

Submitter : Dr. john adesioye

Date: 07/10/2007

Organization : Dr. john adesioye

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Attention: CMS-1385-P.

I am writing to express my unwavering 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.

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 matter of great importance.

Submitter : Dr. Alok Makam

Date: 07/10/2007

Organization : Western Pennsylvania Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an Anesthesiology physician the current medicare reimbursements for our services are below standard for services rendered. This presents many problems where ESPECIALLY patient care suffers secondary to having to cut corners. This really needs to be addressed and reimbursements need to be increased.

Submitter : Dr. Virgil Airola
Organization : Pediatric Anesthesia Associates
Category : Physician

Date: 07/10/2007

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 Proposed Rule Change

Dear Ms. Norwalk:

The proposed modification of the Medicare Anesthesia services fee schedule has my full support! Thank you for at long last recognizing the significant undervaluation of anesthesia services compared to other physician specialties. This has always been a complex issue, and I am pleased that the CMS is taking steps to correct this disparity among physician specialties where, compared to private insurance rates, anesthesiologists have been paid by Medicare at 33% of commercial rates whereas other physician specialties have been paid 83% of commercial rates.

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, with the recent 9% reduction in anesthesia rates, Medicare payment for anesthesia services in Fresno, California are only \$15.96 per unit of work! Today's Medicare reimbursement schedule, combined with the fact that 25 to 30% of the anesthetics are provided to Medicare enrollees in California's Central Valley, makes it almost impossible to recruit and retain well-trained and talented young anesthesiologists in our Central Valley communities.

I believe it's important for Medicare patients have an expert anesthesiologist delivering their anesthetic, so it is critical that CMS implement the proposal published in the Federal Register to increase the anesthesia conversion factor as recommended by the RUC.

Thank you for moving to partially correct the disparity in Medicare fees for anesthesiologists compared to other physicians. Your actions will help Fresno seniors obtain proper anesthetic care our seniors deserve the best!

Yours Sincerely,

Virgil M. Airola, M.D.

Submitter : Dr. Christopher Cook
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Christopher Ryan Cook, D.O.
A.S.A. Resident Component President Elect
Chief Resident Baylor College of Medicine
Department of Anesthesiology
E-mail: cc145239@bcm.tmc.edu

Submitter : Dr. eric loudermilk
Organization : Anesthesiology Services of Anderson
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I am in strong agreement that the fee schedule for anesthesia services for Medicare be increased. This is long overdue. These patients are the most complicated and challenging for anesthesiologists and their expert services should be remunerated appropriately. Please follow through with the plan to increase anesthesia fee schedule reimbursement for anesthesiologists.

Submitter : Dr. Mary Landrigan-Ossar

Date: 07/10/2007

Organization : Childrens Hospital Boston

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Mary Landrigan-Ossar, MD, PhD
Childrens Hospital Boston
300 Longwood Ave
Boston, MA 02115

Submitter : Dr. Philip Lumb
Organization : Keck School of Medicine /USC
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Nathan Jorgensen
Organization : Dr. Nathan Jorgensen
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Nathan H Jorgensen, MD
112 Highland Street
Portsmouth, NH 03801

Submitter : Dr. Gary Coke
Organization : Providence Hospital
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

I applaud the improvements in CMS-1385-P. I think patient care will positively benefit from this improvement. Thank you for this opportunity to provide this feedback.

Submitter : Dr. Chris Newell
Organization : Dr. Chris Newell
Category : Physician

Date: 07/10/2007

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 Newell, MD
Bellingham, WA

Submitter : Dr. Jason Gray
Organization : Dr. Jason Gray
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Jason F. Gray, M.D.

Submitter : Mrs. Julie Cook
Organization : American Society of Anesthesiologists
Category : Health Care Professional or Association

Date: 07/10/2007

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. Charles Williams

Date: 07/10/2007

Organization : ASA

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
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Thank you for your consideration of this serious matter.

Submitter : Dr. John Armstrong

Date: 07/10/2007

Organization : University of Colorado Health Sciences Center

Category : Physician

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;

As a teaching anesthesiologist I can assure you that this modest increase will help support those of us whose choose to pass knowledge on to the next generation of health care professionals

Submitter : Dr. Richard Sugar

Date: 07/10/2007

Organization : Dr. Richard Sugar

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

July, 10, 2007

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Richard M. Sugar, M.D.

Submitter : Dr. Brian DeLisio
Organization : Gateway Anesthesia Assoc.
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

We deserve to be compensated equally with regard to other surgical specialties for our services and expertise in Anesthesiology. We have been treated unjustly for years and it's time for equality in reimbursement.

Submitter : Dr. Harriet Hamer
Organization : ASA
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Physician Scacity Areas

Physician Scacity Areas

Medicare patients are frequently the most ill. Medicare severely underpays for the amount of work required, infact payment is so low that a physician cannot make a living only seeing Medicare patients, or they will go out of business. With the Medicare population increasing, physicians need to keep their practices in the black, and thus will not be able to continue to accept low revenue medicare patients which could result in an access to care issue for Medicare patients. Harriet A Hamer, M.D.

Submitter : Dr. GUSTAV STAAHL

Date: 07/10/2007

Organization : DAKOTA CLINIC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please level the playing field so to fairly compensate anesthesiologists as compared to other physicians caring for medicare patients. This will ensure continued care for these needy patients. G Staahl M.D.

Submitter : Dr. Robyn Rogin
Organization : Dr. Robyn Rogin
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment.

CMS-1385-P-569-Attach-1.DOC

#509

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. Sarah McFarlin
Organization : ASA
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sarah Jane McFarlin, MD

Submitter : Dr. roderick lovett

Date: 07/10/2007

Organization : UCAA

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:

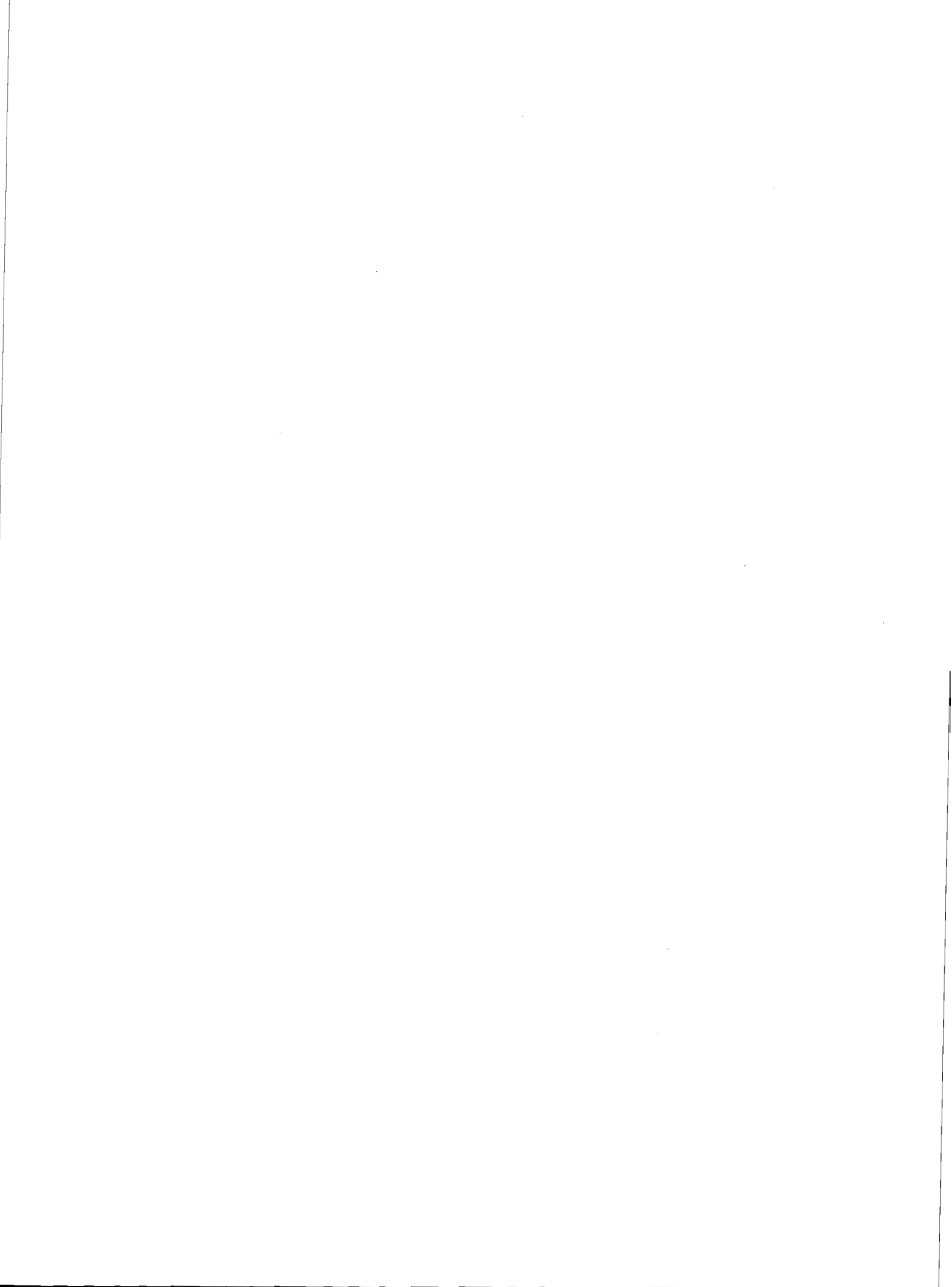
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Thank you for your consideration of this serious matter.
Roderick W. Lovett MD
Cookeville, TN 38501



Submitter : Dr. Robert Melashenko

Date: 07/10/2007

Organization : Dr. Robert Melashenko

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia has long suffered from underpayment in Medicare reimbursement. The number of anesthesiologists will chronically remain inadequate to fill the demand until they are reimbursed at a level that is nearer to that of every other specialty in Medicine.

Submitter : Dr. steve Tafor
Organization : Medical center of Central Georgia
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

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Submitter : Dr. Mark Wix
Organization : individual anesthesiologist
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Anita Ramaiah

Date: 07/10/2007

Organization : Dr. Anita Ramaiah

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The Centers for Medicare and Medicaid Services (CMS), the government agency that runs the Medicare program, must make sure that Medicare beneficiaries have adequate access to care. ASA has well-founded concerns that current Medicare payment levels do not meet this standard and may have finally convinced CMS administrators that improved payment is essential.

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. If the government follows through on all its proposals, the anesthesia conversion factor could be about \$3.30 per unit more than was projected for 2008 before Medicare made its July announcement. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

Submitter : Dr. Aimee Stotz

Date: 07/10/2007

Organization : Lake County Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

With the growing geriatric population, anesthesiologists will be providing care in many capacities for a variety of procedures this population will require. It would be a diaster to cut payments to physicians. There will be less physicians willing to provide care to this population because the same (or higher) standard of care would be expected. How is this fair to any group (nurses, therapists, physicians)? I don't understand how reducing payment for services rendered will offset the rising cost of medical care? It doesn't make sense to cut off/reduce payment to improve the Medicare crisis. Let's start with reducing the free care provided to illegal immigrants, and/or let's limit the time a person can be on welfare. Let's not cut off the caring hand that tends to the sick and indigent.

Submitter : Dr. Wai Leung
Organization : Dr. Wai Leung
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

Thank you for your consideration of this serious matter.

Submitter : John Hille
Organization : John Hille
Category : Individual

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I agree with the increase in pay as proposed in CMS-1385-P. I feel that is only fair to properly reward the physicians for their medical care.

Submitter : Dr. Brent Larson
Organization : Brent R. Larson MD Inc
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

I just left a hospital based practice after many years due to inadequate reimbursement. I now practice at a surgery center with minimal medicare. If reimbursement does not improve, I will be forced to leave the practice of medicine altogether. Many others have left or considering leaving the profession. What a waste of an american resource. I'm bitter and disgusted.

Brent Larson MD. Anesthesiologist, Stanford trained. I guess you want foreigned trained doc's, who can't even communicate, giving your anesthetic. Good luck, its just your life. You've been pennywise and pound foolish

Submitter : Dr. Martin Gordon

Date: 07/11/2007

Organization : individual

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Medicare payment for anesthesia services stands at just \$16.19 per unit, forcing anesthesiologists away from areas with disproportionately high Medicare populations. 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.

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,

Martin Gordon, M.D.

Submitter : Dr. Paul Padova
Organization : Dr. Paul Padova
Category : Physician

Date: 07/11/2007

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
Paul J. Padova, D.O.

Submitter : Dr. Peter Jong

Date: 07/11/2007

Organization : Dr. Peter Jong

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)

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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. Wallace Hayasaka

Date: 07/11/2007

Organization : PAS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please support the increase of medicare compensation for anesthesiology.

Submitter : Dr. Carl Heath
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P (See Attachment)

CMS-1385-P-584-Attach-1.DOC

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Dwight Wymore
Organization : South Bay Anesthesia
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Background

Background

Dear Sirs

Due to an unfair gross undervaluation of Anesthesia services more than 10 years ago by the RBRVS system, we have a huge disparity between commercial and medicare rates that no other specialty faces. We can not hire Anesthesiologists at the current rate of \$16 per unit which is significantly less than half of what the average commercial carrier offers. Senior RN Operating Room Nurses in our area make the same amount that Medicare pays for MD anesthesia services. I can not negotiate contracts that offer 90 to 100 % of Medicare rates because I need a higher commercial payment to offset medicare rates in order to provide anesthesia staff for the hospitals. Some Hospitals in high Medicare areas pay subsidies to groups sustain anesthesia coverage. On the other hand , most specialties accept medicare or slightly above for their commercial rates. This gross disparity between anesthesia and ALL OTHER specialties in terms of relative reimbursement is not sustainable as the Baby Boomers age. I urge you in the strongest possible terms to enact the full amount of the RUC's recommendation to CMS to raise the unit payment by 32% to rectify this longstanding undervaluation. Thank you for your time.

Dwight Wymore MD

Submitter : Dr. Tigran Sukiasyan

Date: 07/11/2007

Organization : Dr. Tigran Sukiasyan

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'd like to express my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am very pleased that CMS has recognized the apparent undervaluation of anesthesia services, and that the Agency is taking steps to correct this complicated matter.

There is 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. This amount simply 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.

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

Thank you for your consideration of this serious matter.

Submitter : Dr. John Degenhardt
Organization : Oregon Anesthesiology Group
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

We can't work for free....you don't. You aren't increasing anything you're just maintaining the system so it doesn't collapse!

Submitter : Dr. Monica Sanz

Date: 07/11/2007

Organization : Dr. Monica Sanz

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)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Submitter : Dr. Robin Minielly
Organization : Dr. Robin Minielly
Category : Physician

Date: 07/11/2007

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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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. Ming Hwang

Date: 07/11/2007

Organization : Dr. Ming Hwang

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. If the government follows through on all its proposals, the anesthesia conversion factor could be about \$3.30 per unit more than was projected for 2008 before Medicare made its July announcement. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

Submitter : Dr. Douglas Merrill
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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.
Douglas G. Merrill MD

Submitter : Dr. Ryan Pong
Organization : Dr. Ryan Pong
Category : Physician

Date: 07/11/2007

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. jason lichtenstein

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Thank you for your consideration of this serious matter.

I truly do love my profession, but with increasing volumes of medicare/medicaid patients, I cannot afford to stay in practice much longer, and my fear is that there are many others in the same position. With an increasing shortage of anesthesia providers, and even more severe shortages predicted in the future, this is become a huge problem that we cannot afford to ignore.

Jason Lichtenstein, MD

Submitter : Dr. Suzanne Escudier

Date: 07/11/2007

Organization : Dr. Suzanne Escudier

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. Charles Watson
Organization : Bridgeport Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I strongly support CMS-1385-P.

A relative value increase for anesthesia services is essential to ensuring adequate access for Medicare/Medicaid patients to anesthesia care. Without readjustment, one can predict a shrinking number of providers who will be willing to accept CMS patients and reimbursement as the practice/personnel cost exceeds income.

Thankyou for your attention to this matter.

Sincerely,

Charles B. Watson, MD, FCCM

Submitter : David Barbara
Organization : David Barbara
Category : Physician

Date: 07/11/2007

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. Gregory Porter
Organization : Sierra Ambulatory Surgery Center
Category : Physician
Issue Areas/Comments

Date: 07/11/2007

GENERAL

GENERAL

See Attachment

CMS-1385-P-597-Attach-1.DOC

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

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

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Thank you for your consideration of this serious matter.

Sincerely, Gregory J. Porter, M.D.
Medical Director and Staff Anesthesiologist
Sierra Ambulatory Surgery Center
400 B Sierra College Drive
Grass Valley, CA 95945

Submitter : Dr. Allan Horn
Organization : Dr. Allan Horn
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,
Allan Horn MD

Submitter : Dr. Ronald Pearl
Organization : Stanford University
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

Submitter : Dr. Rainier Guiang
Organization : Anesthesia Medical Group of Riverside
Category : Physician

Date: 07/11/2007

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.

Rainier E. Guiang, M.D.
California

Submitter : Yeong-Shiuh Tang

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.
Yeong-Shiuh Tang, MD
Staff Anesthesiologist
Beaumont Hospital, Royal Oak, Michigan

Submitter :

Date: 07/11/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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Submitter : Dr. Sean Flack

Date: 07/11/2007

Organization : Dr. Sean Flack

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Thomas Luisetti

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I practice in a rural area where the majority of patients are medicare/medical. Medicare reimbursement is approximately 30% of what private insurance reimburses for the same care. The result of this is poor physician anesthesiologist recruiting and retention. An increase in medicare reimbursement would help prevent the inability to provide quality care to the aging and underprivileged population. Medicare should not be looked at as a poor payer. The poor reimbursement provided by medicare is not only shameful, it is unfair to the aging population. Good anesthesiologists are avoiding practices like mine simply because a high medicare population means poor income for the anesthesiologist.

Submitter : Dr. Daniel Nelson
Organization : ASA
Category : Physician

Date: 07/11/2007

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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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Daniel H. Nelson, M.D.

Submitter : Dr. James Justice III

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-606-Attach-1.DOC

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

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

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Thank you for your consideration of this serious matter.

Sincerely,
James Justice MD
Active ASA member
Anesthesia Med Group Santa Maria
California
805-260-0377

Submitter : Dr. James Justice III

Date: 07/11/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Sincerely,
James Justice MD
Active ASA member
Anesthesia Med Group Santa Maria
California
805-260-0377

Submitter : Dr. Mehul Sekhadia
Organization : Northwestern Medical Faculty Foundation
Category : Physician

Date: 07/11/2007

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. Geoffrey Hui
Organization : Group Health cooperative
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

I work for a HMO that contracts anesthesia care. Medicare pays only a fraction of the actual cost of physician fees to anesthesia providers. Private insurance makes up the difference. That's not fair nor sustainable. Increasing medicare payment is the right thing to do. I thank you for your serious considerations.

Submitter : Dr. ARMEN CHALIAN

Date: 07/11/2007

Organization : Dr. ARMEN CHALIAN

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

/Users/armenchalian/Desktop/070702-commentlettertemplate-3.doc

Submitter : Dr. Donal Ryan
Organization : Dr. Donal Ryan
Category : Physician

Date: 07/11/2007

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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Thank you for your consideration of this serious matter.

CMS-1385-P-612

Submitter : Dr. Donald Mason
Organization : Donald M. Mason, Jr., M.D., Ltd.
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-612-Attach-1.TXT

CMS-1385-P-612-Attach-2.DOC

Leslie V. Norwalk, Esq.
Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Richard Hirasuna
Organization : US Navy
Category : Physician

Date: 07/11/2007

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 R. Hirasuna, M.D.

CMS-1385-P-613-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.

Richard R. Hirasuna, M.D.

Submitter : Dr. William Montgomery
Organization : Straub Clinic and Hospital
Category : Physician

Date: 07/11/2007

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. Gregory C. Taylor

Date: 07/11/2007

Organization : Dr. Gregory C. Taylor

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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Submitter : Dr. stephanie Jo Dyer

Date: 07/11/2007

Organization : Covenant Hospital Plainview

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Increased Reimbursement to Anesthesiologists through CMS

Submitter :

Date: 07/11/2007

Organization :

Category : Physician

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

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Submitter : Dr. Andrew Malinow
Organization : Univ Md Medical Center - ASA
Category : Physician

Date: 07/11/2007

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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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.
Andrew M. Malinow MD

Submitter : Dr. Joseph Webster
Organization : Northside Anesthesia Services, LLC
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

CMS-1385-P-619-Attach-1.PDF

CMS-1385-P-619-Attach-2.PDF

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Scott Benzuly
Organization : Brown University
Category : Physician

Date: 07/11/2007

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.

Scott E. Benzuly, MD

Submitter : Dr. kristyna landt
Organization : emory university
Category : Physician

Date: 07/11/2007

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. Nicholas Rockwell
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Nicholas L. Rockwell, MD
Board Certified Anesthesiologist

Submitter : Dr. Andrew Astrove
Organization : BROAD Anesthesia Associates
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-623-Attach-1.DOC

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

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

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Thank you for your consideration of this serious matter.

Submitter : Bradley Hewlett
Organization : Bradley Hewlett
Category : Other Health Care Professional

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Bradley Hewlett

CMS-1385-P-624-Attach-1.DOC

CMS-1385-P-624-Attach-2.DOC

#624

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. Serena Jung
Organization : Northeast Anesthesia Physicians, P.C.
Category : Physician

Date: 07/11/2007

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.

Serena Jung, M.D.

Submitter : Dr. Joel Johnson
Organization : Dr. Joel Johnson
Category : Physician

Date: 07/11/2007

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.

Joel M. Johnson, MD

Submitter : Dr. Ricky Zegelstein

Date: 07/11/2007

Organization : Custom Anesthesia Services, P.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It is totally ludicrous to pay physicians at the current rate and unbelievable to think that someone could think anesthesia services are overpaid now.

Submitter : Dr. Zaven Boornazian
Organization : Dr. Zaven Boornazian
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

Dear Ms. Norwalk:

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Submitter : Dr. Keith Witt

Date: 07/11/2007

Organization : Dr. Keith Witt

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. Greg Gordon

Date: 07/11/2007

Organization : MetroHealth Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Kenneth Nelson
Organization : WFUSOM
Category : Physician

Date: 07/11/2007

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.

I am an academic anesthesiologist on a salary, and this issue is not simply about physician salaries. The future of our specialty and the quality of resident training relies on adequate reimbursement when the patients being cared for are primarily relying on Medicare.

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Thank you for your consideration of this serious matter.

Kenneth E Nelson M.D.
Wake Forest University School of Medicine

Submitter : Dr. Kimberly King
Organization : Tucson Medical Center/Old Pueblo Anesthesia
Category : Hospital

Date: 07/11/2007

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 of this serious matter.

Kimberly M King
Old Pueblo Anesthesia
5700 E Pima, Suite E
Tucson, AZ 85712

Submitter : Dr. Dennis McCarthy
Organization : Anesthesiologist
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

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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.

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Thank you for your consideration of this serious matter.

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

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

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

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

Thank you for your consideration of this serious matter.

Sincerely,

Jeffrey Crispell, M.D.

Submitter : Dr. Colleen O'Leary
Organization : SUNY Upstate Medical University
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-635-Attach-1.DOC

#635

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.

Colleen E O'Leary MD
Associate Professor and Vice Chair
Department of Anesthesiology, SUNY Upstate Medical University
Medical Director, Perioperative Services, University Hospital
Syracuse, NY

Submitter : Dr. Ronald Torline
Organization : Dr. Ronald Torline
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

Resource-Based PE RVUs

Resource-Based PE RVUs

I fully support the resolution CMS 1385 P. Anesthesia services have been undervalued for many years. This would go a long way to correcting this inequity.

CMS-1385-P-636-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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Guy Aliotta
Organization : Meriden-Wallingford Anesthesia Group, PC
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P-637-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.

Sincerely,

Guy J. Aliotta, MD
Director of Anesthesia Services
Midstate Medical Center
Meriden, CT 0645
(203) 694-8200

Submitter : Dr. Dianna Branson
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Impact

Impact

The proposed decrease in anesthesia reimbursement by Medicare will adversely impact all patients. We are already a field of medicine where there are too few practitioners. Decreased reimbursement levels will mean we will have to have smaller departments delivering all time high levels of care and numbers of cases. That in turn means all anesthesiologists will be working more hours/week, more weeks/year. The impact of that will be exhausted, stressed physicians dealing with more patients, sicker patients and increasing technology in the operating room. That cannot translate to better patient care.

The impact of doing call on physician's health is significant. The stress hormones particularly impact those involved in trauma and critical care (such as anesthesiologists) adversely impact the physician's health. Adding to the burden of call and long work hours under that stress load will absolutely NOT improve patient health care.

I ask that you not support decreasing Medicare reimbursement rates for Anesthesia services. I ask that you act as a patient advocate to keep patient safety foremost.

Submitter : Dr. Robert Evans

Date: 07/11/2007

Organization : Dr. Robert Evans

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)

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Thank you for your consideration of this serious matter.

Submitter : Dr. James Sperrazza
Organization : Dr. James Sperrazza
Category : Physician

Date: 07/11/2007

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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Sincerely,
James Sperrazza, MD

Submitter : Dr. Edward Garcia
Organization : Brigham and Womens Hospital
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

Dear Ms. Norwalk:

Anesthesia services has long been significantly undervalued relative to our medical and surgical colleagues. I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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Thank you for your consideration of this serious matter.

Submitter : Dr. Benjamin George
Organization : Kings county hospital, NY
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologist need to be better compensated

Submitter : Dr. Paul Dalecki
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/11/2007

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. Vikram Patel
Organization : northeast anesthesiology and pain
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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. Catherine Schane
Organization : Dr. Catherine Schane
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

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Thank you for your consideration of this serious matter.

Catherine Schane, M.D.

Submitter : Dr. John Scheub
Organization : Upper Cape Anesthesia
Category : Physician

Date: 07/11/2007

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. Robert Pearce
Organization : University of Wisconsin
Category : Physician

Date: 07/11/2007

Issue Areas/Comments

GENERAL

GENERAL

Regarding CMS-1385-P

The RUC correctly recognized that anesthesia services have been significantly undervalued in the past. This is the first step in rectifying the problem. I strongly support the increased CF that was proposed.

Submitter :

Date: 07/11/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Stop paying busboy wages to healthcare professionals.
They're all gonna start dropping Medicare, and then what?
The AARP is gonna come knocking on your door.

Submitter : Dr. John Hiebert
Organization : Lahey Clinic
Category : Physician

Date: 07/11/2007

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

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Thank you for your consideration of this serious matter.

Sincerely,

John Hiebert, MD, PhD
Anesthesiologist
Lahey Clinic
Burlington, MA
01805

Submitter : Dr. Meg Rosenblatt
Organization : Mount Sinai School of Medicine
Category : Hospital

Date: 07/11/2007

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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Meg A. Rosenblatt MD