

Submitter : Dr. Roman Magidenko

Date: 07/12/2007

Organization : Dr. Roman Magidenko

Category : Physician

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.

Sincerely,

Roman Magidenko, M.D.
2856 Amberly Ln
Troy, MI 48084

Submitter : Dr. Patience Okolie
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Patience Okolie, M.D.
Chestnut Hill Hospital
Attention: CMS-1385-P
P.O. Box 436
Flourtown, PA 19031

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

Dear Dr. Okolic:

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. Indranil Chakraborty
Organization : UAMS
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

The reimbursement for Anesthesia services should be increased so as to sustain the high cost of high quality of patient care. The Academic institutions are particularly vulnerable as they are at least partially dependent on state funding. If the reimbursement improve then their dependence in tax dollars will decrease.

Submitter : Dr. Douglas Greene

Date: 07/12/2007

Organization : Sarasota Anesthesiologists P.A.

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. kyle jones

Date: 07/12/2007

Organization : CAS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-1655-Attach-1.DOC

CMS-1385-P-1655-Attach-2.DOC

CMS-1385-P-1655-Attach-3.DOC

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Kyle Jones MD

Submitter : Dr. Hyung K Park
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Hyung K Park, M.D.
Chestnut Hill Hospital
Attention: CMS-1385-P
302 Anthony Drive
Plymouth Meeting, PA 19462

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

Dear Dr. Park:

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Mac Smith
Organization : Asheville Anesthesia Associates
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.

Mac Smith MD

Submitter : Dr. David A Cross
Organization : Scott and White Memorial Hospital and Clinic
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1385-P

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)

Dcar Ms. Norwalk:

According to many articles in the medical literature, anesthesia costs, including drugs, is only some 5-7% of surgical hospital and outpatient costs. In spite of this, over the past several years, and in several ways, anesthesiology has been unfairly targeted for 'cost reductions' by CMS. This targeting has ranged from an arbitrary halving of the reimbursement for resident supervision compared with surgical teaching, to repeated 'adjustments,' translating to cuts, in the global reimbursement fees for anesthesia services. Many efforts by the ASA to rectify these unsupportable tactics, has until recently, been met by deaf ears at CMS.

Therefore, I am most pleasantly surprised to find CMS-1385-P brought to the table. I am writing to express my strongest support for this proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS seems to have recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jeanianne Sedlack

Date: 07/12/2007

Organization : Society Hill Anesthesia Consultants,

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Jeanianne Sedlack, M.D.
Chestnut Hill Hospital
Attention: CMS-1385-P
614 Creek Ln
Flourtown, PA 19031

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

Dear Dr. Sedlack:

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Robert Haughey
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Robert Haughey, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
4 Thistle Ln
Media, PA 19063

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

Dear Dr. Haughey:

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Philip Isaac
Organization : Panhandle Anesthesiologists
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

Thursday, July 12, 2007

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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I know from personal experience when I was practicing in Oklahoma that some anesthesiologists there refuse to take care of ANY Medicare patients. When I was looking at relocating to Florida, the percentage of Medicare patients in the practice was a serious concern to me, and almost dissuaded me from coming here. I am sure that some anesthesiologists are dissuaded.

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

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Thank you for your consideration of this serious matter.

Philip Isaac M.D.

Submitter : Dr. Esperanza Ingersoll-Wendell
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Esperanza Ingersoll-Wendell, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
215 Martroy Ln
Wallingford, PA 19086

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

Dear Dr. Ingersoll-Wendell:

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Sherri Rohlf
Organization : Oregon Anesthesiology Group
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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Thank you for your consideration of this serious matter.

Submitter : Dr. Ann Mahadeviah
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Ann Mahadeviah, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
604 Columbia Mills Ct
Wallingford, PA 19086

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

Dear Dr. Mahadeviah:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Tracie Saunders
Organization : SUNY Stony Brook University 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
P.O. Box 8018
Baltimore, MD 21244-8018

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Howard Schwid
Organization : University of Washington
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. Richard P O'Flynn
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Richard O Flynn, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
10 White Pine Ln
Rose Valley, PA 19063

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

Dear Dr. O Flynn:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Ayman Ads
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
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Sincerely, Ayman Ads, M.D.

Submitter : Dr. Tracey Danloff
Organization : University of Michigan Health Care System
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.

Sincerely,

Tracey Danloff, MD

Submitter : Dr. Ernest J Ricco
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Ernest John Ricco, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
3 Forest Ln
Springfield, PA 19064

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

Dear Dr. Ricco:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Robert Myyra

Date: 07/12/2007

Organization : Dr. Robert Myyra

Category : Physician

Issue Areas/Comments

Impact

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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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Thank you for your consideration of this serious matter.

Robert W. Myyra MD

Submitter : Dr. Archie J Sirianni
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Archie J Sirianni, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
109 Water Mill Ln
Media, PA 19063

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

Dear Dr. Sirianni:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Kathleen M Veloso
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Kathleen M Veloso, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
97 Damview Drive
Media, PA 19063

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

Dear Dr. Veloso:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Henry A Villasis
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Henry A Villasis, M.D.
Riddle Memorial Hospital
Attention: CMS-1385-P
250 E. Rosetree Rd
Media, PA 19063

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

Dear Dr. Villasis:

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Submitter : Dr. David W. Banov
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

David W. Banov, M.D.
Willseye Stadium
Attention: CMS-1385-P
7403 Emlen St
Philadelphia, PA 19119

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

Dear Dr. Banov:

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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