

Submitter : Dr. Bradley Hindman
Organization : Department of Anesthesia, University of Iowa
Category : Physician

Date: 07/17/2007

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 yours,

Bradley J. Hindman, M.D.

Submitter : Dr. Wendy Warwick
Organization : Tacoma Anesthesia Associates
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Wendy I. Warwick, MD
Tacoma Anesthesia Associates
3633 Pacific Avenue, Suite 204
Tacoma, WA 98413

Submitter : Dr. Randal Goethke
Organization : Appleton Medical Center/ThedaCare
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Sincerely,
Randal L. Goethke, M.D.
Anesthesiologist

Submitter : Dr. Jason Hemmerich
Organization : Dr. Jason Hemmerich
Category : Health Care Professional or Association

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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Submitter : Dr. GREGORY JANEZKO
Organization : SPRINGFIELD CLINIC, ANESTHESIOLOGIST
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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SEE ATTACHMENT

CMS-1385-P-2812-Attach-1.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Submitter : Dr. Rajiv Parti
Organization : California Cardiovascular Anesthesia
Category : Physician

Date: 07/17/2007

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

Regards

Rajiv parti M.D
Bakersfield ,California

Submitter : Dr. Steven Boggs

Date: 07/17/2007

Organization : Dr. Steven Boggs

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Mrs. Paula Boggs

Date: 07/17/2007

Organization : Mrs. Paula Boggs

Category : Individual

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Mrs. Kathy Boggs

Date: 07/17/2007

Organization : Mrs. Kathy Boggs

Category : Individual

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Clark Thomas
Organization : Mountainwest Anesthesia
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

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

Dear Ms. Norwalk:

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

I live in a retirement community with a large medicare population, where we have struggled for years to recruit and retain high caliber anesthesiologists& it is very difficult to entice providers at medicare reimbursements.

I am encouraged by the efforts 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.

Thank you for your consideration of this serious matter.

Clark Thomas
1287 W Bloomington Dr. So. #17
Saint George, Utah 84790

Submitter : Mr. Ian Boggs

Date: 07/17/2007

Organization : Mr. Ian Boggs

Category : Individual

Issue Areas/Comments

GENERAL

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

CMS-1385-P-2819

Submitter : Dr. Robert Raw
Organization : University of Iowa
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-2819-Attach-1.PDF

CMS-1385-P-2819-Attach-2.PDF

CMS-1385-P-2819-Attach-3.PDF



University of Iowa Health Care

Department of Anesthesia

Roy J. and Lucille A.
Carver College of Medicine
6 JCP; 200 Hawkins Drive
Iowa City, Iowa 52242-1009
319-356-2633 Tel
319-356-4130 Fax
www.uianesthesia.com

Robert M Raw
Associate Professor
e-mail rob-raw@uiowa.edu

7-17-2007
Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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have access to expert anesthesiology that CMS follow through with the Register by fully and immediately

Thank you for your consideration of this serious matter.
Yours sincerely

Submitter : Dr. Steven Grube

Date: 07/17/2007

Organization : FCAA

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Dear Ms. Norwalk:

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The future care of our senior patients depends on access to expert anesthesia services. This change will help to keep those services available to our seniors.

Thank you for your consideration of this serious matter.

Steve M. Grube D.O.

Submitter : Dr. Jeanine

Date: 07/17/2007

Organization : UCSF

Category : Physician

Issue Areas/Comments

GENERAL

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

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Submitter : Ms. Diane Zoeller
Organization : Anesthesia Associates of St. Cloud, Ltd
Category : Other Health Care Professional

Date: 07/17/2007

Issue Areas/Comments

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Acting Administrator
Centers for Medicare and Medicaid Services
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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 \$15.28 per unit in the state of Minnesota. Medicare patients make up over 35% of our case volume. The reimbursement of \$15.28 per unit 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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Diane Zoeller, Administrator

Submitter : Dr. Thomas Osborn
Organization : Dr. Thomas Osborn
Category : Physician

Date: 07/17/2007

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Thank you for your consideration of this serious matter.

Thomas Matthew Osborn MD
2004 Rockdale Blvd.
Miami, OK 74354

Submitter : Dr. Darko Vodopich
Organization : TPMG -Walnut Creek
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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Submitter : Dr. Salvatore Astarita
Organization : Dr. Salvatore Astarita
Category : Physician

Date: 07/17/2007

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Anesthesia Coding (Part of 5-Year Review)

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

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. noel beckford

Date: 07/17/2007

Organization : Southwest Washington Anesthesia P.S.

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Regarding Anesthesia coding, i applaud and strongly support any cosideration to correct the inequity in payments that anesthesiologists have suffered these many years.

Thank You,

Submitter : Dr. Thomas Weber

Date: 07/17/2007

Organization : Dr. Thomas Weber

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. Martin Bogetz
Organization : University of CA, San Francisco
Category : Physician

Date: 07/17/2007

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. David Stern
Organization : University of Rochester
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

This is to express my emphatic support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

At Strong Memorial Hospital in Rochester, NY, where we care for large numbers of medicare patients, low reimbursements are threatening our ability to recruit and retain anesthesiologists. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Perry Jones
Organization : Carolina Anesthesiology, P.A.
Category : Physician

Date: 07/17/2007

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.
Respectfully Yours,

Perry E. Jones, M.D.
Family Practice
Anesthesiology

Submitter : Dr. Robert Bettis
Organization : Department of Anesthesiology
Category : Physician

Date: 07/17/2007

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.

Robert M. Bettis, M.D.

Submitter : Dr. Conrad Cheung
Organization : Pinnacle Partners in Medicine
Category : Physician

Date: 07/17/2007

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. Joseph M Neal
Organization : Dr. Joseph M Neal
Category : Physician

Date: 07/17/2007

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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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. Philip Bilello

Date: 07/17/2007

Organization : Dr. Philip Bilello

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2834-Attach-1.DOC

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

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

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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.

Philip Bilello, MD

Submitter : Dr. Joel Dunn
Organization : Gwinnett Anesthesia Services
Category : Physician

Date: 07/17/2007

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 strong support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Hopefully, CMS has recognized the gross evaluation of anesthesia services, and that the Agency is taking steps to address this issue.

When RBRVS was instituted, it created a huge disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, the amount of \$16.19 per unit for Medicare payment per unit does not come close to covering the cost of caring for our Medicare population, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations, thus creating an almost tiered Medical system.

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 a long-standing undervaluation of anesthesia services. I fully support the RUC's recommendation and full implementation of this rule.

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,

Joel S. Dunn, M.D.

Submitter :

Date: 07/17/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Medicine is an area of society that requires the best and brightest minds. Financial incentives are a notable attraction of the best and brightest. By cutting the reimbursement of healthcare, you will therefore create a job description that includes: "will work 80-100 hours a week for approximately 2.17 and hour with constant threat of lawsuit..." Which will likely drive away the motivated intelligent people that will otherwise get jobs with the insurance companies who are actually the ones profiting from healthcare now- NOT the providers. The providers are the ones in the hospitals, doing the jobs, putting in the time, and taking care of patients- AND THEY'RE NOT GETTING PAID FOR IT. So when it comes time for you, your mother/father, kids, or spouse to have a surgery, or other medical treatment, do you want a doctor that's distracted- spending half his time trying to argue with insurance companies and Medicare about how he's going to keep his office doors open since reimbursements have reduced themselves in half while not keeping up with inflation? Doctors work hard for what little money they earn now. To keep America's Health Care System cutting edge, taking money out is certainly not the answer.

Submitter : Dr. Stan Stead
Organization : Stead Health Group, Inc.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia Coding - 5 year review - Sec Attachment

CMS-1385-P-2837-Attach-1.PDF

CMS-1385-P-2837-Attach-2.PDF

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

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

Dear Ms. Norwalk:

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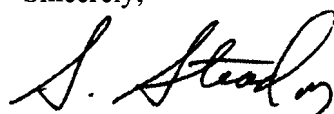
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Thank you for your consideration of this serious matter.

Sincerely,



Stanley W. Stead, MD, MBA
CEO, Stead Health Group, Inc.
Professor of Clinical Anesthesia and Pain Medicine, UC Davis

Submitter : Dr. elizabeth behringer
Organization : Cedars Sinai Medical Center
Category : Physician

Date: 07/17/2007

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.

Elizabeth C. Behringer M.D.
Clinical Professor of Anesthesiology and Intensive Care

Submitter : Dr. Angela Bader

Date: 07/17/2007

Organization : Dr. Angela Bader

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

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Thank you for your consideration of this serious matter.
Sincerely, Angela Bader Md MPH

Submitter :

Date: 07/17/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

medicare payment needs to be increased for anesthesiologist's services whiiich arc highly specialised services for the optimum patient care.

Submitter : Dr. Joel Mumford

Date: 07/17/2007

Organization : Dr. Joel Mumford

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.

Joel H. Mumford, M.D.
221 Elm Hill Road
Springfield, VT 05156

Submitter : Dr. William Hand

Date: 07/17/2007

Organization : MUSC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dr. William Hand
Resident Physician
MUSC Dept. of Anesthesiology

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

William Hand, MD

Submitter : Dr. Suresh Agarwal
Organization : Harvey Anesthesiologists S.C.
Category : Physician

Date: 07/17/2007

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.

Suresh P. Agarwal M.D.
President,
Harvey Anesthesiologists, S.C.

Submitter :

Date: 07/17/2007

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

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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. Nelson Guevara
Organization : Sheridan HealthCare Corporation.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

We are hard working people that have studied for many years to offer the best and compassionate care possible to our patients. Thank you very much for taking action in these important issues.

Submitter : Dr. James Caldwell
Organization : UCSF Department of Anesthesia
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Nelson Guevara
Organization : Sheridan HealthCare Corporation.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

Submitter : Dr. Robert Stevens

Date: 07/17/2007

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)

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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. Alfonso Pino
Organization : Allied Anesthesia
Category : Health Care Professional or Association

Date: 07/17/2007

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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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.

Alfonso E Pino, MD

Submitter : Dr. Michael Gropper

Date: 07/17/2007

Organization : UCSF

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

Dear Ms. Norwalk:

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dean Andropoulos
Organization : Baylor College of Medicine/Texas Children's Hosp.
Category : Physician

Date: 07/17/2007

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. Thomas Fuhrman
Organization : Medical College of Georgia
Category : Physician

Date: 07/17/2007

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 as an academic Anesthesiologist 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. The elderly covered by Medicare desire the best care possible. Without this long-overdue increase, patients on Medicare will find their access to care severely limited because many anesthesiologists may no longer be able to sustain losses occurred with the present underpayment.

Thank you for your consideration of this serious matter.

Thomas Fuhrman, MD
Professor of Anesthesiology
Medical College of Georgia

Submitter : Dr. James Cox

Date: 07/17/2007

Organization : Dr. James Cox

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please support the increase reimbursement rates for anesthesiologists.

Submitter : Dr. Melanie Jeanne Alo
Organization : Pediatric Anesthesiology, Baylor College of Med.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Dennis Novia
Organization : Palmetto Anesthesia Associates of Greenville, S.C.
Category : Physician

Date: 07/17/2007

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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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. Hetal Hosalkar
Organization : University Of Pennsylvania
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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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.

Submitter : Dr. Mark D'Agostino
Organization : Dr. Mark D'Agostino
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

I am writing in support of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. It is heartening that CMS has recognized the 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 my field of pain management, it becomes financially untenable to see a day's worth of elderly patients. From my experience with my own elderly parents, I am aware that the elderly need significantly more face to face time with their physician. It takes time to greet them and help them be comfortable. It takes time to listen to their medical complaints which many times are not focused. It takes time to explain a treatment plan and listen for questions or concerns.

We are all getting older and we need to maintain a system of care in which physicians can financially afford to see those in the aging population. I ask myself now at age 48, "Who will be there to take care of me when I reach 60 years old, if the reimbursement continues to fall behind and high quality physicians choose other options to maintain financial viability?"

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

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Thank you for your consideration of this serious matter.

Submitter : MaryAnn Meza
Organization : MaryAnn Meza
Category : Individual

Date: 07/17/2007

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. Edward Sherwood
Organization : UTMB
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Robert Moss
Organization : Dr. Robert Moss
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. RAVI K. VELISETTI
Organization : ANESTHESIA CARE TEAM, INC.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

CAP Issues

CAP Issues

Ravi K. Velisetti, M.D., President
Anesthesia Care Team, Inc.
3309 SW 34th Circle, Ste 101
Ocala, FL 34474

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

Dear Sir:

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,

Ravi K. Velisetti, M.D., President
352-237-2400

Submitter :

Date: 07/17/2007

Organization :

Category : Hospital

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. connie tran

Date: 07/17/2007

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)

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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,

Connie Tran, MD

Submitter : Dr. Bradley Oetman
Organization : Pinnacle Partners in Medicine
Category : Physician

Date: 07/17/2007

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. Brian Campbell
Organization : Dr. Brian Campbell
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. George Benzinger
Organization : Washington Univ. in St. Louis
Category : Physician
Issue Areas/Comments

Date: 07/17/2007

GENERAL

GENERAL

Please see attachment.

CMS-1385-P-2866-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
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Thank you for your consideration of this serious matter.

Very truly yours,

G. Richard Benzinger, MD, PhD
Department of Anesthesiology
Washington University in St. Louis

Submitter : Dr. Carlos Rodriguez
Organization : Baylor College of Medicine
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Thanks,
Carlos Rodriguez, MD

Submitter : Dr. Nihar Patel
Organization : Baylor College of Medicine
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Kimberly Flayhart
Organization : Kimberly Flayhart
Category : Health Care Professional or Association

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Respectfully Submitted, Kimberly Flayhart

Submitter : Mr. Bob parrish

Date: 07/17/2007

Organization : Mr. Bob parrish

Category : Individual

Issue Areas/Comments

GENERAL

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

Bob Parrish

Submitter : Mrs. Beverley Parrish

Date: 07/17/2007

Organization : Mrs. Beverley Parrish

Category : Individual

Issue Areas/Comments

GENERAL

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

Beverley Parrish

Submitter : Mrs. Elissa Rich

Date: 07/17/2007

Organization : Mrs. Elissa Rich

Category : Individual

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Elissa Rich

Submitter : Mr. Orlando Pennino
Organization : Mr. Orlando Pennino
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Thank you for your consideration of this serious matter.

Orlando Pennino

Submitter : Dr. Ronald Shamaskin
Organization : West End Anesthesia Group, Inc.
Category : Physician

Date: 07/17/2007

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

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Thank you for your consideration of this serious matter.

Sincerely,

Ronald Shamaskin, MD

Submitter : Mr. Stephen Cyrus
Organization : Mr. Stephen Cyrus
Category : Individual

Date: 07/17/2007

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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Stephen Cyrus

Submitter : Mrs. Bainey Cyrus
Organization : Mrs. Bainey Cyrus
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Bainey Cyrus

Submitter : Ms. Nora Bacon
Organization : Ms. Nora Bacon
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Nora Bacon

Submitter : Mrs. Marie Breeden
Organization : Mrs. Marie Breeden
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Marie Breeden

Submitter : Ms. Helen Busick
Organization : Ms. Helen Busick
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Helen Busick

Submitter : Dr. Luis Gonzalez
Organization : Luis G. Gonzalez MD
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

Submitter : Ms. Teresa Caroll

Date: 07/17/2007

Organization : Ms. Teresa Caroll

Category : Individual

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Teresa Caroll

Submitter : Dr. Lawrence Tsen
Organization : Harvard Medical School
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Lawrence C. Tsen, MD
Associate Professor in Anaesthesia,
Harvard Medical School

Submitter : Dr. Jay Woodring
Organization : Dr. Jay Woodring
Category : Physician

Date: 07/17/2007

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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Jay Woodring, M.D.

Submitter : Ms. andra Carter
Organization : Ms. andra Carter
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Sandra Carter

Submitter : Dr. Jeff Kirkpatrick
Organization : Longmont Anesthesia Associates
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms Norwalk,

As a practicing physician in Colorado I believe that the CMS decisionl to consider raising the conversion factor for anesthesia is warranted. Our costs to provide quality, state of the art anesthesia to all our patients including medicare patients continue to exceed the current reimbursement rate. If steps aren't taken soon to improve the situation we may be soon confronted with difficult decisions regarding care. I strongly would encourage increasing the current unit payment for anesthesia.

Submitter : Ms. Robin Prosnik
Organization : Ms. Robin Prosnik
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
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Centers for Medicare and Medicaid Services
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Robin Prosnik

Submitter : Dr. Robert Ascanio
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Submitter : Ms. Marvetta Yates
Organization : Ms. Marvetta Yates
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Marvetta Yates

Submitter : Ms. Joan Williams

Date: 07/17/2007

Organization : Ms. Joan Williams

Category : Individual

Issue Areas/Comments

GENERAL

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Acting Administrator
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Joan Williams

Submitter : Ms. Angel Ward
Organization : Ms. Angel Ward
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Angel Ward

Submitter : Ms. Nora Thomas

Date: 07/17/2007

Organization : Ms. Nora Thomas

Category : Individual

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Nora Thomas

Submitter : Dr. Mark Cady
Organization : Anesthesia Group of Onondaga, PC
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

Please see fit to increase spending to augment physician reimbursement for Medicare patients. Thank you.

Submitter : Ms. Nicole Schaible
Organization : Ms. Nicole Schaible
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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

Nicole Schaible

Submitter : Ms. Arnalda Richardson
Organization : Ms. Arnalda Richardson
Category : Individual

Date: 07/17/2007

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.

Arnalda Richardson

Submitter : Dr. Corey Haggard

Date: 07/17/2007

Organization : Dr. Corey Haggard

Category : Physician

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Submitter : Dr. J Michael Wilson

Date: 07/17/2007

Organization : Dr. J Michael Wilson

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I have practiced anesthesiology for over 20 years and during that time the reimbursement for anesthesia for Medicare patients has decreased from less than half the reimbursement of the average privately insured patient, to less than one third of private payer reimbursement. Anesthesiologists have been well paid due to the reimbursement that we receive from the privately insured patients, however the percentage of Medicare-covered patients that we provide anesthesia for has increased to the point that our costs are not covered. I have been a partner in practices that have had to dissolve because we were unable to support competitive salaries and therefore lost the manpower to provide the level of services required in our hospital operating rooms. I am worried that due to the low reimbursements, Medicare patients are sometimes considered as less deserving of the quality of care that should be provided to all patients, regardless of insurance. The proposed increase in reimbursement would help many anesthesiology practices to continue providing the high level of expertise necessary in the operating room. Thanks for the opportunity to offer my comments.

J. Michael Wilson, MD
Milwaukee, Wisconsin

Submitter : Dr. James Mayfield
Organization : Medical College of Georgia
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

GENERAL

please support an increase in anesthesia payments, as our accademic teaching programs are in dire need of funding to maintain the teaching programs. Thanks

Submitter : Dr. Andrew Zurick
Organization : Ohio Based Hospital Physicians
Category : Physician

Date: 07/17/2007

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

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Sincerely

Andrew Zurick MD

Submitter : Dr. Todd Price
Organization : Waynesboro Anesthesiology Associates
Category : Physician

Date: 07/17/2007

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
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Todd A. Price, MD, PhD

Submitter : Dr. Perry Loesberg

Date: 07/17/2007

Organization : Dr. Perry Loesberg

Category : Physician

Issue Areas/Comments

GENERAL

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

--Perry A. Loesberg, MD

Submitter : R Talbot
Organization : TMHPO
Category : Individual

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
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Submitter : Dr. Milton Dick
Organization : Milton L. Dick, M.D., P.L.L.C.
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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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,
Milton L. Dick, M.D. P.L.L.C.

Submitter : Dr. Amanda Barrella

Date: 07/17/2007

Organization : Star Anesthesia

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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Amanda Barrella M.D.

Submitter : Dr. Ahsan Qadeer
Organization : Medical College of Georgia
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Ahsan Qadeer, M.D.

Submitter : Dr. Kenneth Elmassian

Date: 07/17/2007

Organization : Dr. Kenneth Elmassian

Category : Physician

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-2905-Attach-1.PDF

July 17, 2007

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

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Sincerely,



Kenneth Elmassian, D.O.

2399 Pine Hollow Drive, East Lansing, MI 48823

Submitter : Dr. Jean-Louis Horn
Organization : OHSU
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Mark Jones
Organization : Dr. Mark Jones
Category : Physician

Date: 07/17/2007

Issue Areas/Comments

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Submitter : Dr. John Janes, Jr.

Date: 07/17/2007

Organization : Dr. John Janes, Jr.

Category : Physician

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-2908-Attach-1.DOC

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I have been a board certified anesthesiologist for twenty-five years. I went to school for twenty four years to learn what I do. I am damn good at. I grew up in a coal miner's family in rural West Virginia, Kentucky and Illinois. We had a saying "that you owed a man a day's pay for a day's work". I am a bright, conscientious, hard working and dedicated physician. I could have chosen other careers and been successful but I chose medicine because I wanted to use my abilities to help others and to make a good standard of living.

In recent years I have really, deeply, honestly felt that Medicare, in particular, didn't pay me fairly for the hard, stressful and at times overwhelming work I do for my patients who

are on Medicare. I am basically standing hat in hand, in front of you asking for a raise. Why, first and foremost because I think it would be fair for the work I do. Secondly, if you don't pay a decent wage to your most highly skilled and highly trained physicians you won't be able to recruit nurture and maintain the stream of highly skilled labor that the growing demands of the Medicare population require. Fewer bright young docs will choose anesthesiology. Rural areas, small towns and any facility that has a payer mix with any significant Medicare component will find it even harder than it already is to recruit anesthesiologists.

I know that your work is difficult. There are limited resources that you have to allocate fairly and hopefully, wisely. If I didn't really believe that we anesthesiologists deserved this increase I wouldn't ask for it.

Respectfully,

John R Janes, Jr. M.D.