

Submitter : Dr. Jeff Hambleton
Organization : Independent Anesthesiologists of Kitsap County
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Dear Ms. Norwalk,

I am writing to express my strong support for this move to increase anesthesia payments by CMS for 2008.

As it turns out, I am currently about to leave my first job out of residency because the payer mix in this area of Washington state is so heavily skewed to Medicare patients that I feel that practicing here will not be sustainable for me for the rest of my career.

I worked out that I get paid less for an epidural than I paid my electrician to install a ceiling fan for us. Exactly half in fact than what I paid this twenty year old to spend 45 minutes drilling four holes in our ceiling and hooking up three wires.

I spent the last 14 years of my life studying, working, putting off my family and racking up about 200k in debt to allow me to practice medicine. I also accept almost unlimited liability from a medicolegal standpoint in this modern era of medicine. I feel that this proposed increase in reimbursement is a positive step in paying anesthesiologists fairly for the work they do and the risks they assume in caring for our nation's elderly population.

I can tell you that our community will not have an easy time recruiting another young anesthesiologist. Almost all of the current anesthesiologists here are in their 50's and thinking of retiring. If CMS wants to ensure that seniors have adequate access to safe surgery, they are going to have to make the reimbursement realistic to pay its practitioners a fair wage for their services.

Thanks again for the proposal to increase the CF for anesthesia services in 2008 and beyond.

Most sincerely,

Jeff Hambleton, MD
formerly of Independent Anesthesiologists of Kitsap County.

Submitter : Dr. Matthew Stenzel

Date: 07/12/2007

Organization : Dr. Matthew Stenzel

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist practicing in the Eugene/Springfield area of Oregon for the past eleven years. In that time, my specialty has seen a significant fall in Relative Value Unit remuneration that has threatened patient access to care because physicians can no longer bear the cost of Medicare patients. As physicians in the greatest nation in the world, we support access to the best healthcare that this country can provide. By supporting CMS-1385 P, the United States Government and the Centers for Medicare and Medicaid will be taking a significant step in the right direction for the people of this nation. Increasing physician compensation for Medicare patients allows us to continue to provide the care they need and deserve and will improve access to that care. If Medicare reimbursement continues to fall, those anesthesiologists that can retire will do so, and other physicians may not choose anesthesiology if they know that they won't be paid fairly for the services they provide. Anesthesia has a central role in every hospital. We not only provide anesthesia for operating room surgical cases, we provide emergency airway management, invasive line monitoring such as arterial and central venous lines, and acute and chronic pain management in settings such as the emergency room, the intensive care unit, endoscopy and radiology suites, and the obstetrical suite. No functioning hospital or ambulatory surgery center exists without the help and expertise of our specialty. If the specialty of anesthesia is to continue to serve the public, we physicians need your help and support. Therefore, I respectfully request your support of CMS-1385 P for an increase in the Anesthesia Unit Conversion Factor. Our patient's access to care is increasingly coming into the balance.

Thank you for your time and consideration.

Sincerely,

Matthew Stenzel, M.D.

Submitter : Dr. Lisa Taylor-Kennedy
Organization : Phoenix Anesthesia and pain Management Group
Category : Physician

Date: 07/12/2007

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. Wonjae Choi

Date: 07/12/2007

Organization : Dr. Wonjae Choi

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Wonjae E. Choi M.D.

Submitter : Dr. adam balkany
Organization : University of Washington
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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. Steven Mandel
Organization : Dr. Steven Mandel
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Steven L Mandel, MD

CMS-1385-P-1457

Submitter : Dr. Kenneth Y. Pauker
Organization : Dr. Kenneth Y. Pauker
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

During this mandatory comment period, I write to support as strongly as possible the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

Please see attachment.

CMS-1385-P-1457-Attach-1.PDF

#1457

18 Sierra Vista
Laguna Niguel, CA 92677
July 11, 2007

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

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

Dear Ms. Norwalk:

During this mandatory comment period, I write to support as strongly as possible the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

It is long overdue that CMS not only recognize the gross undervaluation of anesthesia services under RBRVS, but that it take tangible steps to begin to redress the errors in the initial RBRVS valuation in 1992.

When the RBRVS was instituted, anesthesia services were grossly undervalued, primarily because the value of anesthesia work was placed on a scale of relative work compared to other specialties by a grossly flawed methodology. The RUC update process and CMS have until now, despite continual attempts through the years, failed to address this fundamental flaw for anesthesiologists' valuation, and the fact that this is a "zero sum game" seems to have been largely the dynamic in this regard. The anesthesia conversion factor used by CMS now is less than a third of average contracted insurance rates for anesthesiologists, while that of primary care physicians and most surgeons is approximately 80% of commercial contracted insurance rates.

Anesthesiologists are increasingly leaving situations that subject them to these ludicrous CMS rates because \$16.19, the current national average, just does not cover the cost of care. This has created an untenable situation for our nation's seniors. The RUC now recommends 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.

It is right that CMS has accepted this recommendation in its proposed rule published in the Federal Register, and I vigorously support full implementation of the RUC's recommendation.

Thank you for your consideration of this serious matter.

Sincerely,

Kenneth Y. Pauker, M.D.

Kenneth Y. Pauker, MD

Submitter : Dr. Margaret Miller

Date: 07/12/2007

Organization : Dr. Margaret Miller

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.

Margaret Lou Miller, M.D.
Assistant Professor University of Southern California
Department of Anesthesiology

Submitter : Dr. andrew solomon

Date: 07/12/2007

Organization : asa

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

i am an anesthesiologist following this case in favor of increased payment for medicare patients. we are grossly underpaid for medicare services in comparison to other patients. this leads to decreased desirability of medicare patients and ultimately substandard care.

CMS-1385-P-1460

Submitter : Dr. Guy Kuo

Date: 07/12/2007

Organization : Dr. Guy Kuo

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1460-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 expressing my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the unsustainable 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 actively 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 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 and avoid decreased care-giver quality, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Sincerely yours,

Guy Kuo, M.D.

Submitter : Junji Takeshita
Organization : Junji Takeshita
Category : Individual

Date: 07/12/2007

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.

Junji Takeshita

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

Date: 07/12/2007

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.
Will Hughes

Submitter : Miss. Lindsey Nordyke
Organization : Samaritan Health Services
Category : Other Health Care Professional

Date: 07/12/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review
CMS-1385-PAesthesia Coding (Part of 5-Year Review)

Submitter : Dr. John Schisler
Organization : Loudoun Anesthesia Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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Thank you for your consideration of this serious matter.

John Schisler, MD
Loudoun Anesthesia Associates
Leesburg, VA

Submitter : Michael Rochester
Organization : JLR Medical Anesthesia
Category : Nurse Practitioner

Date: 07/12/2007

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

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Thank you for your consideration of this serious matter.

Sincerely,

Michael Rochester, B.S.N., B.S.A., C.R.N.A.

Submitter : Dr. Steven Neustein
Organization : Anesthesiology
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. Philippe Cooper
Organization : Summit Anesthesiology
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

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Thank you for your consideration of this serious matter.

Philippe Cooper, MD

Submitter : Dr. Lawrence Rabinowitz
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

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

Submitter : Dr. Randall Maydew
Organization : Dr. Randall Maydew
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

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

Thank you for your consideration of this serious matter.

Randall P. Maydew, M.D., M.B.A.

Submitter : Dr. Rafael Miguel
Organization : University of South Florida
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

The proposed increase in the Anesthesia Conversion Factor is direly needed...the amount which has been in existence for many years is grossly inadequate to provide service and does not even get near to covering costs when providing care to Medicare patients...I strongly support this positive step in the right direction to improve access to care to Medicare recipients...

Submitter : ralph slepian

Date: 07/12/2007

Organization : ralph slepian

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

number, CMS-1385-P.

Submitter : ralph slepian
Organization : ralph slepian
Category : Physician

Date: 07/12/2007

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.

Ralph Slepian, M.D.

Submitter : Dr. John Gallagher
Organization : Dartmouth Medical School
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Carol Bujak-Aaron
Organization : Physicians Anesthesia Service, Inc
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1474-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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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. Jan Knisely

Date: 07/12/2007

Organization : Dr. Jan Knisely

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk: I take this opportunity to write to you concerning the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been grossly underpaid for greater than fifteen years by Medicare. The current rate of approximately \$16.19 per unit does not even cover the costs of the CRNAs performing the procedures let alone any funds for the physician supervisor. Most commercial carriers in my area reimburse at \$60.00 per unit--nearly four times Medicare rates. In an effort to begin to rectify this severe payment disparity, I strongly support this proposed increase in payments. Failure to proceed in this direction will eventually result in our seniors being denied care due to the lack of availability of anesthesia personnel participating in the Medicare program. Thank You for your kind consideration of this most serious matter. Sincerely: Jan P. Knisely, M.D.

Submitter : Dr. Mary Elizabeth Gibbons
Organization : Physicians Anesthesia Service, Inc
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1476-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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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. Carroll Chambers
Organization : Medical University of South Carolina
Category : Physician

Date: 07/12/2007

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.

Submitter : Dr. Sai Gundavarpu
Organization : Physicians Anesthesia Service
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1478-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.

Submitter : Dr. Anthony Chillura

Date: 07/12/2007

Organization : Dr. Anthony Chillura

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Thank you for your consideration of this serious matter.
Anthony Chillura, MD

Submitter : Dr. Steven Herling
Organization : North American Partners in Anesthesia
Category : Physician

Date: 07/12/2007

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.

Submitter :

Date: 07/12/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Mary Ann Rosevear
Organization : Physicians Anesthesia Service
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1482-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. James Bruce
Organization : Kettering Anesthesia Associates, Inc
Category : Physician

Date: 07/12/2007

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.

James A. Bruce, M.D.
Kettering Anesthesia Associates, Inc

Submitter : Dr. Thomas Elsass

Date: 07/12/2007

Organization : Physicians Anesthesia Service, Inc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

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

Submitter : Poornachandran Manikantan

Date: 07/12/2007

Organization : Poornachandran Manikantan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-1486-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. Thomas Elsass
Organization : Physicians Anesthesia Service
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1487-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. Ned Sciortino
Organization : Dr. Ned Sciortino
Category : Physician

Date: 07/12/2007

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.

Ned Sciortino, D.O., Anesthesiologist

Submitter : Dr. Raj Arora
Organization : Columbus Regional
Category : Physician

Date: 07/12/2007

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.

Rajesh Arora, MD
710 Center Street
Columbus Regional
Columbus, GA 31902

Submitter : Dr. Mark Hudson

Date: 07/12/2007

Organization : Dr. Mark Hudson

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. Roscoe Robinson
Organization : Cardiovascular Anesthesiologists
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. Julia Caldwell
Organization : University of Michigan Hospital
Category : Physician

Date: 07/12/2007

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
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Thank you for your consideration of this serious matter.
Sincerely,
Julia Caldwell, M.D.

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

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.
David Wlody, M.D.

Submitter : Dr. Ken Parker
Organization : Dr. Ken Parker
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam, I feel that the proposed revision upward in the anesthesia pay schedule is very necessary. I practice in a rural state (WV) with a very high proportion of Medicare insurees, and with the current anesthesia reimbursement rates it is virtually impossible to recruit competent anesthesia providers, significantly limiting access to safe surgery for all West Virginians. Thank you for your consideration of this matter. Ken Parker MD
Chief of Staff, Princeton Community Hospital

Submitter : Dr. Mohammed Ahmed
Organization : Tufts-New England Medical Center
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Kristen Lienhart
Organization : Dr. Kristen Lienhart
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Dr. Kristen Lienhart

Submitter : Dr. Kamal Maheshwari
Organization : Dr. Kamal Maheshwari
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Dr. Kamal Maheshwari

Submitter : Dr. Ken Mason

Date: 07/12/2007

Organization : Associated Anesthesiologists, Inc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Ken Mason, MD

Submitter : Dr. Beverly Philip
Organization : Brigham and Women's Hospital, Boston
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Mrs. Kelly Dennis

Date: 07/12/2007

Organization : Perfect Office Solutions, Inc.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

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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. 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.

I began working in an anesthesia office in 1983. As I recall, the conversion factor for anesthesia services was around \$25 and paid in 10 minute increments per service - with an approximate reimbursement of \$225 for a Medicare patient undergoing a half-hour cataract surgery. Twenty-four years later, the approximate reimbursement for the same service is roughly \$98.58. This should be a glaring example of how difficult it is for anesthesia providers to keep up with today's market when costs have risen significantly over the past 24 years, and reimbursement continues to decline. Especially in Florida, where many of our patients are Medicare recipients.

Based on the American Society of Anesthesiologists (ASA) work at the RUC over the past many years, the RUC committee now understands that anesthesia was significantly undervalued in the Medicare Physician Fee Schedule and recently determined that anesthesia work was undervalued by 32%.

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

I appreciate your consideration of this serious matter and hope you recognize the importance of increasing our undervalued anesthesia conversion factor.

CMS-1385-P-1501

Submitter : Dr. Ralf Blackstone

Date: 07/12/2007

Organization : Anesthesia Associates of Pinellas County

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS 1385-P As a practicing anesthesiologist, I fully support the increase in relative value scale for anesthesia payments. Too long we have been underfunded for the critical services we provide for all surgical patients and surgeons. While we have been extremely successful in keeping our patients away from morbid and mortal complications, our reimbursement has not kept up with our increased role in surgical patient care. Essentially we have been subsidizing other specialties. I believe this CMS-1385-P proposal is not only necessary to attract new people to anesthesia training, it is essential if we are to finally obtain the needed personnel necessary to continue safe surgeries at the current level, not to even mention the increase demand for our services in the future.

Submitter : Dr. Ralf Blackstone
Organization : Dr. Ralf Blackstone
Category : Physician

Date: 07/12/2007

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 : Ms. Susan Firestone
Organization : NYU Anesthesia Associates
Category : Individual

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

July 12, 2007
Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. W. Bradford Isaacs
Organization : Personal communication
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : David Cohen
Organization : David Cohen
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

David E Cohen
222 Almur Lane
Wynnewood PA 19096

Submitter : Dr. Kent Woolard
Organization : Associated Anesthesiologists, Inc.
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Kent A Woolard, MD
Associated Anesthesiologists, Inc.
6839 S. Canton Ave.
Tulsa, OK 74136

July 12, 2007

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

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Thank you for your consideration of this serious matter.
Sincerely,

Kent A. Woolard, MD
Associated Anesthesiologists, Inc.

Submitter : Dr. Peter Crisologo

Date: 07/12/2007

Organization : Cullman Anesthesiology & Pain Consultants, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : Dr. Henry Malarkey IV
Organization : Jamestown Anesthesia Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Sincerely,
Henry Malarkey IV, MD

Submitter : Dr. Aimee Allaman MD

Date: 07/12/2007

Organization : Dr. Aimee Allaman MD

Category : Physician

Issue Areas/Comments

GENERAL

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

Submitter : Mr. Patrick Everett

Date: 07/12/2007

Organization : Mr. Patrick Everett

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am not an anesthesiologist but an informed consumer who sees the gross economic inequity every day between what anesthesia personnel are paid by Medicare and their physician colleagues in other specialties. I want to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has finally recognized the gross undervaluation of anesthesia services, 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.

Patrick & Patricia Everett
550 West Magnolia Circle
Alpharetta, GA 30005

Submitter : SANDRA HINELINE
Organization : ANESTHESIA ASSOCIATES OF SAVANNAH
Category : Physician

Date: 07/12/2007

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 : Mrs. MEAGAN JUSTUS
Organization : IMED GROUP
Category : Health Care Provider/Association

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018
Re: CMS-1385-P
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Thank you for your consideration of this serious matter.

Meagan Justus, MBA

Greater Houston Anesthesiology
iMED Group
Assistant Director of Operations
office: (713) 458-4175
fax: (713) 458-4275

Submitter : Dr. Garry Bridges

Date: 07/12/2007

Organization : AA of EA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Hugh Hemmings
Organization : Dr. Hugh Hemmings
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. GERALD P. ROSEN

Date: 07/12/2007

Organization : ANESTHESIOLOGIST

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

GERALD P. ROSEN, M.D.

Submitter : Dr. Roberto Cummings
Organization : Anesthesia Medical Consultants
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-1516-Attach-1.TXT

July 12, 2007

Leslie Norwalk, Esq.
Acting Administrator CMS
Attention: CMS-1385-P
PO Box 8018
Baltimore, MD 21244-8018

Ms. Norwalk:

This letter is to express my strong support for the proposal to increase anesthesia payments for 2008. I am thankful that at last the CMS has understood the importance of the anesthesiologist and is finally willing to adequately compensate us for our work.

In my opinion there has always been a huge disparity in payment for anesthesia care. It would seem as if anesthesia services were not valued or considered as an important component of all surgical procedures.

To ensure quality anesthesia care for all patients, it is crucial that CMS follow through with this proposed increase in the anesthesia conversion factor. Thank you for the serious consideration given to this most important matter.

Cordially,

Roberto C. Cummings, MD

Submitter : Dr. Robert Johnstone
Organization : West Virginia University
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal 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. Matthew Shatz
Organization : Dr. Matthew Shatz
Category : Physician

Date: 07/12/2007

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.

Submitter : Dr. Abhinava Madamangalam
Organization : University of Oklahoma Health Sciences Center
Category : Hospital

Date: 07/12/2007

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.

Submitter : Dr. Eric Meek

Date: 07/12/2007

Organization : Medical Center Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing as an anesthesiologist, in a desperate plea to increase Medicare reimbursement for anesthesiologists. Our patient population in our hospital consists of over 40% Medicare and Medicaid, and we are hit very hard by continual and unfair reductions in reimbursements for our surgical anesthesia related care. If the current system is not fixed, I easily envision the day when elective Medicare patients will be turned away for care due to lack of adequate reimbursement and liability costs. We simply cannot sustain more cuts when we are literally working for pennies on the dollar.

Please address Medicare reimbursement now and in the future. My Congressmen are Leonard Boswell, Grassley, and Harkin. I am in Des Moines Iowa. Iowa is last in Medicare reimbursement, and our elder population is climbing.

Submitter : Dr. THOMAS BRALLIAR
Organization : AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Category : Health Care Professional or Association

Date: 07/12/2007

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. ralph harding

Date: 07/12/2007

Organization : wvu

Category : Physician

Issue Areas/Comments

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 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. Lee Davis

Date: 07/12/2007

Organization : NAC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would like to offer my support for the proposed CMS fee schedule increase. This is long overdue and will lessen the burden for those taking care of Medicare patients. Thanks, Lee S Davis MD

Submitter : Dr. Marc Levine

Date: 07/12/2007

Organization : Dr. Marc Levine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I must wholly support the proposed rate increase for anesthesia. Currently our CRNA's earn more per hour than medicare pays. All of our other practice expenses are climbing. This rate increase will enable us to continue to provide the quality care to medicare patients that we have always done.

Sincerely,
Marc Levine M.D.

Submitter : Catherine Green

Date: 07/12/2007

Organization : Catherine Green

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that I 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.

Catherine Green

Submitter : Dr. Amr Abouleish

Date: 07/12/2007

Organization : Dr. Amr Abouleish

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Kevin Slenker
Organization : Anesthesia Associates of Lancaster, Ltd.
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. Shital Vachhani
Organization : Baylor College of Medicine
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

I am an anesthesiology resident at the Baylor College of Medicine in Houston and 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 :

Date: 07/12/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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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.

Ervin Yen
1700 Elmhurst Avenue
Oklahoma City, OK 73120

Submitter : William Kruger

Date: 07/12/2007

Organization : William Kruger

Category : Physician

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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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. 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. Abdul Wahood
Organization : Rush University Medical Center
Category : Physician

Date: 07/12/2007

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)

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, Abdul Wahood, MD

Submitter : Dr. Andrew Ascher
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Andrew Ascher, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
238 Locust Street
Philadelphia, PA 19106

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

Dear Dr. Ascher:

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. Mark Cogen
Organization : Dr. Mark Cogen
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter :

Date: 07/12/2007

Organization :

Category : Nurse

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.

Pam Yen
1700 Elmhurst Avenue
Oklahoma City, OK 73120

Submitter : Ms. Dorothy Gallagher
Organization : Anesthesia Associates of Central Kansas, P.A.
Category : Physician

Date: 07/12/2007

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. David Berman
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

David Berman, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
107 Leland Road
Bala Cynwyd, PA 19004

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

Dear Dr. Berman:

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 :

Date: 07/12/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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 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.

Cathy Yen
7501 N. Britton Rd., # 102
Oklahoma City, OK 73132

Submitter : Dr. Michael C Burns
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Michael C Burns, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
512 Cypress St
Philadelphia, PA 19106

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

Dear Dr. Burns:

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. Lynn Knox
Organization : University of Texas Medical Branch; & ASA
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. I am employed as a faculty anesthesiologist at University of Texas Medical Center, Galveston, Texas where a large percentage of our insured patients are covered by Medicare.

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 now and in the future, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC. As you know, the already undervalued Medicare payment for anesthesia services is cut by half for teaching anesthesiologists like myself. This results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

Thank you for your consideration of this serious matter.

Sincerely,

S. Lynn Knox, MD
Associate Professor & Vice Chair, Department of Anesthesiology
Residency Program Director
UTMB
Galveston, TX 77555-0591

Submitter : Dr. Jenny Thompson
Organization : Brigham and Women's Hospital
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Medicare should be reimbursing anesthesiologists for each case that is done. Also, the amount reimbursed is ridiculously low.

Submitter : Dr. Pietro Colonna-Romano
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Pietro Colonna-Romano, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
903 Cherry Ln
Riverton, NJ 08077

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

Dear Dr. Colonna-Romano:

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. Jason C Cwik
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Jason C Cwik, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
404 East Oak Avenue
Moorestown, NJ 08057

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

Dear Dr. Cwik:

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.
Organization : WVU
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal 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. frederic gerges
Organization : Dr. frederic gerges
Category : Physician

Date: 07/12/2007

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. Dana Daidone
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Dana Daidone, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
917 South 8th St
Philadelphia, PA 19147

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

Dear Dr. Daidone:

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. victor kubit
Organization : Cumberland Anesthesia Assoc
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1546-Attach-1.DOC

Submitter : Dr. C David Brown
Organization : Mercy Medical Center
Category : Physician

Date: 07/12/2007

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 1999, practicing in Pikeville, Kentucky, I received a payment from Medicare of \$485 for the anesthesia care of 10 patients. Because I accepted payment from Medicare, I was permitted to balance bill an additional \$32 for a total of \$517. You can see the problem. I could not afford to practice while collecting only \$517 for two (2) day's work. By the time I paid my billing clerk and postage, it was not worth the effort to bill the allowed balance owed. I no longer practice in Kentucky.

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 we are able to continue to avail our patients of expert medical care in their anesthesia, 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.

C. David Brown, M.D., Williston, ND 58801

Submitter : Mr. Richard Bogenshutz
Organization : Stony Brook University
Category : Academic

Date: 07/12/2007

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. Paul Forzley
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Paul Forzley, M.D.
Pennsylvania Hospital
Attention: CMS-1385-P
2 Heather Ln
Moorestown, NJ 08057

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

Dear Dr. Forzley:

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. Steve Barnes
Organization : Rush University Med Ctr
Category : Physician

Date: 07/12/2007

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)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.
Sincerely, Steve Barnes, M.D.