

Submitter : Dr. Nelly Mac
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/13/2007

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. Sameh yonan

Date: 07/13/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I hope that you consider an increase in the physician fees in the anesthesiology and pain management field as it reflects the service that we work hard for and provide to assure the highest quality of patient care. Also to address the increasing cost of our continuing education and improvement of the field.

Thankyou for your kind consideration

Submitter : Dr. Nanhi Mitter
Organization : Rush University Medical Center
Category : Physician

Date: 07/13/2007

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
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Thank you for your consideration of this serious matter.

Sincerely, Nanhi Mitter, M.D.

Submitter : Dr. Timothy Lubenow
Organization : Rush University Medical Center
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

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

Sincerely, Timothy Lubenow, M.D.

Submitter : Dr. Patrick Forrest
Organization : Anesthesia Medical Group, PC
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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

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Sincerely,

Patrick Forrest, MD

Submitter : Dr. Alexander Matveevskii

Date: 07/13/2007

Organization : Shands Hospital

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

We must have increase in payments for procedures at ASC and hospitals in order to sustain high quality of anesthesia providers!

Submitter :

Date: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

**Proposed Elimination of Exemption
for Computer-Generated
Facsimiles**

Proposed Elimination of Exemption for Computer-Generated Facsimiles

This rule will increase costs and inconvenience physicians, pharmacists and software providers. Most of us physicians will likely abandon e-prescribing altogether. Thus patients will be inconvenienced as well. We do not need higher expenses at a time of upcoming reimbursement cuts. Faxes work just fine.

Submitter : Dr. vinod malhotra

Date: 07/13/2007

Organization : cornell university

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Increase in unit value for anesthesia services rendered to medicare recipients is long overdue. Costs of providing care have steadily increased and the academic medical centers are affected even more and incur a double penalty for teaching and training future anesthesiologists. Our elderly deserve the best anesthetic care and accordingly appropriate reimbursements to physicians for that quality care is a commendable step. Please support CMS 13485-P

CMS-1385-P-2009

Submitter : Dr. loc pham

Date: 07/13/2007

Organization : fort sanders anesthesia group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to urge your support of CMS 1385 regarding increased physician fee service. This is a most needed legislation. Thank you.

Submitter : Dr. Jeffrey Grewal
Organization : California Society of Anesthesiologists
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Jeffrey Grewal, M.D.

Submitter : Dr. Jennifer Kollman

Date: 07/13/2007

Organization : AACS

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Jennifer R. Kollman, M.D.

Submitter : Dr. amy hirsh

Date: 07/13/2007

Organization : emory

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

I am writing to express my support of the increase in payments to physician in teaching hospitals, rule CMS-1385-P.

Without such increases, payments to physicians in teaching hospitals will continue to be below the national average, and we will continue to lose some of our brightest physicians to private practice. Please help us ensure that our teaching programs have a future, and that we can continue to draw bright, young physicians to academia. Thank you!

Submitter : Dr. Matthias Merkel

Date: 07/13/2007

Organization : OHSU

Category : Physician

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Karl Becker

Date: 07/13/2007

Organization : Dr. Karl Becker

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment

CMS-1385-P-2014-Attach-1.PDF

#2014

Karl E. Becker, M.D., M.B.A.
11708 High Drive
Leawood, KS 66211-2226

913-345-1158

kbecker@kc.rr.com

July 13, 2007

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

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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.

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Sincerely,



Karl E. Becker, MD, MBA

Submitter :

Date: 07/13/2007

Organization :

Category : Nurse

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

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

Submitter : Dr. HUSSAIN LAKDAWALLA

Date: 07/13/2007

Organization : OHSU

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jon Newsum

Date: 07/13/2007

Organization : Dr. Jon Newsum

Category : Physician

Issue Areas/Comments

GENERAL

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I have been a Physician for over 30 years, specifically an Anesthesiologist. During this time I have seen the anesthesia medicare payment scale decrease to where it is now about what it was in the 1980s. This has been accomplished by elimination of payment for modifiers and consideration of difficulty of surgeries, emergency and after hours work, condition of patients, along with actual decreases in RV unit payments from about \$23/unit to less than \$15/unit in my home state of Arkansas over this time. I am glad I am nearing retirement so I don't have to face the issue of deciding not to accept medicare patients (I practice high risk Cardiac Anesthesia, which is almost all medicare). I know many Anesthesiologists who are planning on dropping out of the medicare business. Hopefully, the proposed increased payment scale will change their minds. However, my great fear is with the overall viability of the medicare system since I will soon be a medicare beneficiary myself. Please continue to be advocates for adequate pay scales for all Physicians as there is a disturbing trend in our part of the country for Physicians to drop out of medicare, in addition to decreasing qualified applicants to Medical School. Thank you for your consideration of this important issue of correcting inadequate medicare payment for Anesthesiologists. Jon K. Newsum, M.D.

Submitter : Dr. Shazia Siddiqui
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Anesthesia Coding (Part of 5-Year Rcvicw)

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Shazia Siddiqui M.D

Submitter : Dr. Michael Aziz

Date: 07/13/2007

Organization : OHSU

Category : Physician

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter : Dr. Jon Gilbert

Date: 07/13/2007

Organization : Oregon Health and Science University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

This comment is in support of the proposed increase in RVU valuation for anesthesia services-- this increase will significantly help fund teaching hospitals who see many medicare patients. I am currently an anesthesia resident and would like to advocate for this change in support of future classes of trainees and their institutions.

Thank you!

Dr. Gilbert

Submitter : Dr. Barry Jenkins

Date: 07/13/2007

Organization : PH Anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please pass the ruling to increase the anesthesia conversion factor.

Submitter : Dr. WINFIELD WILLIAMS
Organization : CUMBERLAND ORTHOPEDIC PA
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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If Medicare reduces our fees any further we will not be able to continue to see new patients. Many contracts are tied to Medicare and they will also go down. Our expenses have risen dramatically in the past several years. We cannot afford to hire the required staff to give the appropriate care. They choose to work in more affluent areas where the pay is higher. I ask you to fix the problem with the Medicare fee schedule so physicians do not have to cut services the patients deserve.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

MY plumber,sprinkler and my car mechanic make more an hour than I make from medicare !

Submitter : Dr. Jeffrey Koh
Organization : Dr. Jeffrey Koh
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

GENERAL

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Sample Comment Letter:

Leslie V. Norwalk, Esq.
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Submitter : Dr. Coveda Stewart

Date: 07/13/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

I would like to express my support for the proposal to increase the anesthesia payment under the 2008 physician fee.