

Submitter : Dr. Jack Gildar
Organization : Dr. Jack Gildar
Category : Individual

Date: 07/11/2007

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. Amy Hutchinson
Organization : BelPark Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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

Dr. Amy Hutchinson

Submitter :

Date: 07/11/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

You do need to increase fees to physicians. I read about pay cuts for services to them in the 10% range in the near future. They are not slaves and will not be able to provide services to us medicare patients if we don't pay them a reasonable fee. I don't see any signs of Congress taking pay cuts because the US budget is in a deficit. We can't put that burden on the doctors who do a lot more for us than do the politicians.

Submitter : Dr. todd raudy

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

declining reimbursement is a large issue with aging population. Medicare continues to cut anesthesia services despite being the general category of highest risk patient population. A rate increase is not only well deserved but it will continue to recruit qualified anesthesiologist to the field. Thanks Todd Raudy MD

Submitter : Brian Kopp
Organization : Brian Kopp
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-955-Attach-1.DOC

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

Sincerely,

Brian Kopp, M.B.A.

Submitter : Leslie Frazier
Organization : Leslie Frazier
Category : Individual

Date: 07/11/2007

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
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Thank you for your consideration of this serious matter.

Leslie Frazier
Las Vegas, NV

Submitter : Dr. Jung Yi
Organization : UMDNJ Newark, NJ
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I fully support the motion to increase medicare reimbursement for anesthesia providers. The importance of perioperative patient care should never be underegarded.

Submitter : Dr. Jeffrey Wilson

Date: 07/11/2007

Organization : Dr. Jeffrey Wilson

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

See attachment

Submitter : Hany Fattouch
Organization : Hany Fattouch
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Please support the increase of reimbursement to anesthesiologists to be able to continue to serve our communities ,and our patients. Please don't drive us out of practice.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter : Dr. David Rothenberg
Organization : Rush University Medical Ctr
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

Sincerely,
David Rothenberg, M.D.

Submitter : Dr. Will Costello
Organization : Vanderbilt University Medical Center
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
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Submitter : Dr. John Christian
Organization : Dr. John Christian
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Sincerely,
John E. Christian, Jr., M.D.

Submitter : Dr. pete white
Organization : st alexius
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Background

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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. Stanley Antosh
Organization : Foothills Anesthesia Consultants, PC
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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In my own hospital, we have had three anesthesiologists leave our practice recently. The primary reason that these individuals moved was because of the high percentage of Medicare patients in our practice. Most Medicare patients require more physician work than non-Medicare patients. They are either very old, or disabled, and either of these factors usually means that they are sicker than the average patient, and require more work. In return for this, Medicare pays us a fraction of what we earn for taking care of a patient with commercial insurance. After a while, anesthesiologists get tired of this, and move on to another practice with fewer Medicare patients. The hospitals with high Medicare populations are going to have a very difficult time recruiting new anesthesiologists to, what most would consider, an undesirable practice. Under the current system, anesthesiologists are looking to take care of as few Medicare patients as possible!

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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Submitter : Dr. Sundeep Malik
Organization : Swedish Medical Center
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

**Geographic Practice Cost Indices
(GPCIs)**

Geographic Practice Cost Indices (GPCIs)

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.

Sunny Malik, MD
Chief of Anesthesiology
Swedish Medical Center, Seattle

Submitter : Dr. Julien Caillet
Organization : Old Pueblo Anesthesia
Category : Physician

Date: 07/11/2007

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.

Julien R. Caillet, MD

Submitter : Dr. arne brock-utne
Organization : Medical anesthesia consultants
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Writing to support increase in the anesthesia conversion factor Medicare payments. The current payments are way below where they should be.

Submitter : Dr. Gerald Kranis
Organization : Surgical Park Anesthesia Group
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Concerning CME-1385-P

If medicare reimbursements are not brought up to competitive levels many anesthesia practices will no longer be viable considering the aging population we are dealing with. These patients may not have access to anesthesia care because at the present time expenses for providing anesthesia care for medicare patients cost more than medicare pays. I know for a fact I am not the only one in this position. Whatever method is being used to calculate medicare reimbursement is totally inadequate and no business in this country can operate at a deficit and still keep operating. I respectfully request that this issue be dealt with in a timely manner and that reimbursement rates for medicare patients be brought up to a level that will allow us to continue to provide care. Remember in the future we will be those medicare patients and I would like to know that the proper care will be available to me when I need it.

Submitter : Dr. Paul Hopkins
Organization : Baylor College of Medicine
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Re: CMS-1385-P
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Paul Hopkins, MD

Submitter : Dr. Richard Kinney
Organization : Professional Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

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God Bless.

Sincerely,

Richard C. Kinney, M.D.
410 Highland Avenue
Media, PA 19063

Submitter : Dr. Tim Barnwell

Date: 07/11/2007

Organization : Wenatchee Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

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Issue: Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies.

As a practicing anesthesiologist in an area that has a high percentage of Medicare recipients I want to take the time to let you know what a positive impact the proposed revisions will have on our area.

As a smaller medical community in which greater than one of every three patients is enrolled in Medicare, this change can have a huge positive effect on our group's ability to recruit and retain good anesthesiologists. It has become much more difficult in recent years to try to remain a desirable location to practice anesthesia, mainly because of differences in potential income in our area versus areas with a less percentage of Medicare patients. The deficit in practicing providers that has resulted from this disadvantage has had a hard impact on many of the smaller facilities around us in smaller communities. Many of them can no longer offer surgical services, and therefore access to care, because of the shortage of both anesthesia care providers and surgical care providers. As a result more patients with Medicare insurance are having to travel farther to our city to receive care, putting more of a financial burden on our physicians. This is beginning to take its toll. Our community is now finding it difficult to 'compete' for good anesthesia care providers, and other physicians as well. If things don't improve, we will see even more physicians leave our area, causing more of an access to care issue. That's why it is very important that CMS do all it can to ensure that small, isolated communities with a high percentage of Medicare patients such as ours have every opportunity to maintain a healthy, thriving medical practice.

Thank you for your time.

Tim Barnwell, MD
President, Wenatchee Anesthesia Associates

Submitter : Dr. Richard Hauch
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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Anesthesia Coding (Part of 5-Year Review)

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I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. As an anesthesiologist who has been practicing since 1976, I have always been concerned with the severe underpayment of anesthesiologists by Medicare and am extremely 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. Edward Robertson

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Background

Background

I fully support the adjustment to increase the anesthesia fee schedule.

Submitter : Dr. Robert Raad
Organization : WSU/DMC
Category : Physician

Date: 07/11/2007

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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Robert Raad, MD

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

Date: 07/11/2007

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.

William R. Hartman MD, PhD
Mayo Clinic - Rochester

Submitter : Dr. Annette MacIntyre

Date: 07/11/2007

Organization : University of Utah

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I fully support CMS-1385-P - Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies; Revisions to Payment Policies for Ambulance Services for CY 2008 as suggested by the ASA!!

Submitter : Dr. Corey Nelson
Organization : Dr. Corey Nelson
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Corey Nelson, MD

Submitter : Dr. Wade Weigel
Organization : Virginia Mason Medical Center
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Wade Weigel, M.D.

Submitter : Dr. Joe Lupo
Organization : Monadnock Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

This would be a needed boost for the rural healthcare as is it difficult to find and keep anesthesiologist in this area due to low income.

Submitter : Dr. Ethan Bryson
Organization : Dr. Ethan Bryson
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : John Pappas
Organization : John Pappas
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-982-Attach-1.PDF

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Operations & Regulatory Affairs

The attachment cited in this document is not included because of one of the following:

- The submitter made an error when attaching the document. (We note that the commenter must click the yellow "Attach File" button to forward the attachment.)
- The attachment was received but the document attached was improperly formatted or in provided in a format that we are unable to accept. (We are not are not able to receive attachments that have been prepared in excel or zip files).
- The document provided was a password-protected file and CMS was given read-only access.

Please direct any questions or comments regarding this attachment to
(800) 743-3951.

Submitter : Dr. Jessica Yoos
Organization : Bellingham Anesthesia Accos
Category : Physician

Date: 07/11/2007

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.

Dr. Jessica R. Yoos

Submitter : Dr. Gabriel Perez
Organization : North Tampa Anesthesia Consultants
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Stephen Eskaros
Organization : Univ of Rochester
Category : Physician

Date: 07/11/2007

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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Thank you for your consideration of this serious matter

Submitter : Dr. David Gratch
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

David M. Gratch D.O.
Assistant Professor
Department of Anesthesiology
Thomas Jefferson University
Philadelphia PA, 19107

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

Submitter : Dr. Todd Austin
Organization : Dr. Todd Austin
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Impact

Impact

This increase will greatly help training programs in anesthesia, as we are losing the best and brightest instructors that will impact future patient care.

Submitter : Dr. George Purves
Organization : Anesthesia Associates of East Alabama
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Submitter : Dr. Michael Wall
Organization : Washington University in St Louis
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

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George Buczko MD

Submitter : Dr. Howard Duncan
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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Submitter : Dr. Eric Chan

Date: 07/11/2007

Organization : Dr. Eric Chan

Category : Physician

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Submitter : Dr. Karen VanderWall

Date: 07/11/2007

Organization : ASMG

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would like to strongly submit my support for an adjustment in the Medicare's anesthesia conversion factor. I agree with the RUC which is recommending to boost the anesthesia conversion factor to account for a calculated 32 percent work undervaluation. Please give this careful consideration and support.

Submitter : Dr. Shanna Hill
Organization : New York Presbyterian Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Sincerely,
Shanna Hill, MD
Attending Anesthesiologist
New York Presbyterian Hospital- Cornell Medical Center

Submitter : Dr. Mary Tuman
Organization : University Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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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. Andrew Stern

Date: 07/11/2007

Organization : Dr. Andrew Stern

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern,

Cutbacks are destroying medicine. They are ruining any incentive to be in medicine. I have been in medicine for 20 years now, and I am ready to give it up because reimbursement is so low, risk are so high, hours are so long, and its like working for free while everyone is out there to sue you and to get great care without paying doctors. By not reimbursing doctors reasonably, you are encouraging the good doctors to get out of medicine and the level of health care will plummet. We have seen it in other medical fields like nursing. The quality of nursing has plummeted as the salary has dropped, and the level of care in hospitals is getting worse and worse because financial cuts are encouraging people who care to leave the profession. Please reverse this trend of cutting payments to doctors and driving them out of medicine because of all the pressures, stress, work hours etc. Pay them a good wage to encourage them to continue to work hard and care. Please go up on your reimbursement to anesthesiologist to previous levels. It will be much better than continuing to destroy medicine by its current course.

sincerely,

andrew stern, md

Submitter :

Date: 07/11/2007

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.

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. Gregory Whitaker

Date: 07/11/2007

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:

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.

CMS-1385-P-998-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. Stuart Bergman

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs, The proposed increase in anesthesia fee schedule is the right thing to do to assure a patient's access to anesthesia services.

Submitter : Dr. Shane Petersen

Date: 07/11/2007

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:

I am writing to convey my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. CMS recognition of the gross undervaluation of anesthesia services is certainly appreciated. Your efforts to re-evaluate this complex matter is also appreciated.

Upon RBRVS was institution, a huge payment disparity for anesthesia care compared to other physician services was created. Today, Medicare payment for anesthesia services stands at just \$16.19 per unit. This is creating a void of services through this unsustainable system. Anesthesiologists are persistently being forced away from areas with disproportionately high Medicare populations.

In an effort to correct this unsustainable situation, the RUC recommended that CMS increase the anesthesia conversion factor. This would offset a longstanding and unjust calculated 32 percent work undervaluation resulting in an increase of nearly \$4.00 per anesthesia unit. 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 full consideration of this serious matter.

Shane Petersen M.D.

Submitter : Dr. Brandon Kibby
Organization : Riley Children's Hospital-IU School of Medicine
Category : Health Care Professional or Association

Date: 07/11/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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

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

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. Steven Schimmel
Organization : Day Kimball Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-1002-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. Angel Rodriguez
Organization : Magnolia Anesthesiology Assoc PA
Category : Physician

Date: 07/11/2007

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,

Angel A. Rodriguez, MD

Submitter : Dr. Richard Davis
Organization : Oregon Health & Science University
Category : Physician
Issue Areas/Comments

Date: 07/11/2007

GENERAL

GENERAL

see attached PDF file

CMS-1385-P-1004-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:

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 present significant 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 providing safe anesthesia care 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,

Richard F. Davis, MD
davisri@ohsu.edu

Submitter : Dr. Troy Wildes

Date: 07/11/2007

Organization : Washington University School of Medicine

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Please see attached.

CMS-1385-P-1005-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.

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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. Anthony Lane Armstrong
Organization : Magnolia Anesthesiology Assoc PA
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Anthony Lane Armstrong, MD

Submitter : Dr. Michael Houston
Organization : Atlantic Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Please instate the Medicare fee increase.

CMS-1385-P-1007-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.

Sincerely,

Michael S. Houston, M.D

Submitter : Dr. Tina Jobe
Organization : Magnolia Anesthesiology Assoc PA
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Tina M. Jobe, MD

Submitter : Dr. Emily Fanciullo
Organization : Loyola University Medical Center
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. leonard raizin

Date: 07/11/2007

Organization : Dr. leonard raizin

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am a medicare patient who recently had bilateral knee replacement surgery. The re-imbusement for the anesthesiologist was less than my plumber, electrician or carpenter charges me. The net result is that no one will take care of medicare patients or not become an anesthesiologist at all. No surgery proceeds without anesthesia services.

I urge you to reconsider and increase the re-imbusement to anesthesiologists.

Sincerely,

Leonard H. Raizin

Submitter : Dr. Candace Robertson

Date: 07/11/2007

Organization : Dr. Candace Robertson

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

Candace Robertson, MD

Submitter : Dr. Mark Boswell
Organization : Texas Tech University Health Sciences Center
Category : Physician

Date: 07/11/2007

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 chairman of the Anesthesiology Department at Texas Tech University Health Sciences Center and am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am unable to sustain my department at the current Medicare fee payment rates because of low reimbursement that does not cover our expenses. We have an active residency program and treat a large number of Medicare, Medicaid and indigent patients in a county hospital setting.

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

I support the recommended CMS increase in 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.

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 help with this.

Mark V Boswell, MD, PhD
Chair, Anesthesiology
Texas Tech University Health Sciences Center

Submitter : Dr. Naixi Li
Organization : NYSSA
Category : Physician

Date: 07/11/2007

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)

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.

Best Regards,
Naixi Li, MD, PhD
Bronxville, NY

Submitter : Dr. James Jorgensen

Date: 07/11/2007

Organization : Dr. James Jorgensen

Category : Physician

Issue Areas/Comments

Background

Background

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

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.

James P. Jorgensen, M.D.
San Diego, CA

Submitter : Dr. rehana kausar

Date: 07/11/2007

Organization : pinnacle anesthesia Dallas TEXAS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

We like anesthesia fee to be increased by Medicare

Submitter : Dr. Richard E Park
Organization : Independent Anesthesiologists, PSC
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Impact

Impact

As a Practicing Anesthesiologist in a rural setting I am concerned about access to care for Medicare Beneficiaries. Because of the LOW reimbursement for Anesthesia Services it is difficult to recruit competent providers because of the inability to provide adequate compensation. Therefore, many Medicare Beneficiaries have to travel long distances to find adequate Health Care. I find this very unsatisfactory as I am entering the Beneficiary Age myself and am concerned about who will be around to take care of me. Please make this adjustment in Anesthesia Reimbursement that is being considered. Thank you. Dr. Richard E Park, MD

Submitter : Dr. Robert Watson

Date: 07/11/2007

Organization : Dr. Robert Watson

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Jay B. Tuchman
Organization : Dr. Jay B. Tuchman
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Russell Petersen
Organization : Mountain West Anesthesia
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia CF rates for Medicare are profoundly undervalued. Medicare pays other physicians and hospitals at rates which are 80 to 110% of what is paid by the most frugal HMOs and private payors. Medicare pays anesthesia services at LESS THAN 20% of our lowest contracted insurances rates. Anesthesia providers cannot continue to provide care for Medicare patients at this profoundly undervalued reimbursement!

Submitter : Dr. Edward Brose
Organization : Physicians Anesthesia Service, Inc.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1020-Attach-1.DOC

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Christopher Troianos
Organization : Western Pennsylvania Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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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. James Rinando
Organization : University of Texas at Houston
Category : Physician

Date: 07/11/2007

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,

James Rinando, M.D.

CMS-1385-P-1022-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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Thank you for your consideration of this serious matter.

Submitter : Dr. Ameet Keny
Organization : Loyola University Medical Center
Category : Physician

Date: 07/11/2007

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. Bruce Wales
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Andrew Hart
Organization : HartMusic
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

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

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Thank you for your consideration of this serious matter.
Andrew Hart, MD

Submitter : Dr. Michael O'Neil

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

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Thank you for your consideration of this serious matter.
Michael O'Neil MD

Submitter : Dr. Daniel Fazio

Date: 07/11/2007

Organization : UCSF

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jesse Ehrenclou

Date: 07/11/2007

Organization : MUSC

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Please see attachment

CMS-1385-P-1028-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.

Jesse O. Ehrenclou MD
Charleston SC

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

Date: 07/11/2007

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. Russell Buesing

Date: 07/11/2007

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:

I practice in Alaska. Our state has a significant number of medicare and medicaid patients.

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. Robert Singler
Organization : Dr. Robert Singler
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit, less than half of the reimbursement (in 1982 dollars) when I first went into private practice 25 years ago. It is less than 26% of my 1982 reimbursement after inflation. 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, including my own local practice.

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 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. Daljit Birdee

Date: 07/11/2007

Organization : BWH

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.

Daljit Birdee

Submitter : Dr. Geordie Grant
Organization : UMDNJ-New Jersey Medical School
Category : Physician

Date: 07/11/2007

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.

Sincerely,

Geordie P. Grant, MD

Submitter : Dr. Samuel Parnass
Organization : University Anesthesiology
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Dr. Orin Guidry
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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 yours,

Orin F. Guidry

Submitter : Dr. James Viney

Date: 07/11/2007

Organization : Dr. James Viney

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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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

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

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs, Anesthesia payments by CMS has been way undervalued for far too long... and since we as hospital based providers have no way to limit our medicare/medicaid patients we are unable to limit our CMS patient base as many other physician specialtys are able to do. Please support the recently recommended increase to our specialty!!!Help us to keep providing the top notch care that our specialty has worked so hard to provide.

Thanks,

Jennifer Root, MD

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

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1038-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,

Joseph J. Colello, MD

CMS-1385-P-1039

Submitter : Dr. Kirt Beckes
Organization : Physicians Anesthesia Service, Inc.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-1039-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. barrett hall
Organization : Dr. barrett hall
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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. Raymond Joseph

Date: 07/11/2007

Organization : Dr. Raymond Joseph

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Dr. Thomas Davenport
Organization : Oregon Anesthesiology Group
Category : Hospital

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

We anesthesiologists in Oregon are experiencing a shortage of providers at most hospitals due to an exodus out of the state. One significant reason is a shortage in the number of professionals trained in this state and those numbers are based on Medicare reimbursement/ compensation for supervision in the operating rooms. Unless the reimbursement is increased (currently not changed in over 15 years, young people will chose other professions and the shortage will continue. Areas overrepresented with Medicare recipients have lost medical providers completely in several rural areas creating a hardship for many elderly patients in Oregon. The Federal government needs to act now, not later.

Submitter : Dr. Merrill Workhoven
Organization : Bay Group Anesthesia Service, P.C.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Background

Background

I took my boat in today for service. The shop rate is \$75.00 per hour. I am an anesthesiologist in a rural area favored by retired (read Medicare insured) folks. Our reimbursements over the last several years have been so poor that we have had to seek supplements from our local hospital just to keep physicians and CRNA's on the staff and, nonetheless, a CRNA and Doctor have pulled up stakes and departed for greener pastures. At age 65 I'm trying to retire but must keep working to help my partners/friends from an overwhelming workload. Medicare, which is about 50 % of our case load, is dragging us down. When I earn less per hour from Medicare (about \$60.00 per hour) than my boat mechanic earns from me it's time for a change. Please consider increasing Medicare reimbursements for anesthesiologists. Data consistently show that anesthesiology services are undervalued compared to other services. A hydrotherapist working in a pool with a stroke victim earns more per hour from Medicare than I do anesthetizing a near death Medicare patient for a life saving operation. It seems to me that Medicare has a vendetta against anesthesiologists and I don't know why.

Do you?

Please consider an increase in reimbursement for the sake of Medicare patients who, otherwise, will, I fear, soon be denied elective services solely based on their insurance. By the way, I know of a nationally renowned nephrologist who retired and moved to Bend, OR and could not find a primary care doctor willing to take him as a patient---because he was insured by Medicare. And, you and I know that Medicare reimbursements are about 67 % of commercial rates for every branch of medicine save anesthesiologists who receive about 34 % of commercial rates. Death to anesthesiologists? You decide. Anesthesiologists have established the Anesthesia Patient Safety program (cited by the Institutes of Medicine as a model for improving patient safety) and, since I began practice, have decreased anesthesia related mortality from about 1/50,000 in 1969 to about 1/500,000 today. CRNA's played no role in any significant original research, by the way.

Sincerely,

M. Nick Workhoven, M.D.

Thank you for your consideration.

Sincerely,

M.N. Workhoven, M.D.

Submitter : Dr. Micahel Cardosi
Organization : Physicians Anesthesia Service, Inc.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1044-Attach-1.DOC

#7044

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. Michael Melvin
Organization : Dr. Michael Melvin
Category : Physician

Date: 07/11/2007

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.

Michael Melvin, MD

Submitter : Dr. Richard Gelfand

Date: 07/11/2007

Organization : Dr. Richard Gelfand

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Medicare and especially Medicaid payments for anesthesia services have been below standard for years. Please raise them.

Submitter : Joyce Kerouac

Date: 07/11/2007

Organization : Granite State Anesthesiologists, PA

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

I am the Practice Administrator for a small anesthesia group. Our payor mix has increased into the Medicare arena at an alarming rate as the population ages. Our expenses, such as health insurance, malpractice insurance and operating expenses climb while our reimbursement from Medicare falls. No one can keep on course forever with this kind of arrangement. The Medicare anesthesia conversion factor (\$16.13 for NH) is appalling. We can manage to help other countries all over the world but we fail to take care of business at home. My father, a World War II veteran, sums it up quite nicely when he says " I love my country, but I depise my government" We need to make THIS country our priority for all the citizens who have worked to make the USA what it is!!!

Submitter : Dr. Anthony Cionni
Organization : Physicians Anesthesia Service, Inc
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1048-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. william blackburn
Organization : anesthesia medical consultants pc
Category : Physician

Date: 07/11/2007

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. Gregory Fry
Organization : Physicians Anesthesia Service, Inc.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1050-Attach-1.DOC

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

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