallas, Tx

Submitter : Dr. Rodrick Xuereb
Organization : Valley Anesthesia Associates
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare and Medicaid Services
Dept of Health and Human Services
Attention: CMS-1385-P
Po Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern,

Please support the CMS proposal to accept the RUC recommendations of CMS-1385-P regarding increasing the Medicare anesthesia conversion factor. The current conversion factor is grossly underpaid. At approximately \$17/unit I would be paid \$255 for personally spending 2 hours caring for an anesthetized medicare patient receiving a total knee operation. After about 30% for overhead one can clearly realize that highly trained anesthesiologists are currently paid less than any technician that would come to your home to fix a faucet, or replace the brakes on your car. Clearly a person with 12 years of higher education caring for the most frail of Americans deserves better. I implore you to support this measure as the current situation is quite untenable.

Thank you,

Rod Xuereb, MD
Managing Partner,
Valley Anesthesia Associates
Renton, WA
98055

Submitter : Dr. Stanley Perkins
Organization : East Texas Anesthesiology Associates
Category : Physician

Date: 07/18/2007

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. Kenneth Bluestone
Organization : Dr. Kenneth Bluestone
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Steven MacDonald

Date: 07/18/2007

Organization : OAGPC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-3093-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.

Steven MacDonald, M.D.

Submitter : Dr. James Coleman
Organization : Huntsville Ambulatory Anesthesia
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Sample Comment Letter:

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 have seriously considered opting out of Medicare within the next year. If nothing is done to reverse this wrong, consider me out!
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.

James Scott Coleman, M.D.

Submitter : eleazar morris
Organization : Flushing Hospital
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

please see attachment

CMS-1385-P-3095-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,
Eleazar C. Morris, M.D.

Submitter : Dr. Jennifer Greger
Organization : Dr. Jennifer Greger
Category : Physician

Date: 07/18/2007

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.

Jennifer Greger MD

Submitter : Dr. Mary Hyde
Organization : The Anesthesia Company
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslic 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,

Mary E. Hyde, MD

Submitter : Dr. Jonathan Hamburger
Organization : Greater Baltimore Medical Center
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Sincerely,
Jonathan Hamburger, MD

Submitter : Dr. Paul Rose
Organization : Oregon Anesthesiology Group
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3099-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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Sincerely,

Paul D. Rose, MD
14465 NW Belle Place
Beaverton, Oregon 97006

Submitter : Dr. Michael Neben

Date: 07/18/2007

Organization : Dr. Michael Neben

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Submitter : Dr. William Berger

Date: 07/18/2007

Organization : Dr. William Berger

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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Submitter : Dr. Richard Brenner

Date: 07/18/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Submitter : Dr. Suryaprakash Ayyagari

Date: 07/18/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.
Suryaprakash Ayyagari, MD

Submitter : Kelly Tieves
Organization : Anesthesia Associates of Kansas City
Category : Physician

Date: 07/18/2007

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.

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. adnan rafique

Date: 07/18/2007

Organization : asa

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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ADNAN RAFIQUE MD

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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Dr. David H. Rebuck

Drebuck@pol.net

Submitter : Dr. Jonathan Mark
Organization : Durham VA Medical Center
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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Submitter : Dr. Thomas DeCosta

Date: 07/18/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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Thomas DeCosta, M.D.

Submitter : Dr. Jane Holland Mason
Organization : Wilmington Anesthesiologists
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms Norwalk:

I agree with the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I believe and I hope that the Final Rule published by the Centers for Medicare and Medicaid Services needs to correct the undervaluation of anesthesia services.

As a past employee in the Health Care Financing Administration (HCFA) prior to attending medical school, I truly understand the difficulties in making decisions at the national level that are in the best interests of the Medicare and Medicaid beneficiary. As a practicing anesthesiologist, I can tell you that the undervaluation of anesthesia services creates a situation that is unsustainable.

The RUC has made their recommendation that the anesthesia conversion factor be increased and your Proposed Rule accepted this recommendation. In the interest of Medicare beneficiaries, I ask that the Final Rule continue to increase the anesthesia conversion factor. This increase would go a long way to help ensure that our patients have access to expert anesthesiology medical care.

Thank you.

Jane Holland McBryde Mason, MD
18 July 2007

Submitter : Dr. VICTOR RIZZO
Organization : Shore Medical Consultants
Category : Physician

Date: 07/18/2007

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-3110-Attach-1.DOC

CMS-1385-P-3110-Attach-2.DOC

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Victor L. Rizzo, M.D.