

Submitter : Norman Pang

Date: 07/13/2006

Organization : Norman Pang

Category : Physician

**Issue Areas/Comments**

**Discussion of Comments-  
Gynecology, Urology, Pain  
Medicine**

Discussion of Comments- Gynecology, Urology, Pain Medicine

- 7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
- 7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
- 7 CMS should gather new overhead expense data to replace the decade-old data currently being used.
- 7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
- 7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

**Submitter :** Dr. B Stephen Lee  
**Organization :** Group Health Permanente  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

The CMS proposed changes to the physician fee schedule will lead to substantial cuts in anesthesiology reimbursement. This would amount to a 10% cut in anesthesiologist fees over the next four years. The methodology as proposed has serious problems.

1. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
2. The proposed change in practice expense methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
3. CMS should gather new overhead expense data to replace the decade-old data currently being used.
4. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
5. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

The American Society of Anesthesiologists and American Medical Association want to correct these problems to appropriately set reimbursement schedules.

I advise the CMS to work with the ASA and AMA on the practice expense methodology.

B Stephen Lee  
Seattle WA 98102

**Submitter :** Dr. John Hamilton

**Date:** 07/13/2006

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

**Discussion of Comments-  
Radiology, Pathology, and Other  
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I would like to share the following points:

1. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is OUTDATED and appears to significantly UNDERESTIMATES actual expenses.
2. CMS needs to gather new overhead expense data to replace the decade-old data currently being used.
3. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

Thank you.

**Submitter :** Dr. Leopoldo Rodriguez  
**Organization :** Leopoldo Rodriguez MD FAAP  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Gas Prices Up! Real Estate Prices Up! Money for War Up! Government Spending Up! Food Prices Up! Inflation to support WAR! Physician Reimbursement DOWN!!!!

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

It seems that some people forget to think before they act!

CMS should gather new overhead expense data to replace the decade-old data currently being used.

Thank you,  
Leopoldo Rodriguez MD FAAP

**Submitter :** Dr. Deborah Ann Wilkowski  
**Organization :** American society of Anesthesia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**Other Issues**

Other Issues

Reduction of payment to anesthesia providers

CMS-1512-PN-493-Attach-1.RTF

**Submitter :** Dr. George Topulos  
**Organization :** Brigham & Women's Hospital  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please do not cut payments to anesthesiologists for the following reasons:

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you,  
George Topulos, MD

**Submitter :** Dr. Leslie Stubbs

**Date:** 07/13/2006

**Organization :** St. Luke's Internal Medicine

**Category :** Physician

**Issue Areas/Comments**

**Discussion of Comments-  
Evaluation and Management  
Services**

Discussion of Comments- Evaluation and Management Services

We are facing a critical juncture in health care concerning the viability of physicians performing primary care for the citizens of our country. There has been a relative erosion in the financial reimbursement for primary care over the past decade, and the complexity of typical medical patients has risen significantly over that same time period. These realities have driven away prospective doctors from entering general Internal Medicine and Family Practice careers. Studies have shown that the quality and cost of care are correlated to the availability of primary care physicians, such that more primary care physicians results in better care at lower costs. Therefore, the proposed increases in RVU values for evaluation & management (E&M) services are sorely needed to avert a true crisis in our health care system.

**Submitter :** Dr. William Baetz

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this needed survey which will greatly improve accuracy for all practice expense payments. CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics and throughout critical care medicine.



Submitter : Dr. Harvey Auerbach

Date: 07/13/2006

Organization : Dr. Harvey Auerbach

Category : Physician

Issue Areas/Comments

**Discussion of Comments-  
Radiology, Pathology, and Other  
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

To: Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1512-PN

Sir,

I am writing to urge you to reconsider the CMS proposed new practice expense methodology that would result in significant cuts in Medicare payments to anesthesiologists. I am alarmed for the following reasons:

1. As citizens become increasingly aware of the importance of pain management measures that anesthesiologists are uniquely positioned to provide, and as office-based surgery and surgicenters become increasingly prevalent, there is a severe shortage of anesthesiologists to provide optimal care for patients in these settings. This is particularly true for the most vulnerable, underserved segment of our population. Decreasing income at this time to these providers will further lessen the attraction of this specialty to new medical graduates.
2. Rising health care costs result in ever-larger overheads for specialty practices. Payment cuts will make continuing many practices untenable.
3. The new practice guidelines are based old, on-out-of date information. I urge CMS to gather new overhead expense data. CMS methods are particularly inaccurate for anesthesiology.

As an anesthesiologist, I am most concerned by the erosion of my specialty caused by the unfair heavy hand of the CMS decision. I urge you to reconsider.

Respectfully,

Harvey Auerbach, M.D.  
h.auerbach@comcast.net

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

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am an anesthesiologist, and I have recently learned of the estimated 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes. This would amount to a 10% cut in Medicare payments to anesthesiologists over the next four years.

These egregious cuts represent the perpetuation of Medicare's continual undervaluation of anesthesia work within CMS and its processes.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

Additionally, the proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

Instead, CMS should gather new overhead expense data to replace the decade-old data currently being used. The ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you for your attention and consideration.

**Submitter :** Dr. Billy Ford  
**Organization :** St Barnabas Anesthesia Associates, P. C.  
**Category :** Health Care Provider/Association

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I strongly oppose the plan to reduce the reimbursement to anesthesiologists over the next 4 years. Our population is getting older, sicker and with many more co-morbidities. reimbursement from commercial insurances continue to decline while malpractice insurance rises at an annual reate of 8%. pretty soon it will not be cost effective to practice medicine.

**Submitter :** Dr. Peter Pityk

**Date:** 07/13/2006

**Organization :** Central PA Anesthesia Providers

**Category :** Physician

**Issue Areas/Comments**

**Regulatory Impact Analysis**

Regulatory Impact Analysis

I have been a practicing anesthesiologist since 1988. Anesthesia services from Medicare have been undervalued this entire time. To cut an additional 10 % while the price of other services and goods continue to rise is abominable. I suggest we cut the salaries of all government employees 10 % over the same time period. Soon medicare recipients will not have any options in receiving anesthesia services in this country.

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

**Date:** 07/13/2006

**Issue Areas/Comments**

**Discussion of Comments-  
Radiology, Pathology, and Other  
Misc. Services**

**Discussion of Comments- Radiology, Pathology, and Other Misc. Services**

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics and throughout critical care medicine.

**Submitter :** Dr. Alexander Cardenas  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. david carp  
**Organization :** beverly anesthesia associates  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

GENERAL

I feel that any decrease in payment to Anesthesiologist is ludicrous. Currently Anesthesia is extremely undervalued. No Anesthesiologist can make a living taking care of Medicare patients, while at teh same time other specialities (orthopedic surgery , ophamology, etc) are paid appropriately. Does the government want to create a shortage of Anesthesiologist???

**Submitter :**

**Date: 07/13/2006**

**Organization :**

**Category : Health Care Provider/Association**

**Issue Areas/Comments**

**GENERAL**

GENERAL

As an anesthesiologist, I require up to date data to make informed, balanced and reasonable decisions for my patients. The proposed cuts to physicians, especially anesthesiologists, uses out dated information. I would urge you to reanalyze the data and collect up to date information. The proposed cuts are overexaggerated and based on erroneous data. If I practiced medicine using old data, I could be putting my patients in harms way. Please, do the right thing.



**Submitter :** Dr. William Carnevali

**Date:** 07/13/2006

**Organization :** A

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Earlene Barneycastle MD

**Date:** 07/13/2006

**Organization :** Dr. Earlene Barneycastle MD

**Category :** Physician

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

As an Anesthesiologist, my practise expenses have continued to increase. Any decrease in my reimbursement(to increase someone else payment) sends the message to me and fellow anesthesiologists that care to our medicare population should be decreased. As the population ages, those changes impact me, my family, and even you. If you have questions about the value of Anesthesiologists' services, consider the gravely ill elderly parents and grandparents who show up for surgery every day. With less care, or having them wait until a provider is able/willing to care for them at a reduced rate, those patients are put at a great risk for poor outcome. Will this become the equivalent of putting our elderly population afloat on an iceberg?

**Submitter :** Dr. Brian Batdorf

**Date:** 07/13/2006

**Organization :** Cleveland Clinic

**Category :** Physician

**Issue Areas/Comments**

**Discussion of Comments-  
Cardiothoracic Surgery**

**Discussion of Comments- Cardiothoracic Surgery**

I am concerned about the potential cuts in reimbursement to the area of anesthesia and the subspecialty of cardiac anesthesia. I am just finishing a fellowship in cardiac anesthesia. I have been aware of the fact that cardiac work is underpaid relative to other areas of anesthesia. This does not sit especially well with me and others in the field due to the longer durations of our cases and the relatively higher complexity of our patients. We have shouldered this burden by considering this a service to those in greatest need. Many times our patients are physically crippled by the daily angina or fatigue that results from advanced coronary artery disease. The cuts in reimbursement in this field have started to sway the best of us into doing simpler, "bread and butter" cases that are less challenging and better paid. Further cuts would continue the trend.

This trend away from cardiac anesthesia unfortunately parallels trends seen in other fields of anesthesia. Regional blocks that provide excellent post-operative pain relief go unplaced due to the relative time required to place them and the lack of reimbursement. Anesthesiologists are starting to choose part-time work because personal time is becoming more highly valued than our reduced incomes. And the care being provided continues to slide toward non physician practitioners who are technically able in their performance but less capable to take care of complex anesthesia issues.

Please help preserve the specialty of anesthesia by maintaining the medicare reimbursement to our field. Please help encourage physicians to stay with the field of cardiac anesthesia by maintaining or increasing the relative value placed on the services provided to some of the sickest and technically most challenging patients of our "graying" population.

Sincerely,

Dr. Brian Batdorf  
Cardiothoracic Fellow  
Cleveland Clinic

Submitter : Dr. Eugene Rich  
Organization : ACP and SGIM  
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

I wish to indicate my very enthusiastic support for the proposed E/M changes. As a practicing general internist and chair of the Department of Medicine at Creighton University School of Medicine I know what a positive impact these changes will have. These will not just assist me and other general internists to have the time to care for complex medically ill patients, especially those with multiple chronic diseases. These changes in reimbursement will also help many medical subspecialists in evaluation and management of increasingly complex patients with myriad diagnostic and therapeutic decisions to be weighed.

Furthermore, this change in support for cognitive services may signal to US medical students that there may be a future for medical specialties that focus on evaluation and management services. In recent years student interest in specialties like general internal medicine, and family medicine has plummeted in favor of less demanding and more highly reimbursed forms of medical practice, with grave implications for our future health care system! Therefore I Urge CMS to finalize the recommended work RVU increases for evaluation and management services.

There are many examples in my practice of how the complexity and work associated with taking care of patients during outpatient visits has increased dramatically over the past decade. For example, 10 years ago, tight control of blood sugar for adult-onset diabetes patients was controversial, and many patients were managed with diet alone or a simple drug regimen. Now we know of the benefits of better diabetes control as well as the importance of simultaneously managing lipids, controlling blood pressure and prophylactic therapy to avert kidney failure. Thus many more factors must be considered and many more drugs managed than in the past. Similar phenomenon have occurred with CHF, COPD, ASHD, and other prevalent chronic conditions. Furthermore numerous new tests and drugs have been shown to be beneficial in adults for prevention of future disease, adding further complexity to decision making. Finally the fragmentation of care results in many other sources of information that must be reviewed to assure comprehensive, coordinated, safe and effective care of patients with chronic illness. These changes will be crucial to assure that physicians who focus on the comprehensive and coordinated care of adults with chronic illness can have financially viable medical practices. Left unchecked, recent reimbursement trends may lead to a future physician workforce where a Medicare patient can get a knee arthroscopy in any neighborhood shopping center, but cannot find any doctors who could simultaneously manage their diabetes and their hypertension. I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Thanks for your attention to my comments  
Sincerely

Eugene C. Rich MD  
Tenet Professor and Chair,  
Department of Medicine  
Creighton University School of Medicine  
601 North 30th St  
Omaha Nebraska 68131  
Phone: (402) 280-4184  
Fax: (402) 280-5611

**Submitter :** Dr. Bradley Cashion  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

GENERAL

As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. C. Labron Chambers, Jr.

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. John Conrad  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. George Coury  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.



**Submitter :** Dr. James Crawford  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Ursula Curtiss  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Robert Dallas  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Minh Dang  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. John Delaney

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Daniel De Meyts  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Elizabeth Duckworth  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Andres Botero  
**Organization :** Albert Einstein Medical Center  
**Category :** Hospital

**Date:** 07/13/2006

**Issue Areas/Comments**

**Discussion of Comments-  
Evaluation and Management  
Services**

Discussion of Comments- Evaluation and Management Services

- . I am a Geriatric Fellow/Internist who takes care of many Medicare patients here in Pennsylvania.
- . I urge CMS to finalize the recommended work RVU increases for evaluation and management services.
- . In my practice, the complexity of taking care of patients has increased dramatically during the past years.
- . The proposed changes will help assure continued access to primary care services.
- . I request CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.



**Submitter :** Dr. Charles Gadpaille  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Donald Heindel  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. David Hunt  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. J. Mark Karlen  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Jeffrey Kessel  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Maxine Lee  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Neil Macdonald

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Roger Litwiller

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. James Niederlehner

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Theodore Pearson  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Antonio Perez

**Date:** 07/13/2006

**Organization :** Anesthesiology Consultants of Virginia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. C. Christopher Pressley  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Richard Puyana  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Teodulo Remandaban  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Nicholas Liebenritt

**Date:** 07/13/2006

**Organization :** Alegent Health

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

**Submitter :** Dr. Christine Sherman  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

**GENERAL**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.



**Submitter :** Dr. Cathy Jo Swanson  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

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As the policy stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

**Submitter :** Dr. Charles Sturm  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

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**Submitter :** Dr. David Thompson  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

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**Submitter :** Dr. Glenn Torre  
**Organization :** Anesthesiology Consultants of Virginia  
**Category :** Physician

**Date:** 07/13/2006

**Issue Areas/Comments**

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