

Submitter : Dr. Brandt Foreman
Organization : Coast Anesthesia Medical Group
Category : Physician

Date: 07/24/2007

Issue Areas/Comments

GENERAL

GENERAL

Please see attached letter.

CMS-1385-P-3977-Attach-1.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:

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Brandt Foreman, MD

Submitter : Dr. Thomas Lewis

Date: 07/24/2007

Organization : GPC

Category : Physician

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
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Submitter : Dr. Davin Mitchell
Organization : Duke University
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

Background

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Submitter : Dr. Timothy Maiers
Organization : Dubuque Anesthesia Services, P.C.
Category : Physician

Date: 07/25/2007

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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Sincerely,

Timothy James Maiers M.D.

Submitter : Dr. Art Levine
Organization : California Anesthesia Associates
Category : Health Care Provider/Association

Date: 07/25/2007

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1385-P-3981-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

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Thank you for your consideration of this serious matter.

Art Levine MD MBA
California Anesthesia Associates
Saddleback Memorial Medical Center
Laguna Hills, CA 92653

Submitter : Dr. Frank Eaton
Organization : Southern Illinois Anesthesiology
Category : Physician

Date: 07/25/2007

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

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Frank Eaton, MD

Submitter : Dr. Scott Sattovia
Organization : Dr. Scott Sattovia
Category : Physician

Date: 07/25/2007

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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Sincerely,

Scott Sattovia, MD

Submitter : Dr. Shawn Murphy
Organization : Penn State Hershey Medical Center
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

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Submitter : Dr. Jeremy Smith
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Jeremy Smith, M.D.
Anesthesiology Consultants Medical Group

Submitter : Dr. John LaBranche
Organization : Monadnock Anesthesia Associates
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Sincerely, John LaBranche, M.D.

Submitter : Dr. Barrett Giffel

Date: 07/25/2007

Organization : Dr. Barrett Giffel

Category : Physician

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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Submitter : Dr. Pankaj Garg

Date: 07/25/2007

Organization : Dr. Pankaj Garg

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Christopher O'Connor
Organization : Rush University Medical Ctr
Category : Physician

Date: 07/25/2007

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
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Sincerely yours, Christopher O'Connor, MD

Submitter : Dr. Brian Myers
Organization : Rush Univ Med Ctr
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

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Brian Myers, M.D.

Submitter : Dr. James Treadway
Organization : Delaware County Anesthesiologists
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

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Acting Administrator
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Submitter : Dr. Robert Lobato
Organization : Duke University Department of Anesthesiology
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

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Leslie V. Norwalk, Esq. Acting Administrator Centers for Medicare and Medicaid Services Attention: CMS-1385-P P.O. Box 8018 Baltimore, MD 21244-8018 Re: CMS-1385-P Anesthesia Coding (Part of 5-Year Review)

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Submitter : Dr. Steven Hill

Date: 07/25/2007

Organization : Duke University Medical Center

Category : Physician

Issue Areas/Comments

Background

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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 : Dr. Kevin MUnnelly

Date: 07/25/2007

Organization : ASA

Category : Physician

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Sincerely Yours,

Kevin P. Munnely Jr., M.D.

Submitter : Dr. solomon aronson

Date: 07/25/2007

Organization : duke

Category : Congressional

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 : Dr. Adam Wong
Organization : Dr. Adam Wong
Category : Other Health Care Provider

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Adam Wong

Submitter : Dr. Brian Dewan
Organization : Austin Anesthesiology Group, LLP
Category : Physician

Date: 07/25/2007

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. Beatrice Afrangui
Organization : Dr. Beatrice Afrangui
Category : Physician

Date: 07/25/2007

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.

Beatrice Afrangui, MD

Submitter : Dr. Davis Kinney

Date: 07/25/2007

Organization : Musculoskeletal Associates

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

Technical Corrections

It is imperative that chiropractic patients retain the ability to have x-rays taken by a physician reimbursed when that patient is subsequently being treated by a chiropractor for services authorized to be performed by chiropractors under the Medicare Act. Please do not change this policy from its current language.

Submitter : Dr. Amy Rice
Organization : Duke University Dept of Anesthesiology
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

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Submitter : Dr. Amy Rice

Date: 07/25/2007

Organization : Duke University Dept of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Submitter :

Date: 07/25/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr. Craig Boyer

Date: 07/25/2007

Organization : Metropolitan Anesthesiologist

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

CMS-1385-P-4002-Attach-1.RTF

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.

Craig Boyer, M.D.
Diplomate American Board of Anesthesiology
4131 N. Central Expy., Suite 435
Dallas, TX 75204

Submitter : Dr. Daniel Cooley
Organization : Associated Anesthesiologists, S.C.
Category : Physician

Date: 07/25/2007

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,
Daniel M. Cooley, M.D.
dmcooley@assocanesth.com

Submitter : Dr. Greg Dragon
Organization : Cape Regional Medical Center
Category : Physician

Date: 07/25/2007

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.

Greg Dragon, MD
Dept of Anesthesia
Cape Regional Medical Center
Cape May Court House
NJ, 08210

Submitter : Dr. Jordan Wetstone

Date: 07/25/2007

Organization : Dr. Jordan Wetstone

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.

Sincerely,

Jordan Wetstone, MD

Submitter : Dr. james russell

Date: 07/25/2007

Organization : Dr. james russell

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

medicare must begin to accept economic realities of increasing practice costs for physicians. if payments are not increased we as doctors will have to begin restricting numbers of patients that are money losers and practice killers. i am currently looking at ways to eliminate medicare from my practice altogether. no one in government has the sense or political guts to do what is necessary for this system to survive economically

Submitter : Dr. Jacques Scharoun
Organization : Weill Cornell Medical Center
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Leslie V Norfolk, 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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It is important to be able to attract highly qualified anesthesiologists to areas that serve predominantly Medicare patients by allowing reimbursements that are consistent with expenses in those areas, especially as the nation grows older.

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.

Sincerely,
Jacques H. Scharoun, MD
New York, NY

Submitter : Dr. Wai Chiu

Date: 07/25/2007

Organization : Dr. Wai Chiu

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would appreciate serious consideration in increasing Medicare payments to better care for our senior citizens. For years, anesthesia work has been unvalued. Now there is a chance to bring some balance. Please accept the RUC recommendations.

Submitter : Dr. Charles Durbin
Organization : University of Virginia Employee
Category : Individual

Date: 07/25/2007

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 addition, I am a teaching physician and wish to register my concern over the continuing discriminatory treatment of teaching anesthesiologists by the Medicare system. All other teaching physicians, including surgeons are able to bill full fees for two simultaneous procedures, anesthesiologists are not. This unfair treatment has hindered the ability to attract and keep the best teachers and will impact the quality of anesthesiology care for seniors and other citizens far into the future.

Thank you for your consideration of these serious matters.

Submitter : manjula chidambaram
Organization : manjula chidambaram
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

medicare reimbursement to anesthesiologists is grossly inadequate & needs to be addressed

Submitter : Dr. JIRAVUD CHANVITAYAPONGS

Date: 07/25/2007

Organization : OPA

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

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Thank you for your consideration of this serious matter.

Jiravud Chanvitayapongs MD

Submitter : Dr. James Walsh
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/25/2007

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.

James Walsh, MD

Submitter : Dr. James Elton

Date: 07/25/2007

Organization : Dr. James Elton

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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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. Not instituting this change will only encourage more anesthesia providers to do what is unfortunate but financially necessary: stop providing anesthesia care to our seniors. Please act to prevent this.

Thank you for your consideration of this serious matter.

Sincerely,

James F. Elton, MD
Roanoke, VA

Submitter : Jeffrey Apfelbaum

Date: 07/25/2007

Organization : Jeffrey Apfelbaum

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
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Re: CMS-1385-P

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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.

Respectfully submitted,

Jeffrey L. Apfelbaum

Submitter :

Date: 07/25/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Juliane Garrity

Submitter : Dr. Thomas Olen
Organization : MidMichigan Anesthesia PC
Category : Physician

Date: 07/25/2007

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.

Dr. Thomas Olen
President
MidMichigan Anesthesia PC

Submitter : Dr. David Delzell
Organization : Associated Anesthesiologists SC
Category : Physician

Date: 07/25/2007

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.

David W. Delzell MD
Associated Anesthesiologists SC
8600 N Ste Rte 91
Peoria, IL 61615

Submitter : Dr. Peter D. Dwane
Organization : Duke Univ. Dept. of Anesthesiology
Category : Physician

Date: 07/25/2007

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. Joseph Meyer
Organization : Quincy Anesthesia Associates
Category : Physician

Date: 07/25/2007

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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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. Michael Hernandez

Date: 07/25/2007

Organization : Dr. Michael Hernandez

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

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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.
Michael Hernandez M.D.

Submitter : Dr. Andranik Ovassapian
Organization : University of Chicago
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

July 25, 2007

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

Re: CMS-1385-P
Anesthesia Coding

Dear Ms. Norwalk:

It is with great satisfaction to express my sincere support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Thank you CMS for recognizing the undervaluation of anesthesia services and taking the steps to correct it.

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 and taking corrective action.

Andranik Ovassapian, M.D
Professor,
Director, Airway Study and Training
University of Chicago

Submitter : Dr. Gary Reasor
Organization : Metro Pain Associates
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

I urge congress and CMS to follow through with plans to increase and, therefore, correct Medicare's anesthesia conversion factor.

Submitter : Dr. Ryan Rich
Organization : Salisbury Anesthesia
Category : Physician

Date: 07/25/2007

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.

Sincerely,

Dr Ryan K. Rich MD
Salisbury Anesthesia and Pain Consultants

Submitter : Dr. Robert Campbell
Organization : Bellingham Anesthesia Associates
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed \$4/unit increase in medicare reimbursement for anesthesia services. After numerous years of decreases in medicare reimbursement for anesthesia services, the proposed increase is long overdue.

Regards,

Robert Campbell MD

Submitter : Dr. John Glina
Organization : Dr. John Glina
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

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.

John Glina, MD

Submitter : Mr. Ronald S. Owen
Organization : Southeast Alabama Medical Center
Category : Hospital

Date: 07/25/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

RE: CMS-1385-P
Anesthesia Coding (Part of 5-year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 1008 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 in this serious matter.

Ronald S. Owen
Chief Executive Officer
Southeast Alabama Medical Center
1108 Ross Clark Circle
Dothan, AL 36301

Submitter :

Date: 07/25/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Mr. Julian Glina

Submitter : Dr. Peter Mestad
Organization : Anesthesia Associates of Kansas City
Category : Physician

Date: 07/25/2007

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.

Peter H. Mestad M.D.

Submitter : Dr. Edward Maratea

Date: 07/25/2007

Organization : Emory University

Category : Physician

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

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.

Edward A. Maratea, MD
Emory University,
Atlanta, GA

Submitter : Dr. Joseph Mure
Organization : Dr. Joseph Mure
Category : Physician

Date: 07/25/2007

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.

Joseph Mure, M.D.

Submitter : Dr. Thomas Lee

Date: 07/25/2007

Organization : Dr. Thomas Lee

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.

Submitter : Dr. Michael O'Connor
Organization : The University of Chicago
Category : Physician

Date: 07/25/2007

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:

While HCFA/CMS has long claimed to utilize an objective/systematic approach (RBRVS) for compensation, the sad truth has been that it has 'adjusted' its fee schedule to systematically undervalue anesthesia services. Over time, this has produced a systematic shortage of individuals willing to provide these services. Once again, using the RBRVS method for calculating compensation, CMS has concluded that it has been consistently undervaluing anesthesia services.

I offer my strongest support for the proposal to increase anesthesia payments in the 2008 Physician Fee Schedule. This change will help reverse the declining availability of anesthesia services to Medicare subscribers.

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. David Siegel

Date: 07/25/2007

Organization : Dr. David Siegel

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-4033-Attach-1.PDF



July 12, 2007

- Home
- Site Map
- Contact ASA
- Join ASA
- Members Only

Search

Home >What's New?

- About ASA
- Patient Education
- Patient Safety
- Clinical Information
- Continuing Education Resources
- Annual Meeting
- Calendar for Meetings
- Office of Governmental & Legal Affairs
- ASAPAC Information
- Practice Management
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What's New?

ALL HANDS ON DECK:

Submit electronic comments NOW for improved Medicare payments

How to Submit Comments to CMS

Please note that comments related to anesthesia payment updates should be submitted in the "General Comment" section at the bottom of the CMS webpage.

- Click here for the CMS comment site.
- Click "submit comment."
- Complete the form with all requested information.
- Paste the text from this sample comment letter (also pasted below) into the "General Comment" form at the bottom of the webpage.
- Tell ASA you've done your part! Email mail@asawash.org and indicate your state in the subject line.

Sample Comment Letter:

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.

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TABLE 24: Proposed Combined Total Allowed Charge Impact for Work and Practice Expense RVU Changes

Specialty	Impact of Work RVU Changes 2008	Impact of PE RVU Changes		Combined Impact of PE and Work Changes*	
		2008 (PE Trans. Year 2)	2010 (PE Full Implement.)	2008 (PE Trans. Year 2)	2010 (PE Full Implement.)
TOTAL	0%	0%	0%	0%	0%
ALLERGY/IMMUNOLOGY	0%	1%	2%	1%	3%
ANESTHESIOLOGY	15%	-1%	-3%	14%	13%
CARDIAC SURGERY	-1%	-1%	-2%	-2%	-3%
CARDIOLOGY	-1%	0%	0%	-1%	-1%
COLON AND RECTAL SURGERY	-1%	1%	2%	0%	1%
CRITICAL CARE	-1%	0%	-1%	-1%	-2%
DERMATOLOGY	-1%	2%	7%	2%	6%
EMERGENCY MEDICINE	-1%	0%	-1%	-2%	-2%
ENDOCRINOLOGY	-1%	0%	0%	-1%	-2%
FAMILY PRACTICE	0%	0%	0%	0%	0%
GASTROENTEROLOGY	-1%	1%	4%	0%	3%
GENERAL PRACTICE	0%	0%	-1%	0%	-1%
GENERAL SURGERY	-1%	0%	0%	-1%	-1%
GERIATRICS	2%	0%	0%	2%	3%
HAND SURGERY	-1%	-1%	-3%	-2%	-4%
HEMATOLOGY/ONCOLOGY	-1%	0%	-1%	-1%	-2%
INFECTIOUS DISEASE	-1%	0%	1%	-1%	0%
INTERNAL MEDICINE	0%	0%	0%	0%	-1%
INTERVENTIONAL RADIOLOGY	-1%	-1%	-4%	-2%	-4%
NEPHROLOGY	-1%	-1%	-4%	-2%	-5%
NEUROLOGY	-1%	0%	-1%	-1%	-2%
NEUROSURGERY	-1%	-1%	-2%	-2%	-3%
NUCLEAR MEDICINE	-1%	4%	13%	4%	12%
OBSTETRICS/GYNECOLOGY	-1%	0%	-1%	-1%	-2%
OPHTHALMOLOGY	2%	-1%	-3%	1%	-1%
ORTHOPEDIC SURGERY	-1%	-1%	-2%	-1%	-2%
OTOLARNGOLOGY	2%	-1%	-4%	1%	-2%
PATHOLOGY	-1%	-1%	-3%	-2%	-4%
PEDIATRICS	0%	0%	0%	0%	-1%
PHYSICAL MEDICINE	0%	-1%	-2%	-1%	-2%
PLASTIC SURGERY	-1%	0%	1%	-1%	0%
PSYCHIATRY	-1%	0%	1%	0%	1%
PULMONARY DISEASE	-1%	0%	1%	-1%	0%
RADIATION ONCOLOGY	-1%	0%	1%	0%	1%
RADIOLOGY	-1%	1%	2%	0%	1%
RHEUMATOLOGY	-1%	-1%	-2%	-2%	-3%
THORACIC SURGERY	-1%	-1%	-2%	-2%	-3%
UROLOGY	-1%	0%	0%	-1%	-1%

Submitter : Mr. Ronald Dean
Organization : Southeast Alabama Medical Center
Category : Hospital

Date: 07/25/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

RE: CMS-1385-P
Anesthesia Coding (Part of 5-year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 1008 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 in this serious matter.

Ronald E. Dean
Vice President - Operations
Southeast Alabama Medical Center
1108 Ross Clark Circle
Dothan, AL 36301

Submitter : Mr. Andrew Criser
Organization : West Virginia University
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

I strongly support 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 correct this situation.

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 in West Virginia where I practice stand at just \$16.60 per unit. This amount does not cover the cost of caring for our patients, and is creating an unsustainable system in which anesthesiologists must limit the number of Medicare patients we treat.

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 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 : Mr. Charlie Brannen
Organization : Southeast Alabama Medical Center
Category : Hospital

Date: 07/25/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

RE: CMS-1385-P
Anesthesia Coding (Part of 5-year Review)

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Thank you for your consideration in this serious matter.

Charlie Brannen
Chief Operating Officer
Southeast Alabama Medical Center
1108 Ross Clark Circle
Dothan, AL 36301

Submitter : Dr. Tiffany Townsend
Organization : Mills-Peninsula Hospital
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

Tiffany C. Townsend, MD
Anesthesiologist
Mills-Peninsula Hospital

Submitter : Dr. Michael Woo
Organization : University of Chicago
Category : Physician

Date: 07/25/2007

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.

Michael Woo, MD
Assistant Professor
University of Chicago
Department of Anesthesia and Critical Care

P.S. Please help the preservation of a specialty which cares for people at their most vulnerable time.

Submitter : Dr. L. Charles Novak

Date: 07/25/2007

Organization : Dr. L. Charles Novak

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : Dr. Chris Williams
Organization : Gwinnett Place Chiropractic
Category : Chiropractor

Date: 07/25/2007

Issue Areas/Comments

**Chiropractic Services
Demonstration**

Chiropractic Services Demonstration

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
PO Box 8018
Baltimore, Maryland 21244-8018

Re: 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.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also 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,

Chris Williams D.C.

Submitter : Dr. thomas laughlin
Organization : aakc
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

anesthesia is in need of this increase that is long overdue thanks

Submitter : Dr. L. Charles Novak
Organization : Dr. L. Charles Novak
Category : Physician

Date: 07/25/2007

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
II. E. 5. Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing in support of the CMS proposal to increase the value of the work portion of anesthesia services by 32 percent under the Physician Fee Schedule for 2008, and to urge CMS to proceed with full implementation.

The organization that represents my interests at CMS and the RUC, the American Society of Anesthesiologists, has worked hard for many years to demonstrate the very significant undervaluation of anesthesia work in the Physician Fee Schedule. ASA has worked within the boundaries of CMS and RUC processes to convince those entities of the undervaluation. I am pleased to see this proposal which will have a significant impact by reducing, but in my opinion not eliminating, the undervaluation of anesthesia services in the Physician Fee Schedule.

Having served as a member of the RUC during the first two 5-Year Reviews I am very familiar with the history of this issue which dates back to the original implementation of the Physician Fee Schedule in 1992 and to the RBRVS studies in the 1980s. I worked actively on this issue for ASA for 13 years and have never been able to understand the drastic decrease in work value that occurred in 1992. I am gratified that CMS has acknowledged the undervaluation and again strongly urge the implementation of the proposed work valuation change in next year's Physician Fee Schedule.

The opinions expressed in the letter are my own and do not necessarily represent those of my employer or professional organization.

Sincerely,

L. Charles Novak, M.D.

Submitter : Mr. Derek Miller
Organization : Southeast Alabama Medical Center
Category : Hospital

Date: 07/25/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

RE: CMS-1385-P
Anesthesia Coding (Part of 5-year Review)

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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.

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Thank you for your consideration in this serious matter.

Derek Miller
Chief Financial Officer
Southeast Alabama Medical Center
1108 Ross Clark Circle
Dothan, AL 36301

\sm

Submitter : Dr. paul lynch

Date: 07/25/2007

Organization : mayo clinic

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

The recent cut in reimbursement for pain procedures in the ASC setting is detrimental to patient care in that it forces docs to decide between office based procedures (unsafe) and hospitals (inefficient). Please increase the rcimbursements on pain procedures (epidural steroids, facet injections, etc.)

Submitter : Dr. Mark Janes
Organization : Dr. Mark Janes
Category : Physician

Date: 07/25/2007

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 : Mrs. Megan Janes
Organization : Mrs. Megan Janes
Category : Nurse

Date: 07/25/2007

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. Greg Kenyherz

Date: 07/25/2007

Organization : Dr. Greg Kenyherz

Category : Physician

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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Thank you for your consideration of this serious matter.

Submitter : Dr. John Robertson
Organization : New Bern Anesthesia
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Thank you in advance for your consideration.

John Robertson, MD

Submitter : Dr. Robert Hsiung

Date: 07/25/2007

Organization : Dr. Robert Hsiung

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.

Submitter : Dr. James Bradford
Organization : Kalamazoo Anesthesiology
Category : Physician

Date: 07/25/2007

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. Catherine Powers
Organization : Anesthesia Associates of Kansas City
Category : Physician

Date: 07/25/2007

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 an anesthesiologist in Kansas City, in a large group of approximately 70 anesthesiologists and 50 CRNAs. Our group covers 5 hospitals, several surgical centers, & several pain management centers in the Kansas City area, many of which have Medicare patients requiring our services.

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,

Catherine Powers, MD

CMS-1385-P-4051-Attach-1.DOC

#4051

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Catherine Powers, MD

Submitter : Dr. Thomas Moore

Date: 07/25/2007

Organization : Unifour Anesthesia Associates, PA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-4052-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:

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Thank you for your consideration of this serious matter.

Kind regards,

Thomas R. Moore, MD

Submitter : Dr. Joanne Jene
Organization : Oregon Anesthesiology Group
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

Having started my practice in Anesthesia in 1964, the eve of Medicare, and now as Medicare eligible citizen, I find it incredible that my service and payment for anesthesia services has continued on a downwrdr spiral as the age and medical conditions of patients have become increasingly challenging. In addition, the cost of professional liability insurance, medical staff and related dues and professional and patient demands and mandates have not made it easy to continue to enjoy the practice of medicine as I once did. I STRONGLY SUPPORT the increase in the long overdue fee increase for anesthesia services under the 2008 Physician Fee Schedule. The payment disparity has been long overlooked and it is now becoming an availability and access issue for Medicare eligible citizens. Now is the time to right this wrong.

Submitter : Dr. Bryan Holbrook
Organization : Dr. Bryan Holbrook
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue. This highly inequitable payment we currently receive is intolerable. Many providers such as speech therapists and dieticians are reimbursed at a significantly higher level than we as anesthesiologists currently are.

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Bryan G. Holbrook M.D.
Layton, UT

Submitter : Dr. Renee Caswell
Organization : Mayo Clinic Arizona
Category : Physician

Date: 07/25/2007

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.

Renee E. Caswell MD

Submitter : Tom Boubel
Organization : Tom Boubel
Category : Individual

Date: 07/25/2007

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)

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

Sincerely, Tom & Vicky Boubel

Submitter : M Ali
Organization : M Ali
Category : Physician

Date: 07/25/2007

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 Rview)

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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 Gunning
Organization : Dr. Thomas Gunning
Category : Physician

Date: 07/25/2007

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.

Thomas C. Gunning, MD

Submitter : Dr. Alina Grigore
Organization : Mayo Clinic Arizona
Category : Physician

Date: 07/25/2007

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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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 : Michael Magee
Organization : Michael Magee
Category : Health Care Professional or Association

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

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

I understand that you are considering an increase in payments for anesthesia. I believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

Sincerely, Michael Magee, MD

Submitter : Dr. Marc Reichel
Organization : Low Country Anesthesia
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my support for the long awaited proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am happy to learn that CMS has recognized the "decades long" gross undervaluation of anesthesia services, and that the Agency is taking steps to remedy this inequality.

When the RBRVS was instituted, it created a 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 is "a losing proposition" where the cost of caring for our nation's seniors can not be met, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. As a consequence, access to care in addition to delivering competent anesthesia service in these areas may be questioned.

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 support full implementation of the RUC's recommendation.

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

Thank you for your consideration of this serious matter.

Submitter :

Date: 07/25/2007

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

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

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

Thank you for your consideration of this serious matter.

Submitter :

Date: 07/25/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Robert Bullock

Date: 07/25/2007

Organization : Grossmont Anesthesiologists Specialists Medical

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

As a practicing anesthesiologist it, it is apparent that the fee schedule provided for us by CMS is woefully inadequate. Our incomes are accurately compared to high school educated service professionals, despite many years of arduous training beyond college and highly stressful careers involving life and death decisions on a daily basis. Availability of high quality care will be enhanced by this proposed increase in reimbursement so that qualified persons will be encouraged to seek a career in medicine. A modest step, but good! Please support this measure.

Yours truly,

Robert A. Bullock, M. D.

Submitter : Dr. Robbye Bell

Date: 07/25/2007

Organization : Associated Anesthesiologists, SC

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.

Submitter : Dr. david mercier
Organization : american society of anesthesiologists
Category : Physician

Date: 07/25/2007

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.

David Mercier M.D.

Submitter : Dr. Chad Pletnick
Organization : American Society of Anesthesiologists
Category : Academic

Date: 07/25/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

I support the proposed change in medicare payment policies that would not penalize academic anesthesiology programs. By cutting in half reimbursement for cases in which there is supervision of two residents, medicare has severely impaired America's future healthcare. By selectively decreasing payments to academic anesthesiology programs, it becomes harder to recruit quality faculty, maintain resources to educate physicians, and subsequently to maintain the high level of quality and safety that physician anesthesiologists can and do provide.

Submitter : Dr. Guy Sanani
Organization : Dr. Guy Sanani
Category : Physician

Date: 07/25/2007

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.

Sincerely

Guy Sanani, MD

Submitter : Dr. Kirk LeBlanc

Date: 07/25/2007

Organization : Tx-An Anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support CMS-1385-P and feel this is a step in the right direction. Access to care will be improved. As a practicing physician for the past 14 years, anesthesiologists have never kept pace with the cost of living in any year on average and I feel have taken the most in cut-backs since the inception of the program in the 1960's. Please help in correcting this trend.

As an aside, while primary and surgical sub-specialists continue to increase their re-imbursements from facility fees at private centers across the USA, anesthesiologists are not able to improve our condition this way. I would not encourage my child to complete a residency in anesthesia today but would encourage one of the above mentioned areas of interests partly because of this.

Submitter : Dr. Andrew Peery
Organization : Duke University Medical Center
Category : Physician

Date: 07/25/2007

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. Edward Krempasanka
Organization : Physicians Anesthesia Associates
Category : Physician

Date: 07/25/2007

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. Craig Cain
Organization : Southern Arizona Anesthesiology Services
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

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

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Craig Cain, MD

Submitter : Dr. James Matthews
Organization : American Society of Anesthesiology
Category : Physician
Issue Areas/Comments

Date: 07/25/2007

GENERAL

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See Attachment

CMS-1385-P-4073-Attach-1.PDF

CMS-1385-P-4073-Attach-2.RTF

Baltimore, MD 21244-8018

Re: CMS-1385-P

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Submitter : JOHN CRAVEN
Organization : JOHN CRAVEN
Category : Physician

Date: 07/25/2007

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.

I am an Anesthesiologist practicing in Texas, and I think this impacts Texas greatly as we are a state on the southern border.

-John Craven M.D.

Submitter : Brian Kelly
Organization : Cobalt Health
Category : Health Care Industry

Date: 07/25/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. STEPHEN PETERS
Organization : FOREST COUNTRY ANESTHESIA, FLAGSTAFF, AZ
Category : Congressional

Date: 07/25/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Dr. Xiu Ling Liu
Organization : Dr. Xiu Ling Liu
Category : Physician

Date: 07/25/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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