

**Submitter :** Michael Reines  
**Organization :** Michael Reines  
**Category :** Physician

**Date:** 07/23/2007

**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.

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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. Sean Birmingham  
**Organization :** US Navy  
**Category :** Physician

**Date:** 07/23/2007

**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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Sean Birmingham, MD

**Submitter :** Dr. Daniel Khaimov  
**Organization :** Columbia Presbyterian Medical Center  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
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Daniel Khaimov, MD.

**Submitter :** Mrs. Margarita Aronova  
**Organization :** Coney Island Hospital  
**Category :** Nurse

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Mrs. Albina Khaimova  
**Organization :** Mrs. Albina Khaimova  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Mr. Rakhmin Khaimov  
**Organization :** Mr. Rakhmin Khaimov  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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Leslie V. Norwalk, Esq.  
Acting Administrator  
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Attention: CMS-1385-P  
P.O. Box 8018  
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**Submitter :** Mrs. Anzhela Rubin  
**Organization :** Mrs. Anzhela Rubin  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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Centers for Medicare and Medicaid Services  
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**Submitter :** Dr. Thomas McLoughlin  
**Organization :** Lehigh Valley Hospital  
**Category :** Physician

**Date:** 07/23/2007

**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.

Thomas M. McLoughlin, Jr., M.D.



**Submitter :** Dr. Peter Bankoff, MD  
**Organization :** Valley Anesthesiology Consultants, Ltd.  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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I live in an area that has a very large elderly population (Phoenix, AZ) and as such, the percentage of Medicare patients in my and my colleagues practices are very high. While I continue to provide services to Medicare patients, many of my colleagues have opted out - simply because they cannot afford to lose money in comparison to other services they could be providing.

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Peter R. Bankoff, MD  
Valley Anesthesiology Consultants, Ltd.  
Phoenix, AZ 85012  
(602) 262-8900

**Submitter :** Amy Pazmino  
**Organization :** NYU Dept. of Anesthesiology  
**Category :** Health Care Professional or Association

**Date:** 07/23/2007

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**Submitter :** Dr. Wendy Kaiser  
**Organization :** American Society of Anesthesiology  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

Medicare Economic Index (MEI)

Re: CMS-1385-P

CMS-1385-P-3684-Attach-1.DOC

99 Walnut St., #403  
Chattanooga, TN 37403

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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Respectfully,  
Wendy A. Kaiser, M.D.  
Staff Anesthesiologist  
Anesthesiologists Associated

**Submitter :** Ms. Joan Clayton  
**Organization :** Ms. Joan Clayton  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Matthew Maki  
**Organization :** Dr. Matthew Maki  
**Category :** Physician

**Date:** 07/23/2007

**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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Matthew Maki, MD

**Submitter :** Dr. Suketu Jhaveri  
**Organization :** SAA, S.C.  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

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

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Suketu Jhaveri, M.D.  
Springfield, Illinois 62704

**Submitter :** Dr. Enrique Huertas  
**Organization :** cleveland clinic florida  
**Category :** Physician

**Date:** 07/23/2007

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**GENERAL**

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**Submitter :** Dr. Joseph Mathew  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

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Centers for Medicare and Medicaid Services  
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Joseph Mathew, MD

**Submitter :** Dr. Alan Sarabia

**Date:** 07/23/2007

**Organization :** Penn State Milton Hershey Medical Center

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Without anesthesia there is no surgery. We should be compensated as such. We take on large amount of risk and responsibility by putting ourselves in this position.

**Submitter :** Dr. Phillip LeBlanc  
**Organization :** Dr. Phillip LeBlanc  
**Category :** Chiropractor

**Date:** 07/23/2007

**Issue Areas/Comments**

**Chiropractic Services  
Demonstration**

Chiropractic Services Demonstration  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1385-P  
PO Box 8018  
Baltimore, Maryland 21244-8018

**Re: TECHNICAL CORRECTIONS**

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a MD or DO and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring an X-ray the cost to the Medicare patient will go up significantly due to the necessity of a referral to an orthopedist or rheumatologist for evaluation prior to referral to the radiologist as it is now. With fixed incomes and limited resources, Medicare patients may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,

Phillip K. LeBlanc, D.C.

**Submitter :** Dr. Rebecca Almeyda  
**Organization :** American Society for Anesthesiologists  
**Category :** Physician

**Date:** 07/23/2007

**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 Almeyda, MD  
University of Kentucky Anesthesiology Residency Program  
Lexington, KY

**Submitter :** Charles Lancelotta  
**Organization :** Anesthesia Associates of Lancaster  
**Category :** Physician

**Date:** 07/23/2007

**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.

Charles Lancelotta, MD

**Submitter :** Mr. Richard Beers  
**Organization :** Mr. Richard Beers  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-3694-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 is taking steps to address this important issue.

Medicare payment for anesthesia services is less today by absolute dollar comparison than it was in 1990. This payment covers a little over half the cost of providing the care for our area's senior citizens. This is a tragedy, as it creates 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. This would be a major step towards correcting this difficult problem for our seniors' access to anesthesia care. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

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.

Sincerely,

Richard H. Beers

**Submitter :** Dr. Kenneth Kreisler  
**Organization :** Anesthesiologist and member of ASA  
**Category :** Health Care Professional or Association

**Date:** 07/23/2007

**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)

To whom it may concern:

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Thank you for your consideration of this serious matter.

Sincerely Yours,

Kenneth Kreisler, MD  
Associate Professor Anesthesiology, Kansas University Hospitals



**Submitter :** Mrs. Elsie Beers  
**Organization :** Mrs. Elsie Beers  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL  
see attachment

CMS-1385-P-3696-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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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.

Sincerely,

Richard H. Beers

**Submitter :** Dr. Ladny Yates  
**Organization :** ASA  
**Category :** Physician

**Date:** 07/23/2007

**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.

Ladny Yates, MD

**Submitter :** Dr. Katherine Macy  
**Organization :** Dr. Katherine Macy  
**Category :** Physician

**Date:** 07/23/2007

**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,  
Katherine M. Macy, M.D.

**Submitter :** Dr. ED SANKARY  
**Organization :** Dr. ED SANKARY  
**Category :** Physician

**Date:** 07/23/2007

**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)

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Thank you for your consideration of this serious matter.

ED SANKARY, MD.

**Submitter :** Dr. Marco Maurtua  
**Organization :** Cleveland Clinic  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,  
Marco Maurtua, M.D.  
Cleveland OH

**Submitter :**

**Date:** 07/23/2007

**Organization :**

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-3701-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)**

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Thank you for your consideration of this serious matter.

Maria L. Occhietti, MD



**Submitter :** Dr. Timothy Smith  
**Organization :** Children's Hospital Columbus  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

**Submitter :** Dr. Gwen Davis  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/23/2007

**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.

Gwen K. Davis, MD

**Submitter :** Dr. Catherine Powers  
**Organization :** Anesthesia Associates of Kansas City  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment

**Submitter :** Dr. Niti Smith  
**Organization :** Riverside Methodist Hospital  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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. Walter Knoll  
**Organization :** McLean County Anesthesiology  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-3706-Attach-1.PDF

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

**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.

Sincerely,

Walter Knoll, D.O.  
President, McLean County Anesthesiology

**Submitter :** Dr. Jeffrey Hritz  
**Organization :** Dr. Jeffrey Hritz  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-3707-Attach-1.DOC

**Submitter :** Dr. David Vierra  
**Organization :** Dr. David Vierra  
**Category :** Physician

**Date:** 07/23/2007

**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. Veronica Carullo  
**Organization :** New York Presbyterian  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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Thank you for your consideration of this serious matter.

Sincerely,

Veronica Carullo, MD

**Submitter :** Dr. Martin Serrins  
**Organization :** Danbury Hospital  
**Category :** Physician

**Date:** 07/23/2007

**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.

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Gundala Reddy  
**Organization :** Dr. Gundala Reddy  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-3711-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:

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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.

Gundala S. Reddy, MD.

**Submitter :** Dr. Rebecca Brackett  
**Organization :** Anesthesia  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

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

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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.

I know it seems petty, but when I realized it cost more to have my car fixed (per hour charge) than I can earn giving anesthesia to a Medicare patient, it gave me pause-but no, I DON'T want to change careers.

Thank you,

Rebecca P. Brackett M.D.

Submitter :

Date: 07/23/2007

Organization :

Category : Congressional

Issue Areas/Comments

**GENERAL**

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Zachary Lipman  
**Organization :** Shasta Anesthesia Consultants  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I hope CMS accepts the recommendation of increasing the medicare unit value. Because of our large medicare clientele, this would make a huge difference to me.

**Submitter :** Dr. Jeffrey Fernley  
**Organization :** Canyon State Anesthesiologists  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-3715-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 \$17.04 per unit in my state. 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 and pitted against the surgeons and/or hospitals that bring the patients in for care. Please understand that this is not simply a case of a rich physician whining that (s)he is not making more money. The cost of every medical school I'm acquainted with in this country increases yearly. I personally graduated from medical school with close to \$200,000 of debt. Of course, the interest paid on educational debt is tax deductible, except in our case, because, according to the law, I make too much money to qualify. Sallie Mae sends me a statement yearly showing how much WOULD have been deductible if only I made less. Unfortunately she also does not offer any sort of accommodation for the forced charity work we do in the name of Medicare. Is not the American Dream a merit-based dream, where hard work pays off and the harder one works, the more one can obtain (in order to save for retirement, provide for one's family, and even consider being generous)? Because of Medicare and the unethical behavior of insurance companies, we physicians have had to work ever harder, to the point where we neglect all but our medical practices and rapidly burn out. All of the money that I earn does not wind up in my pocket. I have to pay rent for our office space. We support four employees in our small group practice that desire yearly raises and have an attractive benefits package which includes such things as health insurance. I have requisite society dues of close to \$2000/yr, in addition to the costs of medical conferences and the ever increasing costs of continuing medical education credits. Because of the complexities of billing our Anesthesia services, born primarily of Medicare laws, I have to pay an average of \$1000/month to a service to fight my battles with insurance companies and attempt to collect whatever small fraction of what we bill. I CANNOT cover my business expenses with the ever declining rate of reimbursement offered by Medicare.

Does it seem right that my auto mechanic, my plumber, and my exterminator all make more than I do on an hourly basis when I do Medicare cases? Does it not seem a greater travesty that insurance company CEO's, by increasing premiums, decreasing coverage to patients, and continually succeeding in cutting back reimbursement to physicians, take home hundreds of MILLIONS of dollars in bonuses, incentives, and pay per YEAR? Please allow me to draw to your attention the voluminous restrictions that I have as a physician in caring for a Medicare patient. It is illegal for me to balance bill, I am under constant threat of going to jail or losing my license if a simple coding error is made (which would be unbeknownst to me since I have to use a billing company to keep up with the ever changing demands of Medicare and insurance companies), and the list goes on and on. My elderly patients, yes, those 65 and older, are amongst those who have the largest degree of co-morbidities, take the largest number of medications, and are having the most complicated surgeries. I have the greatest risk of patients suffering complications in the Medicare population. I have to work the hardest to keep Medicare patients alive. I have to draw on a greater portion of my experience and training when I care for Medicare patients. I am the most exhausted by my Medicare patients. The majority of insurance companies use Medicare as their template for establishing reimbursement guidelines. This combination of factors, along with other pitfalls of Medicare that I won't spend time on here, has made me regret my decision to become a physician. I, and most of my colleagues, are actively involved in setting up alternative careers and are anticipating the most rapid exodus from medicine that we can execute. The implication here is that there will be fewer and fewer providers to care for the American public in coming years. I entered medicine because of my passion for science, medicine, and helping people. Now I spend my mental effort on fighting to obtain some semblance of fair reimbursement for my highly specialized knowledge and skills which I sacrificed over 8 years of my most productive years to obtain. These efforts are equaled only by those of finding an alternative career and persuading young prospective medical students to avoid pursuing careers in medicine. This is a very realistic threat to one of the greatest health care systems in the world. Many solutions have been and are being explored, i.e. middle level health care providers, tort reform, etc. but there is only one real answer... restore appropriate reimbursement to physicians. This means Medicare and insurance company reform.

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. While I personally feel that a \$10/unit or greater increase would ease my sense of dread when I contemplate performing anesthesia for a Medicare patient, I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation, as a reasonable starting point for future appreciation of the services provided to patients by Anesthesiologists.

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. If you are or have been lucky enough to live to Medicare age, remember this will be all of us who are likewise as fortunate one day. I hope your actions will make it more rather than less likely that someone will be there to care for me and my family when we require/desire Anesthesia Services.

Sincerely,

Dr. Jeffrey E. Fernley  
14945 N. 107<sup>th</sup> Way  
Scottsdale, AZ 85255  
480-443-8311  
drjef@yahoo.com

**Submitter :**

**Date: 07/23/2007**

**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)

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

**Submitter :**

**Date: 07/23/2007**

**Organization :**

**Category : Individual**

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to recommend an increase in anesthesia payments under the 2008 Physician Fee Schedule. The increase is probably long overdue if we are to continue receiving competent treatment. Thank you.

Douglas S. Sullivan  
age 76

**Submitter :** Dr. Michael Loboda  
**Organization :** Anesthesiology Associates of Akron  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

\*\*\*\*\* CMS-1385-P \*\*\*\*\*

It is vitally important that CMS increase the anesthesia conversion factor. As you know, the CF for anesthesia is far below that of other medical specialties. Reimbursement for Medicare and Medicaid anesthesia services has fallen to a level where access to medical care for patients covered by CMS will be impossible. This is a general statement that can easily be dismissed, therefore I will give you a specific example of what our anesthesia group plans to do on December 31, 2007.

As of January 1, 2008, our anesthesia group will no longer provide epidural steroid injections to ANY patient. Reimbursement by CMS will have fallen so low by that time that EVEN private insurance reimbursements can not make up for what we lose on every Medicaid and Medicare patient. We simply cannot afford to treat patients for debilitating back pain any longer. Everyone LOSES !!!

Will other anesthesia groups in the area do the same? Time will tell. Doctors are the "middleman" between the patient and CMS. You can only squeeze the middleman so far before he goes under. WE ARE AT THAT POINT.

PLEASE INCREASE THE ANESTHESIA CONVERSION FACTOR TO AN ACCEPTABLE LEVEL SO PATIENT CARE WILL NOT BE COMPROMISED.

Sincerely,  
Michael S. Loboda, M.D.

**Submitter :** Dr. L John Aladj  
**Organization :** Dr. L John Aladj  
**Category :** Physician

**Date:** 07/23/2007

**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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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,

L. John Aladj, M.D.

Submitter : Dr. Paul Greaves

Date: 07/23/2007

Organization : none

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

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

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

Thank you for your consideration of this serious matter.

Paul Greaves, MD  
Albany, Oregon



**Submitter :** Dr. Craig Donelan

**Date:** 07/23/2007

**Organization :** Anesthesia Physicians Ltd.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please support the increase in medicare payments for anesthesiologist's care of patients. Thank you.

**Submitter :** Dr. Christina Jeng  
**Organization :** Mount Sinai Hospital  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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. Laurence Mark  
**Organization :** Dr. Laurence Mark  
**Category :** Physician

**Date:** 07/23/2007

**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.

Laurence Mark, M.D.

**Submitter :** Dr. Tanis Pendleton

**Date:** 07/23/2007

**Organization :** Dr. Tanis Pendleton

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Concerning CMS-1385-P, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 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. To ensure that our patients have access to expert anesthesiology medical care, it is extremely important 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 matter.  
Tanis S. Pendleton M.D., Ph.D.

**Submitter :** Dr. Scott Silverberg  
**Organization :** Dr. Scott Silverberg  
**Category :** Physician

**Date:** 07/23/2007

**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 :** Delanor Chrisman  
**Organization :** Delanor Chrisman  
**Category :** Individual

**Date:** 07/23/2007

**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:

Please give consideration to helping seniors by supporting the increase in anesthesia rates. They have our lives in their hands!!  
It is becoming increasingly difficult to find quality senior care because of Medicare unrealistic limitations.

Delanor J.Chrisman  
74 years of age

**Submitter :** Dr. Kyle Wilhite  
**Organization :** Henry Ford Health System  
**Category :** Physician

**Date:** 07/23/2007

**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.

As a graduating anesthesia resident I am hesitant to interview at a hospital practice if they are predominantly Medicare. I worry that the unfair payment methods will continue, or become worse, and job stability will suffer. Therefore I agree that correcting this issue will increase the stability of anesthesia providers that accept Medicare patients and lead to increasing numbers of new anesthesia doctors taking up positions at these hospitals.

Thank you for your consideration of this serious matter.

Kyle Wilhite MD  
Henry Ford Health System  
Detroit, Michigan

**Submitter :** Dr. Leila Mei Pagn  
**Organization :** New York Presbyterian Hospital - Columbia Campus  
**Category :** Physician

**Date:** 07/23/2007

**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. Daniel Rowen

**Date:** 07/23/2007

**Organization :** ACAMG

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Chris Gustafson  
**Organization :** St Lukes-Roosevelt Hospital, Dept of Anesthesia  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Thank you for your consideration of this serious matter.

Chris Gustafson

**Submitter :** Dr. Blake Neal  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/23/2007

**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.

Blake D. Neal, MD

**Submitter :** Dr. Lawrence Rabinowitz  
**Organization :** NYSSA  
**Category :** Physician

**Date:** 07/23/2007

**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.

Lawrence E. Rabinowitz, MD, MBA  
Assistant Clinical Professor  
CardioThoracic Anesthesia  
NYU School of Medicine

**Submitter :** Dr. Michael Todd  
**Organization :** University of Iowa Carver College of Medicine  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-3733-Attach-1.PDF



University of Iowa Health Care

**Department of Anesthesia**

*Michael M. Todd, M.D.  
Professor and Head  
Roy J. and Lucille A.  
Carver College of Medicine  
200 Hawkins Drive, 6618 JCP  
Iowa City, Iowa 52242-1009  
319-356-2382 Tel  
319-356-4130 Fax  
www.uihealthcare.com*

July 23, 2007

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

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

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and 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. As the Chair of the Department of Anesthesia at the University of Iowa, I can personally testify to this situation; we lose substantial funds for just about every Medicare patient for whom we provide anesthesia. We do this by shifting the cost of their care to private payers - which obviously cannot be sustained.

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.

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.

Michael M. Todd MD  
Professor and Head

**Submitter :** Dr. Regina Fragneto  
**Organization :** Dr. Regina Fragneto  
**Category :** Physician

**Date:** 07/23/2007

**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,  
Regina Fragneto, M.D.

**Submitter :** Jerry Epps  
**Organization :** The University of Tennessee Graduate School of Med  
**Category :** Physician

**Date:** 07/23/2007

**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:

As Chairman 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 by 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.

Jerry L. Epps, MD  
Chairman, The Department of Anesthesiology



**Submitter :** Dr. Michael Robinson  
**Organization :** Reading Hospital and Medical Center  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Michael S. Robinson D.O.  
Staff Anesthesiologist  
Reading Hospital and Medical Center

**Submitter :** Dr. Philip Wagner  
**Organization :** Hospital for Special Surgery  
**Category :** Physician

**Date:** 07/23/2007

**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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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.

Philip J. Wagner MD

**Submitter :** Dr. Ron Kassof  
**Organization :** Schenectady Anesthesia Associates, PC  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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. Sean Kelley

**Date:** 07/23/2007

**Organization :** Dr. Sean Kelley

**Category :** Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

An increase is critical to my practice,otherwise, I am scheduled to drop all medicare patients in 2008.

**Submitter :** Dr. David Martincheck

**Date:** 07/23/2007

**Organization :** Texas Tech University Health Science Center

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I support the revision for physician fee payment. In a university setting this could help alleviate the already scarce financial resources available for educating future anesthetists, an area in which demand will continue to outgrow supply.

**Submitter :** Dr. Jeff Mueller

**Date:** 07/23/2007

**Organization :** Mayo Clinic

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

I strongly support the RUC recommendation to increase anesthesia payments. Current Medicare anesthesia payment levels do not cover the true cost of providing care. The current situation is leading to restricted access to quality anesthesia care for America's seniors. Anesthesia care for elderly patients, usually with multiple medical conditions, during major surgical procedures is a resource-intensive endeavor that requires advanced skills, considerable training, and high technology support. Current payment levels do not support that level of necessary care. Thank you for your time.

**Submitter :** Sarah Lentz  
**Organization :** Sarah Lentz  
**Category :** Nurse Practitioner

**Date:** 07/23/2007

**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

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

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To ensure that our patients have access to expert anesthesia 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.

Sarah K Lentz Certified Registered Nurse Anesthetist

**Submitter :** Dr. Ritchie Larson

**Date:** 07/23/2007

**Organization :** PAS

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attached letter

CMS-1385-P-3743-Attach-1.DOC

CMS-1385-P-3743-Attach-2.DOC



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

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

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

Thank you for your consideration of this serious matter.

Ritchie A Larson, MD  
Physicians Anesthesia Services, Inc  
1221 Madison, Ste 1440  
Seattle, WA 98104

**Submitter :** Dr. Margaret Motl

**Date:** 07/23/2007

**Organization :** Dr. Margaret Motl

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

**Date:** 07/23/2007

**Organization :** Mr. Daniel Campos

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Thank you for your consideration of this serious matter.

**Submitter :** Mrs. Pauline Motl

**Date:** 07/23/2007

**Organization :** Mrs. Pauline Motl

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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. Ram Roth  
**Organization :** Dr. Ram Roth  
**Category :** Health Care Provider/Association

**Date:** 07/23/2007

**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  
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

**Submitter :** Mr. David Campos  
**Organization :** Mr. David Campos  
**Category :** Individual

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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. Matthew Doane  
**Organization :** Columbia Presbyterian Anesthesia  
**Category :** Health Care Professional or Association

**Date:** 07/23/2007

**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. Alan Carruth  
**Organization :** Dr. Alan Carruth  
**Category :** Physician

**Date:** 07/23/2007

**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.

Alan Carruth, MD



**Submitter :** Dr. Steven Plumb  
**Organization :** Anesthesia Medical Group of Santa Cruz  
**Category :** Physician

**Date:** 07/23/2007

**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.

see attachment also  
Steven Plumb, M.D.  
Dominican Santa Cruz Hospital  
1555 Soquel Drive  
Santa Cruz, CA 95062

CMS-1385-P-3752-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 Plumb, M.D.  
Dominican Santa Cruz Hospital  
1555 Soquel Drive  
Santa Cruz, CA 95062

**Submitter :** Dr. Bruce Kaufman  
**Organization :** Dr. Bruce Kaufman  
**Category :** Physician

**Date:** 07/23/2007

**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. shayne monson  
**Organization :** monson chiropractic  
**Category :** Chiropractor

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

CMS-1385-P.

I urge you to to abolish the recommendation that patients no longer would be reimbursed for X-rays taken by a MD or DO and used by a Doctor of Chiropractic to determine a subluxation. These X-rays, if medically necessary, are an integral part to the overall treatment plan of the Medicare patients and it is ultimately the patient that will suffer should this proposal become standing regulation.

sincerely

E. Shayne Monson, DC

**Submitter :** Dr. Carl Forrest

**Date:** 07/23/2007

**Organization :** American Society of Anesthesiologists

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Regarding: CMS 1385 P

I am supportive of the proposed increase in the Anesthesiology conversion factor. The compensation of anesthesiologists by the federal government is way, way below "real world" professional fees. We earn less from Medicare, per hour, than plumbers and auto mechanics earn. This proposed increase would partially offset the ridiculously low federal payment for anesthesiologists' services, and would help promote continued access to care for the nation's elderly.

Carl L. Forrest, MD

**Submitter :** Dr. Corey Carpenter  
**Organization :** UTMCK Anesthesia  
**Category :** Physician

**Date:** 07/23/2007

**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.

Corey Carpenter, MD

**Submitter :** Dr. Michael James  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

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

CMS-1385-P-3757-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,

Michael L. James, MD



**Submitter :** Dr. teresa kelly  
**Organization :** american society of anesthesiologist  
**Category :** Physician

**Date:** 07/23/2007

**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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teresa k. kelly md

**Submitter :** Dr. Charles Armistead  
**Organization :** Twin Lakes Cardiac Anesthesia  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

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Sincerely:

Charles W. Armistead, Jr., MD

**Submitter :** Dr. John Moyers  
**Organization :** University of Iowa  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

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

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Thank you for your consideration of this serious matter,  
John Moyers

**Submitter :** Dr. Scott Mayerberger  
**Organization :** Dr. Scott Mayerberger  
**Category :** Physician

**Date:** 07/23/2007

**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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**Submitter :** Dr. Brian Thwaites  
**Organization :** Dr. Brian Thwaites  
**Category :** Physician

**Date:** 07/23/2007

**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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Brian Thwaites, M.D.

**Submitter :** Dr. Monty Oppenheim  
**Organization :** Sibley Anesthesiology Services  
**Category :** Physician

**Date:** 07/23/2007

**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 undervaluation of anesthesia services, and that the Agency is taking steps to address this issue.

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

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

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

Thank you for your consideration of this serious matter.

Monty Oppenheim, MD  
Sibley Anesthesiology Services  
Washington, DC 20016

**Submitter :** Dr. William Duggan  
**Organization :** Dr. William Duggan  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Mont Stern  
**Organization :** Maplegate Anesthesia  
**Category :** Physician

**Date:** 07/23/2007

**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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In my own practice, I have modified my schedule to limit my exposure to Medicare patients.

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

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Thank you for your consideration of this serious matter.

Mont P. Stern MD



**Submitter :** Dr. Paul Epstein  
**Organization :** North American Partners in Anesthesia  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-3766-Attach-1.DOC

CMS-1385-P-3766-Attach-2.TXT

CMS-1385-P-3766-Attach-3.DOC

CMS-1385-P-3766-Attach-4.TXT

CMS-1385-P-3766-Attach-5.DOC

CMS-1385-P-3766-Attach-6.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)**

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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,

Paul L. Epstein, MD  
North American Partners in Anesthesia

**Submitter :** Dr. John T. Herbert  
**Organization :** Harlem Hospital Center  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

**Submitter :** Dr. Alison Vogt  
**Organization :** University of Rochester  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**Impact**

**Impact**

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

Sincerely,  
Alison W. Vogt, M.D.  
Department of Anesthesiology  
Highland Hospital  
University of Rochester  
1000 South Avenue  
Rochester, NY 14620

**Submitter :** Dr. Joshua Atkins  
**Organization :** University of Pennsylvania  
**Category :** Physician

**Date:** 07/23/2007

**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  
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I am a faculty anesthesiologist at the University of Pennsylvania, a major tertiary-care teaching hospital in the Philadelphia area. The Department of Anesthesiology and Critical Care at Penn is a national leader in both the training of future anesthesiologists and in conducting cutting-edge research to improve anesthesia care for all patients. The under-valuation of anesthesia as reflected in the Medicare Physician Fee Schedule continues to dramatically impact the viability of our Department. The proposed upward adjustment in the anesthesia conversion factor will provide important additional clinical revenue that will help anesthesiologists at the University of Pennsylvania continue our mission to train physicians for the future and to conduct ground-breaking research.

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,

Joshua H. Atkins, M.D.-Ph.D.  
Assistant Professor  
Department of Anesthesiology and Critical Care  
University of Pennsylvania  
Philadelphia, PA

**Submitter :** Dr. Kevin Kleinhomer  
**Organization :** Northland Anesthesia Associates, PC  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Kevin Kleinhomer, MD  
Chairman, Quality Improvement and Peer Review Committee  
Northland Anesthesia Associates, PC  
Providence Hospital and Medical Center  
Southfield, MI 48073

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

**Date:** 07/23/2007

**Issue Areas/Comments**

GENERAL

GENERAL



**Submitter :** Dr. Margaret Charsley

**Date:** 07/23/2007

**Organization :** N.M.S.A.

**Category :** Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

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.

M.M.Charsley M.D.

**Submitter :** Dr. David Barinholtz  
**Organization :** Mobile Anesthesiologists, LLC  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

GENERAL

GENERAL

See Attachment

CMS-1385-P-3773-Attach-1.DOC

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

RE: CMS-1385-P

To Whom It May Concern:

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 RBRV's 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 RBRV's took effect, Medicare payment for anesthesia services stands at just 17.63 per unit in Illinois. This is approximately 17 cents on the dollar for what other carriers pay us. 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. We see this as a first step in this process. 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.

David B. Barinholtz, MD

**Submitter :** Dr. Jeffrey Lu  
**Organization :** University of Utah Department of Anesthesiology  
**Category :** Physician

**Date:** 07/23/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

Re: CMS-1385-P

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Sincerely,  
Jeffrey Lu, MD  
Professor  
Anesthesiology  
University of Utah Medical Center  
Salt Lake City