

**Submitter :** Dr. Robert Riedel  
**Organization :** Anesthesia Medical Group  
**Category :** Physician

**Date:** 07/24/2007

**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:

More than a decade ago 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, Medicare payment for anesthesia services at just \$16.19 per unit does not even cover the cost of caring for our nation's seniors. As a result, today's anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. This would result in an increase of nearly \$4.00 per anesthesia unit. Undoubtedly, this would be a major step toward correcting the long-standing undervaluation of anesthesia services.

I am grateful that CMS has recognized this gross undervaluation of anesthesia services, and that steps are being taken toward addressing this important issue. I believe that 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. This will help ensure our patients of access to expert anesthesiology medical care.

Thank you for your consideration.

RD Riedel MD  
Nashville TN

**Submitter :** Dr. Charles Austgen  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/24/2007

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

Thank you for your consideration of this serious matter.

**Submitter :** Dr. richard kahn

**Date:** 07/24/2007

**Organization :** Dr. richard kahn

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

It is very important that the proposed increase in medicare reimbursement to anesthesiologists be approved. This will help to maintain adequate access to health care for medicare beneficiaries.

**Submitter :** Dr. Mark Kalt  
**Organization :** Memac Associates, P.C.  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

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**Submitter :** Dr. Raafat Hannallah  
**Organization :** CNMC  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

Raafat S. Hannallah, MD  
Professor of Anesthesiology and Pediatrics  
The George Washington University Medical Center  
Division of Anesthesiology  
Children's National Medical Center  
111 Michigan Avenue, N.W.  
Washington, DC 20010  
(202) 884-2025  
rhannall@cnmc.org

**Submitter :** Dr. sameh hanna  
**Organization :** lawton indian hospital  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Sample Comment Letter:

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
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**Submitter :** Dr. Allen Johnson  
**Organization :** Utah Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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See Attachment

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Thank you for your consideration of this serious matter.

Respectfully submitted,

Allen C Johnson MD

**Submitter :** Dr. Monica Schnack

**Date:** 07/24/2007

**Organization :** Dr. Monica Schnack

**Category :** Chiropractor

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please do not eliminate the re-imbursement for spinal xrays of our patients if taken by an MD or DO. the patients need these and also should be re-imbursed if taken by a chiropractor in their office too. We are not only looking for subluxations, but also other pathology, which if found, requires proper referral and treatment.



**Submitter :**

**Date: 07/24/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

**Submitter :** Dr. Randall Kerr

**Date:** 07/24/2007

**Organization :** Dr. Randall Kerr

**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:

This issue is critical in my region of rural Central Washington, due to our difficulty in recruiting and retaining anesthesiologists needed to serve our high concentration of Medicare beneficiaries:

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.

Sincerely,

Randall Kerr, MD

Wenatchee, WA

**Submitter :** Dr. Renato Sarreal  
**Organization :** Star Anesthesia  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

Renato Sarreal, M.D.

**Submitter :** Dr. Rodney Woerther  
**Organization :** Anesthesiology, Chartered  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

Rodney K. Woerther, M.D.

**Submitter :** Dr. Donald Lurye

**Date:** 07/24/2007

**Organization :** Welborn Clinic

**Category :** Physician

**Issue Areas/Comments**

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

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

CMS wishes to encourage secure e-prescribing, and I support this concept. However, 1/1/08 is a very aggressive implementation date.

What I fear you will see is a bit more e-prescribing and a lot of reversion to handwritten prescriptions. Our EMR prescribing module alerts us to interactions before the fax is generated to a pharmacy. Thus, we retain the safety advantage of electronic prescribing as we utilize the wide availability of fax technology. Do we even know how many pharmacies are capable of accepting e-prescriptions?

While there are some potential administrative savings from e-prescribing (i.e. reduced phone volume for refill requests), e-prescribing technology is not free. Neither is the ramp up time for physicians and their staff to adapt. Yet, CMS asks that the new standard be effective on the same day physician reimbursement is to be reduced by 10% over its already only marginally adequate level.

If CMS wants the laudable benefits of physician e-prescribing, there must be some consideration given to the costs involved. And please do not put forth the by now tiresome standard response, "We believe the costs involved will be minimal."

E-prescribing is going to be good for the public. Please offer some type of incentive for its adoption. Perhaps the 2008 PQRI program will recognize this as a priority. I thank you for your time and consideration.

**Submitter :** Dr. Michael Payne  
**Organization :** Northside Anesthesia  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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Thank you for your consideration of this serious matter.

Sincerely,

Michael N. Payne, MD

**Submitter :** Dr. Austin Gentry  
**Organization :** Austin Allen Gentry, D.C., P.T.  
**Category :** Chiropractor

**Date:** 07/24/2007

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

July 24, 2007

To Whom It May Concern:

I am writing regarding proposed Medicare changes for spinal x-rays for chiropractic patients, file code CMS-1385-P. The TECHNICAL CORRECTIONS impose an unnecessary burden on recipients who choose to see a chiropractor for their spinal care. In those instances where x-rays are recommended for good clinical reasons the patient might not follow through due to financial burden. On the flip side they might also choose to see their family doctor which I have found many of which routinely refer for x-ray for conditions in which a spinal care provider might not find necessary. This proposal will add an unnecessary step and undoubtedly increase costs for the patient as well as Medicare.

Sincerely,

A. Allen Gentry, DC, PT



**Submitter :**

**Date:** 07/24/2007

**Organization :**

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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Sincerely,  
Ronald P. Oberfoell, D.O.

**Submitter :** Dr. David Perkins

**Date:** 07/24/2007

**Organization :** ACMG

**Category :** Physician

**Issue Areas/Comments**

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Sincerely,

David E. Perkins, M.D.

**Submitter :** Steve Geisler  
**Organization :** Steve Geisler  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Steve Geisler, M.D.

**Submitter :** Dr. Shanna Ten Clay  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**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.

**Submitter :** Dr. Tracy Dallman  
**Organization :** Southeast Anesthesiologists, LLC  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Respectfully,  
Tracy Dallman, M.D.

**Submitter :**

**Date: 07/24/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. John Pillitteri  
**Organization :** Ramapo Valley Surgical Center  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. David Warner  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Christopher Thunberg  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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**Submitter :** Dr. Mark Lovich  
**Organization :** Caritas St. Elizabeth's Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**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. Ashraf Habib  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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**Submitter :** Dr. Dean Kirschbaum

**Date:** 07/24/2007

**Organization :** Prescott Anesthesia Associates PLLC

**Category :** Physician

**Issue Areas/Comments**

**ASP Issues**

ASP Issues

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

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

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Dean Kirschbaum D.O.

**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  
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Dean Kirschbaum D.O.

**TRHCA-- Section 201: Therapy  
CapS**

TRHCA-- Section 201: Therapy CapS

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

Rc: CMS-1385-P  
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Dean Kirschbaum D.O.

**TRHCA--Section 101(d): PAQ1**

TRHCA--Section 101(d): PAQ1

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

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

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**CMS-1385-P-3902**

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**TRHCA--Section 108: CAP**

TRHCA--Section 108: CAP

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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Anesthesia Coding (Part of 5-Year Review)

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Dean Kirschbaum D.O.

**Submitter :** Dr. Nam-Kha Pham  
**Organization :** Duke University Hospitals  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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**Submitter :** Dr. Guy Dear

**Date:** 07/24/2007

**Organization :** Duke

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Lenny Talbot  
**Organization :** Duke Univ. Dept of Anesthesiology  
**Category :** Physician

**Date:** 07/24/2007

**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.

**Submitter :** Dr. David Hunstad

**Date:** 07/24/2007

**Organization :** Dr. David Hunstad

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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

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David L. Hunstad M.D.

**Submitter :** Dr. D Deleon

**Date:** 07/24/2007

**Organization :** unm

**Category :** Physician

**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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**Submitter :** Miss. Carmen Anchondo  
**Organization :** Miss. Carmen Anchondo  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Leslic 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. Catherine Dowling

**Date:** 07/24/2007

**Organization :** Dr. Catherine Dowling

**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.

Catherine C.N. Dowling, D.O.

**Submitter :** Dr. Robert Friess

**Date:** 07/24/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-3910-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  
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Thank you for your consideration of this serious matter.

**Submitter :** Mr. Jose Deleon

**Date:** 07/24/2007

**Organization :** Mr. Jose Deleon

**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. Richard Moon  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**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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Richard Moon, MD

**Submitter :** Dr. Loren Rees

**Date:** 07/24/2007

**Organization :** Dr. Loren Rees

**Category :** Physician

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a MD or DO and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

Patients may require radiographic imaging to rule out pathology, fracture, structural deformities, or to determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. As it is now, these duplicative services and expenses are not required. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,  
Loren Rees, DC

CMS-1385-P-3913-Attach-1.TXT

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a MD or DO and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

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I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,

Loren Rees, DC

**Submitter :** Dr. Norman Carvalho

**Date:** 07/24/2007

**Organization :** University of Florida

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I strongly support the overdue action to improve the conversion factor for Anesthesia services. Reimbursement for Anesthesia services to Medicare and Medicaid beneficiaries is seriously inadequate to ensure that these citizens can continue to receive quality services. The viability of our medical public institutions (such as the University of Florida Anesthesia department) is currently threatened by underfunding. I hope it does not take a disaster to prompt action to maintain and improve services.

**Submitter :** Dr. James Griffin

**Date:** 07/24/2007

**Organization :** Dr. James Griffin

**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.  
see attachment

**Submitter :** Dr. Robert Cinclair

**Date:** 07/24/2007

**Organization :** Duke 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: 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.

**Submitter :** Dr. Michael Lane

**Date:** 07/24/2007

**Organization :** Dr. Michael Lane

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment

CMS-1385-P-3917-Attach-1.DOC

CMS-1385-P-3917-Attach-2.TXT

#3917

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. Gary robelen

**Date:** 07/24/2007

**Organization :** Dr. Gary robelen

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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 :** Tim Krause  
**Organization :** Kansas University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**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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Dr. Tim Krause  
Kansas University Medical Center

**Submitter :** Dr. Cristina Sullivan

**Date:** 07/24/2007

**Organization :** Dr. Cristina Sullivan

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-3920-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.

**Submitter :** Dr. Lawrence Roy

**Date:** 07/24/2007

**Organization :** Dr. Lawrence Roy

**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.

Lawrence J. Roy MD

**Submitter :** Dr. Rebecca Patchin

**Date:** 07/24/2007

**Organization :** Dr. Rebecca Patchin

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please approve the RUC's recommendation for the update for Anesthsia codes. The 5 year review process thru the RUC is fair and supported by the medical specialties and the AMA. Thank you for your considerations, Rebecca Patchin

**Submitter :** Dr. Prasad Kilaru  
**Organization :** Springfield Anesthesia Service Inc  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

See Attachment

CMS-1385-P-3923-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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**Submitter :** Dr. Refeng Yao  
**Organization :** Caritas St. Elizabeth's Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**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.

**Submitter :** Dr. Shane Tartt  
**Organization :** Emory University  
**Category :** Physician

**Date:** 07/24/2007

**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. Michael Altose

**Date:** 07/24/2007

**Organization :** Dr. Michael Altose

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-3926-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.

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.

Michael D. Altose, MD PhD

**Submitter :** Mr. David Bogart  
**Organization :** Sharon Heights Rehab  
**Category :** Physical Therapist

**Date:** 07/24/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

It has come to our attention that prospective legislation does not appear to take into account Physical Therapist Assistants who are licensed in our state of California through an equivalency / examination program. These individuals are valuable members of rehab teams throughout the state and are often the most highly trained individuals with the designation PTA. The requirements that need to be met in order to take the state PTA exam through this equivalency program are considerable and include thousands of hours of work as a PT Aide in specific rehab settings, and many college level courses. It seems unlikely that the court system would disallow these qualified individuals from continuing to practice their profession, even if a decision is made to discontinue this program in the future. The prospective legislation does not seem to address these individuals and they are obviously concerned that their licenses have essentially been revoked by this legislation. I think there is a simple way to accommodate these individuals by a very slight rewording of the appropriate paragraphs and would suggest that this be done to avoid unnecessary legal wrangling in the future.

**Submitter :** Dr. Thomas Wohlstadter

**Date:** 07/24/2007

**Organization :** Olympic Anesthesia

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Thank you for your consideration of this serious matter.  
Thomas Wohlstadter, D.O., M.P.H.

**Submitter :** Dr. Steven Rotter  
**Organization :** MEMAC Assoc, p.c.  
**Category :** Physician

**Date:** 07/24/2007

**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

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

Thank you for your consideration of this serious matter.

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

**Date:** 07/24/2007

**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 would like to join those in support of 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 steps are being taken toward addressing this issue.

More than a decade ago 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, Medicare payment for anesthesia services stands at just \$16.19 per unit - an amount that does not cover the cost of caring for our nation's seniors. As a result, 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. This would result in an increase of nearly \$4.00 per anesthesia unit, and would be a major step toward 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.

In order for our patients to continue to have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register and implement the anesthesia conversion factor increase as recommended by the RUC immediately.

Thank you for your consideration.

RDRiedel MD  
Nashville, TN



**Submitter :** Dr. Gregory MacDonell  
**Organization :** Dr. Gregory MacDonell  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Acting Administrator  
Centers for Medicare and Medicaid Services  
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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 :** Mrs. Jennifer MacDonell  
**Organization :** Mrs. Jennifer MacDonell  
**Category :** Individual

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Lcslic 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 :** Mr. Patrick MacDonell  
**Organization :** Mr. Patrick MacDonell  
**Category :** Individual

**Date:** 07/24/2007

**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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**Submitter :** Mrs. Helen MacDonell  
**Organization :** Mrs. Helen MacDonell  
**Category :** Individual

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Stephen Small  
**Organization :** University of Chicago  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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Stephen David Small, M.D.  
Director, Center for Simulation and Safety in Healthcare  
Department of Anesthesia and Critical Care  
University of Chicago

**Submitter :** Mr. Richard MacDonell  
**Organization :** Mr. Richard MacDonell  
**Category :** Individual

**Date:** 07/24/2007

**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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**Submitter :** Dr. ronald cardoso  
**Organization :** st barnabas med center  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Ronald Cardoso MD  
40 Jockey Hollow Rd  
Bernardsville, NJ 07924

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**Submitter :** Dr. Peggy Shen  
**Organization :** Dr. Peggy Shen  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. Christopher Chinn

**Date:** 07/24/2007

**Organization :** Dr. Christopher Chinn

**Category :** Physician

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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Christopher Chinn, MD MPH

**Submitter :** Dr. Jeffrey Drawbond  
**Organization :** McFarland Clinic  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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**Submitter :** Dr. william rhee  
**Organization :** Riverview Anesthesia Associates red Bank NJ  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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William C Rhee MD

**Submitter :** Dr. Gary Johnson  
**Organization :** Dr. Gary Johnson  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

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,  
Gary Johnson, MD

**Submitter :** Dr. Igor Melyokhin  
**Organization :** Jandee Anesthesiology  
**Category :** Physician

**Date:** 07/24/2007

**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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Igor Melyokhin M.D.

**Submitter :** Dr. Cathleen Peterson-Layne

**Date:** 07/24/2007

**Organization :** Duke University

**Category :** Physician

**Issue Areas/Comments**

**Background**

**Background**

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

**Submitter :** Dr. John Ulatowski  
**Organization :** The Johns Hopkins Hospital  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

CMS 1385-P

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Thank you for your consideration of this serious matter.

CMS 1385-P

**Submitter :** Dr. Robert Tostenrud  
**Organization :** Dr. Robert Tostenrud  
**Category :** Individual

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslic 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.

R. Paul Tostenrud, MD  
Seattle, WA



**Submitter :** Dr. Geraldine Mazza-Garrity  
**Organization :** Dr. Geraldine Mazza-Garrity  
**Category :** Physician

**Date:** 07/24/2007

**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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**Submitter :** Dr. Stuart Marcus

**Date:** 07/24/2007

**Organization :** Dr. Stuart Marcus

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

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Thank you for your consideration of this serious matter.

**Submitter :** Bob Ardis

**Date:** 07/24/2007

**Organization :** self

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

GENERAL

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1385-P

Dear Medicare,

It is my understanding that you are considering raising the anesthesia reimbursement fee. I think that is a wonderful idea. It has been 15 years since the original incorrect methodology was used. It is nice to know that eventually things are corrected. If you could talk to the IRS and have them adopt your attitude towards correction of mistakes I would be very appreciative.

Thank you,

Bob Ardis, 2521 East 5th Street, Duluth MN

**Submitter :** Mrs. Devina Garrity  
**Organization :** Mrs. Devina Garrity  
**Category :** Individual

**Date:** 07/24/2007

**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. alan kotin

**Date:** 07/24/2007

**Organization :** Dr. alan kotin

**Category :** Physician

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Submitter :

Date: 07/24/2007

Organization :

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 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.

**Submitter :** Chris Garrity  
**Organization :** Chris Garrity  
**Category :** Individual

**Date:** 07/24/2007

**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.

Chris Garrity

**Submitter :** Dr. Dennis Liu

**Date:** 07/24/2007

**Organization :** Dr. Dennis Liu

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Dennis Liu M.D.



**Submitter :** Dr. Robert Rogoff

**Date:** 07/24/2007

**Organization :** American Society of Anesthesiologists

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I am an inner-city anesthesiologist with a large Medicare practice. Please accept the AMA Relative Value Update Committee recommendation that calls for a boost to the anesthesia conversion factor. It is vital to recruit anesthesiologists to inner city hospitals and to allow our practice to continue providing needed services. Thank you for your attention and support of this positive payment change.

**Submitter :** Dr. Scott Schulman  
**Organization :** Dr. Scott Schulman  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Submitter: Dr. Scott Schulman  
Organization: Duke Univ. Dept. of Anesthesiology  
Category: Physician

Issue Areas/Responses

Background - Background

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

Attachments  
No Attachments

**Submitter :** Mrs. Grace Liu  
**Organization :** Mrs. Grace Liu  
**Category :** Individual

**Date:** 07/24/2007

**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 support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

I am a medicare participant and am 88 years old. I have had bypass surgery, cardioversion, cataract surgery and pacemaker placement. When I received my explanation of benefits I am shocked to see that the payment to my anesthesiologist was less than my plumber, carpenter, the payment for my pacemaker placement was less than cleaning my house! How do you expect new good people to do go into anesthesia if payment isn't increased.

I will tell you I know this because my late brother as well as my son are anesthesiologists.

Thank you

Gracc Liu

**Submitter :** Dr. John Nardiello  
**Organization :** Duke University Medical Center  
**Category :** Physician

**Date:** 07/24/2007

**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

**Submitter :** Dr. Thomas Van de Ven  
**Organization :** Duke University  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

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

**Date:** 07/24/2007

**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,

Steven L Mandel MD

**Submitter :** Dr. Juliann Hobbs  
**Organization :** Duke University Dept. of Anesthesiology  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**Background**

Background

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

**Submitter :** Mr. Gabriel Camilo  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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**Submitter :** Dr. John Vullo

**Date:** 07/24/2007

**Organization :** Dr. John Vullo

**Category :** Physician

**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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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.

John Vullo, MD

**Submitter :** Dr. Anthony Dragovich  
**Organization :** Dr. Anthony Dragovich  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. nancy kenep  
**Organization :** Dr. nancy kenep  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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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.

As an anesthesiologist about to turn 65, and be forced out of the private insurance sector to Medicare, I fear for my future access to quality anesthesia care. For my entire career I have provided care for the aged and under-insured in a teaching hospital. Presently resources including equipment, supplies, and personnel are at an all-time low because of financial pressures.

Thank you for your consideration of this serious matter.

Sincerely,

Nancy Kenep M.D.

**Submitter :** Dr. Mitchell Berman

**Date:** 07/24/2007

**Organization :** Columbia University

**Category :** Physician

**Issue Areas/Comments**

**Resource-Based PE RVUs**

**Resource-Based PE RVUs**

I'd like to register my support for the increase in anesthesia payments under the 2008 Physician Fee Schedule.

As an anesthesiologist in an academic practice, I've seen how many of our talented young staff leave for private practice positions with smaller percentages of Medicare patients, in part because of the low reimbursement for anesthesia services for Medicare patients.

This is happening throughout the country in all types of practices, and will eventually make it difficult for seniors to get quality care in certain regions of the country.

I am grateful that CMS has proposed an increase and I support full implementation of the RUC's recommendation.

**Submitter :** Dr. Dipak Vaidya  
**Organization :** York Anesthesiologists, PLLC  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

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

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

Thank you for your consideration of this serious matter. <br> <br>  
Signed,<br>

Dipak Vaidya, MD<br>

**GENERAL**

GENERAL

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

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Thank you for your consideration of this serious matter. <br> <br>

Signed,<br>

Dipak Vaidya, MD<br>

**Submitter :** Dr. Laurence Fitzhenry

**Date:** 07/24/2007

**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  
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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Paula Rawls  
**Organization :** PRAnesthesia, Inc  
**Category :** Physician

**Date:** 07/24/2007

**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.



**Submitter :** Dr. Richard Tierney

**Date:** 07/24/2007

**Organization :** Dr. Richard Tierney

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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. Jim Shanks  
**Organization :** Dr. Jim Shanks  
**Category :** Individual

**Date:** 07/24/2007

**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  
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Thank you for your consideration of this serious matter.

Jim Shanks MD

**Submitter :** Dr. DOUGLAS SILLART  
**Organization :** Dr. DOUGLAS SILLART  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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**Submitter :** Dr. Eric Clary  
**Organization :** APMC of Tuscaloosa,AL  
**Category :** Physician

**Date:** 07/24/2007

**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.

Eric Clary, M.D.

**Submitter :** Dr. Larry Marroy  
**Organization :** self employed  
**Category :** Physician

**Date:** 07/24/2007

**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

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Larry J. Marroy, M.D.

**Submitter :** Dr. Bryan Taylor  
**Organization :** Johnson County Anesthesiologists, Chartered  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**TRHCA--Section 108: CAP**

TRHCA--Section 108: CAP

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
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**Submitter :** Partnership  
**Organization :** Johnson County Anesthesiologists  
**Category :** Physician

**Date:** 07/24/2007

**Issue Areas/Comments**

**CAP Issues**

**CAP Issues**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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