

**Submitter :** Dr. john palmieri

**Date:** 07/13/2007

**Organization :** Dr. john palmieri

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Ms. Norwalk,

I am a practicing anesthesiologist who loves his job. I am writing to support increasing anesthetic payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the undervaluation of anesthesia services. To ensure that my patients have access to expert anesthesiology care I urge CMS to increase the anesthesia conversion factor as recommended by the RUC.

Yours truly, John Palmieri, M.D.

**Submitter :** Dr. Penny Lindgren  
**Organization :** Anesthesia Associates New Mexico  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2102-Attach-1.DOC

July 12, 2007

Penny Lindgren, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Penny Lindgren, MD

**Submitter :** Dr. Rex Manifold  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2103-Attach-1.DOC

July 12, 2007

Rex Manifold, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Rex Manifold, MD

**Submitter :** Dr. Kishore Manne

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2104-Attach-1.DOC

#2104

July 12, 2007

Kishore Manne, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Kishore Manne, MD

**Submitter :** Dr. Thomas McCullough  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2105-Attach-1.DOC



July 12, 2007

Thomas McCullough, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Thomas McCullough, MD

**Submitter :** Dr. Edgar Canada

**Date:** 07/13/2007

**Organization :** Dr. Edgar Canada

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL ·

See Attachment.

CMS-1385-P-2106-Attach-1.DOC

PO Box 82807  
San Diego, CA 92138-2807  
July 13, 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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely,

Edgar D. Canada, MD

**Submitter :** Dr. Michael Deringer  
**Organization :** No Colorado Anesthesia Professional Consultants, L  
**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  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Michael Deringer, MD

**Submitter :** Dr. Phil Mickelsen

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2108-Attach-1.DOC

July 12, 2007

Phil Mickelson, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Phil Mickelson, MD

**Submitter :** Dr. Jose Velazquez  
**Organization :** none  
**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:

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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. David Moerman  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2110-Attach-1.DOC



July 12, 2007

David Moerman, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

David Moerman, MD

**Submitter :** Dr. Stephen Nygard  
**Organization :** Dr. Stephen Nygard  
**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

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

**Submitter :** Mrs. Aurora Martinez  
**Organization :** Mrs. Aurora Martinez  
**Category :** Individual

**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)

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Thank you for your consideration of this serious matter.

Aurora Martinez

**Submitter :** Dr. John Peterson  
**Organization :** Dr. John Peterson  
**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  
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Thank you for your consideration of this serious matter.

Sincerely,

John C. Peterson M.D.

**Submitter :** Dr. alan schneider  
**Organization :** Dr. alan schneider  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I began practicing anesthesia in Missouri in 1986. At that time my conversion factor was 32 per unit. It is currently less than one half that amount. In addition the medical complexity of the medicare patient has increased as our population lives longer. I would certainly welcome and support the RUC recommendation to CMS for a rebalancing of the anesthesia conversion factor

**Submitter :** Dr. Amanda Froment  
**Organization :** Dr. Amanda Froment  
**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**

To: 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.

Amanda Froment MD

Submitter : Mr. Mike Nguyen

Date: 07/13/2007

Organization : Mr. Mike Nguyen

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  
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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Gary Rechnitz  
**Organization :** No Colorado Anesthesia Professional Consultants  
**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  
Centers for Medicare and Medicaid Services  
Attention: 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.

Sincerely,

Gary Rechnitz, MD



**Submitter :** Dr. Linda Mason  
**Organization :** Loma Linda University Medical Center  
**Category :** Physician

**Date:** 07/13/2007

**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. Being in a teaching institution this increase is vitally important to the future of anesthesiology in funding research that will allow for better patient care.

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 expect 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,

Linda J. Mason, M.D.  
Professor of Anesthesiology and Pediatrics  
Director, Pediatric Anesthesia

**Submitter :** Dr. Carmelita Pablo  
**Organization :** University of Arkansas for Medical Sciences  
**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)

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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.

Carmelita Pablo, MD  
Associate Professor and Chair  
Department of Anesthesiology  
University of Arkansas for Medical Sciences

**Submitter :**

**Date:** 07/13/2007

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

Thank you for your consideration of this serious matter.

Sincerely,

Gloria Peterson

**Submitter :** Dr. Ata Siddiqui

**Date:** 07/13/2007

**Organization :** American Society of Anesthesiologists

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

CMS-1385-P - Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies

As an anesthesiologist, I would definitely appreciate well deserved and awaited increase in reimbursement which have long been overdue.

**Submitter :** Dr. Joanne Orr

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2122-Attach-1.DOC

July 12, 2007

Joanne Orr, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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.

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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,

Joanne Orr, MD

**Submitter :** Dr. James Derrisaw  
**Organization :** No Colorado Anesthesia Professional Consultants  
**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  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Sincerely,

James Derrisaw, MD

**Submitter :** Dr. Lang Ha Pham  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

See Attachment

CMS-1385-P-2124-Attach-1.DOC



July 12, 2007

Lang Ha Pham, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Lang Ha Pham, MD

**Submitter :** Dr. Polly Primm  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2125-Attach-1.DOC

July 12, 2007

Polly Primm, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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.

Polly Primm, MD

**Submitter :** Dr. Emily Richardson  
**Organization :** No Colorado Anesthesia Professional Consultants,LL  
**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  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely,

Emily Richardson, MD

**Submitter :** Dr. David Ray  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

GENERAL

GENERAL

See Attachment

CMS-1385-P-2127-Attach-1.DOC

July 12, 2007

David Ray, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

David Ray, MD

**Submitter :** Dr. Timothy Kirsch  
**Organization :** No Colorado Anesthesia Professional Consultants  
**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  
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,

Timothy Kirsch, MD

**Submitter :** Dr. Julio Salimbeni  
**Organization :** No Colorado Anesthesia Professional Consultants  
**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  
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,

Julio Salimbeni, MD



**Submitter :** Dr. Kelli Lambet-Weiner  
**Organization :** No Colorado Anesthesia Professional Consultants,LL  
**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  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

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

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Thank you for your consideration of this serious matter.

Sincerely,

Kelli Lambert-Weiner, MD

**Submitter :** Dr. Jon Cromer  
**Organization :** OAS,LLC  
**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)

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Thank you for your consideration of this serious matter.  
Sincerely,  
Jon B. Cromer M.D.

**Submitter :** Dr. Gelerie Stenbakken  
**Organization :** No Colorado Anesthesia Professional Consultants,  
**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**

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Gelerie Stenbakken, MD

**Submitter :** Dr. Douglas Krohn  
**Organization :** No Colorado Anesthesia Professional Consultants  
**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  
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,

Douglas Krohn, MD

**Submitter :** Dr. Berend Mets  
**Organization :** Penn State Hershey College of Medicine  
**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.

This is particularly important in my role as Chair of Anesthesiology for Penn State. This undervaluation of our services compromises our ability to sustain teaching faculty in anesthesiology

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.  
Berend Mets  
Eric A Walker Professor and Chair of Anesthesiology  
Milton S Hershey Medical Center

**Submitter :** Dr. Oddur Olafsson  
**Organization :** University of Rochester  
**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)

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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. john evans  
**Organization :** Oregon Anesthesiology Group  
**Category :** Health Care Provider/Association

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sirs or Madame

Docket: CMS-1385-P - Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies; Revisions to Payment Policies for Ambulance Services for CY 2008;

I am writing to strongly support the recommended revision to payments for anesthesia services. The increase is critical to keep pace with the escalating costs of caring for medicare patients and to allow us to keep staff to provide for these needs. This upward adjustment begins to correct the longstanding undervalue that has been assigned to anesthesia services. This will help with access to care for seniors.

Sincerely yours,  
John Evans M.D.

**Submitter :** Dr. Angela McLoughlin  
**Organization :** University of Michigan Hospitals  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

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

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

July 13, 2007  
Leslie V Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
PO 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 happy to see that CMS has recognized the gross undervaluation of anesthesia services and is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, as it undervalued anesthesia work in comparison 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 senior citizens. In some circumstances anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to improve this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32% work undervaluation. This would result in an increase of nearly \$4.00 per anesthesia unit, a major step forward in correcting the long standing undervaluation of anesthesia services. I am pleased that the Agency has 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 important matter.



**Submitter :** Dr. Marc Abrams  
**Organization :** Dr. Marc Abrams  
**Category :** Physician

**Date:** 07/13/2007

**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)

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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.

Marc Abrams M.D.

Submitter : Dr. Stephen R. Strelec, MD

Date: 07/13/2007

Organization : self

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.

**Submitter :**

**Date: 07/13/2007**

**Organization :** retired

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Attention: CMS-1385-P

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

I am a retired physician, and practiced and taught Anesthesiology for 35 years. When the RBRVS was instituted, it created a huge payment disparity for anesthesia care due to significant undervaluation of anesthesia work compared to other physician services. The RUC recommended that the fee for Anesthesia care be increased to offset this large underevaluation and I support full implementation of the RUC's recommendation, and feel that it is very important to retain an expert anesthesiology work force and structure to more closely achieve parity with other physicians who undergo the same training and certification.

Thank you very much.

Submitter : Dr. Joel Biala  
Organization : Rush Univ Med Ctr  
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  
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 appreciate 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.

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,

Joel Biala, M.D.

**Submitter :** Dr. Douglas Bower  
**Organization :** Hershey Medical Center  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the 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. Steve Blum  
**Organization :** Rush North Shore Medical Ctr  
**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  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

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

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

Thank you for your consideration of this serious matter.  
Sincerely yours, Steve Blum, MD

**Submitter :** Dr. Francis C Huber, MD

**Date:** 07/13/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

Anesthesia has been underpaid by medicare which has resulted in a reduction of available care. We subsidized the care of medicare patients but as time has passed without correction of the unit value we are entering a time where care will decline in quality. Anesthesiologists will relinquish this work to others who have not been adequately supervised in many cases.

America needs your help to provide safety for our medicare patients. (I am one of those) Please help us

Submitter : Dr. James Davis

Date: 07/13/2007

Organization : Dr. James Davis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the 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.

James H. Davis, M.D.



**Submitter :** Dr. Ryan Frieder  
**Organization :** Penn State Dept. of Anesthesia  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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. William Ritchie  
**Organization :** Anesthesia Associates of New Mexico  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2147-Attach-1.DOC

July 12, 2007

William Ritchie, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

William Ritchie, MD.

**Submitter :** Dr. Joseph Rossi

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2148-Attach-1.DOC

July 12, 2007

Joseph Rossi, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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

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

Thank you for your consideration of this serious matter,

Joseph Rossi, MD.

**Submitter :** Dr. J. Andrew Day  
**Organization :** Southeastern Indiana Anesthesia Associates  
**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  
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,  
J. Andrew Day M.D.

Submitter : Dr. Michael Wills

Date: 07/13/2007

Organization : Dr. Michael Wills

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. Andrzej Trojanowski  
**Organization :** Milton s. Hershey Medical Center  
**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

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Thank you for your consideration of this serious matter.

.....

Andrzej Trojanowski, MD, FFARCS, EDAA



Department of Anesthesiology  
Penn State College of Medicine  
Penn State Milton S. Hershey Medical Center  
500 University Drive, H187  
Hershey, PA 17033-0850

[atrojanowski@psu.edu](mailto:atrojanowski@psu.edu)

**Submitter :** Dr. Stan Sady

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

See Attachment

CMS-1385-P-2152-Attach-1.DOC

July 12, 2007

Stan Sady, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Stan Sady, MD.

**Submitter :** Dr. James Schneidmiller  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

GENERAL

GENERAL

See Attachment

CMS-1385-P-2153-Attach-1.DOC

July 12, 2007

James Schneidmiller, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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 Schneidmiller, MD.

**Submitter :** Dr. Robbie Thomas  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

See Attachment

CMS-1385-P-2154-Attach-1.DOC

#2154

July 12, 2007

Robbie Thomas, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Robbie Thomas, MD.

Submitter : Dr. Luis Mercader

Date: 07/13/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Luis Mercader, MD  
403 Highgate Drive  
Ambler, PA, 19002



**Submitter :** Dr. Norbert Topf

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2156-Attach-1.DOC

July 12, 2007

Norbert Topf, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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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Thank you for your consideration of this serious matter,

Norbert Topf, MD.

**Submitter :** Dr. Sanjiv Vig

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2157-Attach-1.DOC

July 12, 2007

Sanjiv Vig, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Sanjiv Vig, MD.

**Submitter :** Dr. John Whittington  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

GENERAL

GENERAL

See Attachment

CMS-1385-P-2158-Attach-1.DOC

July 12, 2007

John Whittington, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

John Whittington, MD.

**Submitter :** Dr. Siang Yeo-Lee

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2159-Attach-1.DOC

July 12, 2007

Siang Yeo-Lee, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Siang Yeo-Lee, MD.



**Submitter :** Dr. Irwin Isaacs  
**Organization :** Anesthesia Associates of New Mexico, P.C.  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

See Attachment

CMS-1385-P-2160-Attach-1.DOC

July 12, 2007

Irwin Isaacs, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Irwin Isaacs, MD.

**Submitter :** Dr. Steven Sloan

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

GENERAL

GENERAL

See Attachment

CMS-1385-P-2161-Attach-1.DOC

July 12, 2007

Steven Sloan, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Steven Sloan, MD

Submitter : Dr. Laurentiu Boeru

Date: 07/13/2007

Organization : Miami Gables Anesthesia, LLC.

Category : Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

In Florida and especially in South Florida (Miami area) the cost for malpractice insurance, as well as all the associated costs for doing business as an anesthesiologist have constantly risen over the years.

In the hospital environment have appeared sicker patients since the ASA classification I and II patients are going to the ambulatory surgical centers for the benefit of the surgeons.

While the surgeon's income is up (from the fee for service and from the ambulatory surgical centers' shareholder profits), the anesthesiologist income is down (more patients do not have medical insurance, on patients with Medicare/Medicaid payments are at Medicaid rate, the HMOs pay claims in six months, the surgeons do not carry malpractice insurance, so the anesthesiologist insurance is getting up, since the Malpractice insurance company realizes that the anesthesiologist would be a good target all the time if any claim arises due to even no-fault of anesthesia cases).

All this while in the hospital we deal with sicker patients meaning more risks for any procedures.

I would expect that CMS centers will take into consideration that the anesthesiologist is the one that keeps the patient alive and well during any surgery, even during very complicated ones, that the simple procedure requires the same amount of concentration (we cannot ever let the guard down), and the toll on our lives is huge.

As such, increasing the reimbursement rate would be the right thing to do.

Thank you!

**Submitter :** Dr. Bill Wagner

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2163-Attach-1.DOC

July 12, 2007

Bill Wagner, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Bill Wagner, MD.

**Submitter :** Dr. Nels Dahlgren

**Date:** 07/13/2007

**Organization :** Anesthesia Associates of New Mexico, P.C.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2164-Attach-1.DOC



#2164

July 12, 2007

Nels Dahlgren, MD.  
Anesthesiologist  
Anesthesia Associates of New Mexico, P.C.  
1720 Louisiana Blvd NE, Suite 401  
Albuquerque, NM 87110

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,

Nels Dahlgren, MD.

**Submitter :** Dr. David Rahm  
**Organization :** David H. Rahm, MD  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2165-Attach-1.TXT

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. Steven Beckley  
**Organization :** Ohio State University Medical Center  
**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. Charles Hewell  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2167-Attach-1.DOC

#2167

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. Heather Girdharry  
**Organization :** Milton S. Hershey Medical Center  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

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

**Coding-- Additional Codes From 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: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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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. Matthew Zlotnick  
**Organization :** Anesthesia Consultants of New Jersey  
**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:

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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: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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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.  
**Organization :** Dr.  
**Category :** Physician  
**Issue Areas/Comments**

**Date:** 07/13/2007

**GENERAL**

**GENERAL**

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. JOHN PAYNE  
Organization : JOHN C. PAYNE, MD PA  
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  
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  
Respectfully, John C. Payne, MD

CMS-1385-P-2174

**Submitter :** Dr. Robert Bedford  
**Organization :** University of Virginia  
**Category :** Academic

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2174-Attach-1.DOC

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

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

Dear Ms. Norwalk:

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

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. Furthermore, as an academic anesthesiologist, I have seen first-hand the inordinate strains that have been imposed on teaching departments charged with training the best possible anesthesiologists for future generations.

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.

Robert F. Bedford, M.D.  
Professor of Anesthesiology  
University of Virginia School of Medicine.

**Submitter :** Dr. JANSIE PROZESKY  
**Organization :** HERSHEY MEDICAL CENTER  
**Category :** Physician

**Date:** 07/13/2007

**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 :** Dr. Thomas Barlow  
**Organization :** Dr. Thomas Barlow  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**Background**

**Background**

I strongly support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the undervaluation of anesthesia services compared to other physician services over the past 10 years.

To ensure that our senior citizens receive expert anesthesia care it is imperative that the CMS follow through with the proposal in the Federal Register by fully implementing the increase in the anesthesia conversion factor as recommended by the RUC.

I appreciate the Agency accepting this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

I thank you for your consideration of this serious matter.



**Submitter :** Dr. Dominic Carollo

**Date:** 07/13/2007

**Organization :** Dr. Dominic Carollo

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.

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.

Dr. Dominic S. Carollo  
Ochsner Clinic Foundation  
Department of Anesthesia  
1514 Jefferson Highway  
New Orleans, LA 70002

**Submitter :** Dr. Angelina Bhandari  
**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  
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.

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

Thank you for your consideration of this serious matter.

Sincerely your,  
Angelina Bhandari, M.D.

**Submitter :** Dr. Robert Weller  
**Organization :** Dr. Robert Weller  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**Impact**

Impact

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:

I am an anesthesiologist practicing at a University Medical Center in North Carolina, and I am writing to strongly support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS is addressing this complicated issue.

When the RBRVS was instituted, it greatly disadvantaged anesthesiologists 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. As a physician involved in teaching future anesthesiologists, I am further subject to a 50% Medicare reimbursement penalty whenever I supervise two patients cared for by resident anesthesiologists; this reduction is not applied in any other medical specialty.

I am aware that the cost of medical care for Medicare and Medicaid recipients continues to strain the nation's budget deficit, but at the same time, the number of elderly patients requiring medical care is increasing. These same patients require more and more complex and challenging medical decision-making due to their multiple medical diseases and age-related reduction of organ function and reserve. The present Medicare payment for anesthesia services has made it very difficult for practitioners to provide quality care to this complicated group of surgical patients. More and more physicians will not be able to afford to care for these patients, and access to quality medical care for our nation's elderly will likely suffer.

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. This action would be 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 crucial that CMS follow through with the proposal in the Federal Register by fully implementing the anesthesia conversion factor increase as recommended by the RUC. Thank you for your consideration of this serious matter.

Sincerely,

Robert S. Weller, MD

**Submitter :** Dr. Vinod Kothapa  
**Organization :** California Anesthesia Associates  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-2180-Attach-1.DOC

CMS-1385-P-2180-Attach-2.DOC

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely,

Vinod K. Kothapa, M.D.  
3312 E. Longridge dr.  
Orange, CA 92867  
07/13/2007

**Submitter :** Dr. Mark Baker

**Date:** 07/13/2007

**Organization :** Dr. Mark Baker

**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.

**Submitter :** Dr. Kristopher A. Keck  
**Organization :** Capitol Anesthesiology Association  
**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)

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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. Zhanqing Shen

**Date:** 07/13/2007

**Organization :** none

**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.

Zhanqing Shen M.D.



Submitter :

Date: 07/13/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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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.

Cristina Vclos, MD

**Submitter :** Dr. Joshua Schwartz  
**Organization :** East Carolina Anesthesia Associates  
**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  
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Joshua Schwartz, M.D.

**Submitter :** Dr. Richard Horrigan

**Date:** 07/13/2007

**Organization :** NCAP

**Category :** Physician

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

Please increase anesthesia reimbursement so we are no longer penalized by the poorly constructed RBRVS anesthesia fee schedule which is 30% of UCR instead of 80-100% for other specialties.

Thank you,  
Richard Horrigan, MD

**Submitter :** Dr. Christopher Choukalas  
**Organization :** University of Chicago Medical Center  
**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

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Jordan Knurr  
**Organization :** Dr. Jordan Knurr  
**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)

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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.

Jordan Knurr, D.O.

**Submitter :** Dr. Frank Howell  
**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)

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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. John McCarrick  
**Organization :** Dr. John McCarrick  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**Background**

Background

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

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

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

Thank you for your consideration of this serious matter.

Sincerely

John McCarrick  
Po Box 1987 Manchester, CT 06045

**Submitter :** Dr. Noam Kurtis  
**Organization :** Westchester Medical Center  
**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.

Sincerely,

Noam Kurtis, MD



**Submitter :** Dr. Ramtinq Cohanim  
**Organization :** Stony Brook Hospital  
**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. Kenneth Johnson  
**Organization :** California Anesthesia Association  
**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 support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Actually, this is long overdue and much less than what is warranted, but it is a step in the right direction. 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 per unit (that is \$80/hour & about as much as a plumber or auto mechanic charges). 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. Surprisingly, this would still leave Medicare rates at less than half of what the average commercial rate is. I am hopeful for even more increases in the very near future, but for the time being, 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,

Kenneth Johnson MD.

**Submitter :** Dr. Archer Tullidge  
**Organization :** Dr. Archer Tullidge  
**Category :** Individual

**Date:** 07/13/2007

**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:

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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. Archer Tullidge  
**Organization :** Dr. Archer Tullidge  
**Category :** Individual

**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)

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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. Alan McMillan  
**Organization :** AASC  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

commentlettertemplate.doc

CMS-1385-P-2196-Attach-1.TXT

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.

**CMS-1385-P-2197      Revisions to Payment Policies Under the Physician Fee Schedule,  
and Other Part B Payment Policies; Revisions to Payment Policies  
for Ambulance Services for CY 2008;**

**Submitter :** Dr. Ben Guslits

**Date & Time:** 07/13/2007

**Organization :** Anesthesia Associates of Ann Arbor

**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.

Ben Guslits MD MBA  
Business Manager  
Anesthesia Associates of Ann Arbor



**Submitter :** Dr. Tobin Slack  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/13/2007

**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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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,

Tobin Slack, M.D.

**Submitter :** Dr. Ronald Butler  
**Organization :** Dr. Ronald Butler  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please allow increase to physician payments

Submitter : Dr. Peter Billharz

Date: 07/13/2007

Organization : Dr. Peter Billharz

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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.

-Regards,  
Peter M. Billharz, MD  
Reno, NV

**Submitter :** Dr. royce dexter  
**Organization :** Dr. royce dexter  
**Category :** Physician

**Date:** 07/13/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I would ask for support in increasing Medicare reimbursement for anesthesia services.