

**Submitter :** Dr. David Skinner

**Date:** 07/12/2007

**Organization :** Dr. David Skinner

**Category :** Physician

**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

Rc: 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. Frank Schefano  
**Organization :** Dr. Frank Schefano  
**Category :** Physician

**Date:** 07/12/2007

**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.

I am always available as a consultant on issues impacting the safe delivery of anesthesia to our nation's Medicare recipients. Please feel free to contact me directly for any positive contribution that I can make or any way that I may be of service to your office.

Thank you for your consideration of this serious matter.

Sincerely,

Frank Schefano III, MD

**Submitter :** Dr. Milton Benditt  
**Organization :** Society Hill Anesthesia Consultants,  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Milton Benditt, M.D.  
Delaware County Memorial Hospital  
Attention: CMS-1385-P  
266 N Bowman Ave  
Merion Station, PA 19066

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

Dear Dr. Benditt:

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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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Abdoulla Chakhbazov  
**Organization :** Society Hill Anesthesia Consultants,  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Abdoulla Chakhbazov, M.D.  
Delaware County Memorial Hospital  
Attention: CMS-1385-P  
2601 Pennsylvania Ave #706  
Philadelphia, PA 19130

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

Dear Dr. Chakhbazov:

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. Jeffrey Haiken  
**Organization :** Society Hill Anesthesia Consultants,  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Jeffrey Haiken, M.D.  
Delaware County Memorial Hospital  
Attention: CMS-1385-P  
1 Stanfield Ln  
Broomall, PA 19008

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

Dear Dr. Haiken:

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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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Mark Dal Pra  
**Organization :** University of Michigan  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**Impact**

**Impact**

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.

Mark A. Dal Pra MD

**Submitter :** Dr. Deborah S Lippman  
**Organization :** Society Hill Anesthesia Consultants,  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Deborah S Lippman, M.D.  
Delaware County Memorial Hospital  
Attention: CMS-1385-P  
503 Wildflower Ln  
Media, PA 19063

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

Dear Dr. Lippman:

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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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Anderson Greenhaw

**Date:** 07/12/2007

**Organization :** University of Oklahoma College of Medicine

**Category :** Physician

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

It is vital to our education and speciality to reform the current payment practices. Please help us correct this vital inaccuracy.

**Submitter :** Dr. Anthony Thornton  
**Organization :** Society Hill Anesthesia Consultants,  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Anthony Thornton, M.D.  
Delaware County Memorial Hospital  
Attention: CMS-1385-P  
5045 Brittany Ln  
Bryn Mawr, PA 19010

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

Dear Dr. Thornton:

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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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Michael Flacco

**Date:** 07/12/2007

**Organization :** Dr. Michael Flacco

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

Michael Flacco, M.D.

CMS-1385-P-1710-Attach-1.DOC

CMS-1385-P-1710-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.

Michael Flacco, M.D.

**Submitter :**

**Date: 07/12/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-1711-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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Anesthesia Coding (Part of 5-Year Review)**

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Marvin Cohen

**Date:** 07/12/2007

**Organization :** UTMB

**Category :** Physician

**Issue Areas/Comments**

**Background**

Background

I was paid less per hour of work for treating very sick and fragile patients than most professionals in all other fields. After expenses it was almost never financially worthwhile. This will help correct that situation

**Impact**

Impact

Until now medicare patients were sometimes seen as a 'burden' This will definitely improve care for such patients.

**Submitter :** Dr. Gregory Pharo  
**Organization :** Society Hill Anesthesia Consultants,  
**Category :** Physician  
**Issue Areas/Comments**

**Date:** 07/12/2007

**GENERAL**

GENERAL

Gregory Pharo, M.D.  
Professional Pain Management Assoc.  
Attention: CMS-1385-P  
119 Deerfield Ave  
Marlton, NJ 08053

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

Dear Dr. Pharo:

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**Submitter :** Dr. George Rung

**Date:** 07/12/2007

**Organization :** Dr. George Rung

**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.

George W. Rung, MD

**Submitter :** Dr. Andrew Ellett

**Date:** 07/12/2007

**Organization :** Dr. Andrew Ellett

**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.  
Andrew Ellett

**Submitter :**

**Date: 07/12/2007**

**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.

Sincerely,

Jeffrey C. Morse M.D.

**Submitter :** Mr. Cole Eslyn  
**Organization :** OU MEDICAL CENTER  
**Category :** Hospital

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-1717-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.

Sincerely,

Cole Eslyn, FACHE  
President and Chief Executive Officer  
OU MEDICAL CENTER

**Submitter :** Mr. Mark Meisel

**Date:** 07/12/2007

**Organization :** Anesthesia Associates of Kansas City, PC

**Category :** Individual

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

CMS-1385-P

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. Our anesthesiology group has struggled with the significant disparity in payment rates between our commercial carriers and Medicare.

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 our costs for 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. While this is not a complete resolution to the issue, 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,

Mark K. Meisel, MBA

Vice President and Chief Operating Officer

Anesthesia Associates of Kansas City, PC

**Submitter :** Dr. Stacie Reiner

**Date:** 07/12/2007

**Organization :** UTMB

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

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

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. William Allen  
**Organization :** Dr. William Allen  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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

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 over \$3.00 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 :** Mr. Mark Meisel

**Date:** 07/12/2007

**Organization :** Mr. Mark Meisel

**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)

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Thank you for your consideration of this serious matter.

Mark K. Meisel, MBA  
Vice President and Chief Operating Officer  
Anesthesia Associates of Kansas City, PC

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

**Date:** 07/12/2007

**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.

Sean L. Coy MD

**Submitter :** Dr. Wendy Abramson  
**Organization :** University of Oklahoma Health Sciences Center  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

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

Payment For Procedures And Services Provided In ASCs

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Wendy B. Abramson, M.D.

**Submitter :** Dr. John Stephenson  
**Organization :** Physician Specialists in Anesthesia  
**Category :** Physician

**Date:** 07/12/2007

**Issue Areas/Comments**

**Background**

Background

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

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

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Thank you for your consideration of this serious matter.

John H Stephenson

CMS-1385-P-1724-Attach-1.TXT

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

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

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Thomas Palilla

**Date:** 07/12/2007

**Organization :** ASA

**Category :** Physician

**Issue Areas/Comments**

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

Coding-- Additional Codes From 5-Year Review

July, 12, 2007

Thomas Palilla, M.D.  
19820 W. Pinnacle Peak Rd.  
Surprise, AZ. 85387

Leslie V. Norwalk  
Acting Administrator  
Centers for Medicare  
P.O. Box 8018  
Baltimore, MD. 21244

Re: CMS-1385-P

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Sincerely,

Thomas Palilla, M.D.