

Submitter : Dr. Paul Naour

Date: 07/10/2007

Organization : McLean County Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I believe that reimbursement is hampering care to Medicare-eligible patients. I am quite worried that cuts or maintaining the current model will reinforce the notion that Medicare cases are 'not worth it.'

Submitter : Dr. ayman farag

Date: 07/10/2007

Organization : asa

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

Submitter : Dr. Nathaniel Simon

Date: 07/10/2007

Organization : Dr. Nathaniel Simon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a physician and anesthesiologist, I am writing to urge approval of the conversion factor increase. Not only is this a fair measure as it promoted parity in Medicare payments to physicians, but it will help to ensure access to Medicare patients.

Submitter : Dr. Shaun Sullivan
Organization : Bellingham Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

CAP Issues

CAP Issues

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

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.

Shaun Sullivan, M.D.

Submitter : Dr. ANDREW BELAVIC
Organization : ELMHURST ANESTHESIA
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
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Thank you for your consideration of this serious matter.

Submitter : Dr. john park

Date: 07/10/2007

Organization : asa

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

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Thank you for your consideration of this serious matter.

Submitter : Dr. michael winston

Date: 07/10/2007

Organization : California Society of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-457-Attach-1.DOC

CMS-1385-P-457-Attach-2.DOC

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

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Thank you for your consideration of this serious matter.

Sincerely yours,

Michael Winston, M.D.

Submitter : Tara Knapp
Organization : Tara Knapp
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
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Thank you for your consideration of this serious matter.

Derek Rosner, MD

Submitter : Dr. Derek Rosner
Organization : Milford Anesthesia Associates, PC
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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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 Quinn
Organization : Dr. John Quinn
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
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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 Quinn, MD

Submitter : Dr. John Heinbockel

Date: 07/10/2007

Organization : Dr. John Heinbockel

Category : Physician

Issue Areas/Comments

GENERAL

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I heartily support a revision increase in the anesthesia conversion factor. For a long time, anesthesia work has been undervalued, placing Medicare patients at risk. While not comprehensive, the proposal will be a help.

Submitter : Dr. Eric Crabtree
Organization : Dr. Eric Crabtree
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P.

Anesthesiologists are currently suffering from the unfair teaching rule as well as an overall shortage of staffing in this country. If payments do not increase in multiple areas, the problem will only get worse. Use CMS -1385- P to help Anesthesiologists across the country receive the payment that their services are worth.

Submitter : Dr. David Currier

Date: 07/10/2007

Organization : Aultman Hospital

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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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.

David S. Currier, M.D.

Submitter : Dr. Steve Tourangeau

Date: 07/10/2007

Organization : Dr. Steve Tourangeau

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 strong support for the proposal to increase anesthesia payments in the 2008 Physician Fee Schedule. There has been a gross undervaluation for anesthesia services and I am glad the agency is taking steps to address the issue.

The current Medicare payment for anesthesia services of \$16.19 per unit does not cover the cost of caring for our nation's seniors, and is forcing anesthesiologists away from areas with a high Medicare population. The RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32% work undervaluation. This move would result in an increase of nearly \$4.00 per anesthesia unit and take a major step forward in correcting the long standing undervaluation of anesthesia services. I am pleased the Agency accepted this recommendation in it's proposed rule, and I support full implementation of the RUC's recommendation.

Thank you for your consideration of this serious matter.

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

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support the increase in anesthesia reimbursement that has been proposed.

Submitter :

Date: 07/10/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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

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

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. michael feldman
Organization : Anesthesia Associates of Easton
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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

Submitter : Dr. James Mulac

Date: 07/10/2007

Organization : Indiana Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed increase in Medicare payments to Anesthesiologists considered in CMS-1385-P. Thank you for proposing this increase in payment, as it will help to encourage continued availability of Anesthesiologists to treat Medicare recipients.

Sincerely, James E. Mulac, M.D.

Submitter : Ken Johnson
Organization : University of Utah
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
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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.

Ken B. Johnson, M.D.
Associate Professor
Department of Anesthesiology
University of Utah

Submitter : David Haupt
Organization : David Haupt
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
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David E Haupt
3026 N Center Pt Rd
Cedar Rapids, IA 52411
319 378 4072
dehaupt@earthlink.net

Submitter : Mrs. Cassy Schronk
Organization : Mrs. Cassy Schronk
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
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Thank you for your consideration of this serious matter.
Sincerely,
Cassy Schronk

Submitter : Mrs. ellen feldman
Organization : Mrs. ellen feldman
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Submitter : Miss. Beth Feldman
Organization : Miss. Beth Feldman
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

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Centers for Medicare and Medicaid Services
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When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$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. Robert Lubanski
Organization : Dr. Robert Lubanski
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support this bill. I am especially advocating for the increase in the anesthesia payments. Anesthesiology has been undervalued for several years under CMS. The specialty's payment rates proportionally lag their surgical colleagues for patients covered under CMS. If not corrected, there will be continued access problems for those patients. By increasing the payment level, we will be able to recruit doctors in the future to take care of these patients. In our region, the high proportion of Medicare and Medicaid patients make it difficult to keep a practice running and retain physicians. This has led to some smaller hospitals going without anesthesia providers because the reimbursement levels are so poor. Please vote to increase our rates to help us better serve these patients.

Submitter : Miss. Julie Feldman

Date: 07/10/2007

Organization : Miss. Julie Feldman

Category : Individual

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 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. Stephen Houde

Date: 07/10/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Ambulance Services

Ambulance Services

Decreasing reimbursements by Medicare causes decrease payments from all insurances. The decrease only affects physicians who are already struggling to continue to practice, which further decreases access to the people who need it the most. The Physician Fee Schedule is already unfair to Anesthesia services.

We need your assistance to continue to provide services to those who need it the most.

Submitter : Dr. Linda Rice
Organization : Dr. Linda Rice
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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 finally 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. Thomas Specht
Organization : Dr. Thomas Specht
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment
Re: CMS-1385-P

CMS-1385-P-479-Attach-1.PDF

#478

THOMAS C. SPECHT, MD
P.O. BOX 2573
TRUCKEE, CALIFORNIA 96160
(530) 587-6775
tcspecht@usamedia.tv

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY

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

July 10, 2007

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. I am in a rural hospital where the income potential for reimbursement is limited so maintaining reasonable rates for Medicare patients is especially important as they make up a significant percentage of the patient population.

Thomas C. Specht, M.D.
Tahoe Forest Hospital, Department of Anesthesia
Truckee, California 96160

Submitter : Dr. David Canfield
Organization : CHAG Anesthesia
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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

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

Dear Ms. Norwalk:

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

Thank you for your consideration of this serious matter.

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)

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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CMS-1385-P-480

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. Adam Dorin

Date: 07/10/2007

Organization : Anesthesia Services Medical Group

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

Anesthesiologists (especially those in Southern CA) have been grossly under-valued and under-reimbursed, with many years of consecutive cuts in Medicare payments. PLEASE consider sticking with revised formulas that partially rectify this inequity. Thank you. Anesthesiologists deal with controlled poison every day, and have done a superb job as a specialty in reducing medical errors and lowering risks for patients. Please reward this valuable field of medical experts.

Submitter : Dr. Joseph Vulgamore

Date: 07/10/2007

Organization : Dr. Joseph Vulgamore

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Re: CMS-1385-P Anesthesia Coding (Part of 5-Year Review) 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 finally 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 even 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 : Mr. Joseph Rice

Date: 07/10/2007

Organization : Mr. Joseph Rice

Category : Individual

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

I am glad that the government recognizes this important area. I know that my anesthesiologist currently receives less than my surgeon does for a hell of a lot more important job. I think that the Medicare people need to realize that the anesthesiologist is not valued as much as some other doctors are. I think that is wrong.

Submitter : Dr. Stephen Long
Organization : Commonwealth Pain Specialists
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.

It was wonderful to see you at the ASA Washington meeting and talking about our mutual friends Presidents Bush (41 and 43) and their families.

Sincerely,
Steve

Submitter : Dr. julie saddler
Organization : Dr. julie saddler
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
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Thank you for your consideration of this serious matter.

Sincerely,
Julie A. Saddler
935 74th St. NE, #1
Cedar Rapids, IA 52402

Submitter : Dr. Ira Buchwald

Date: 07/10/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in full support of a revision to the Medicare/Medicaid fee schedule for anesthesia services. For too long, the anesthesia fee to provide anesthesia services to Medicare and Medicaid patients has been set too low. Anesthesiologists have been forced to accept Medicare and Medicaid payments that do not even cover their costs of doing business. While most of my experience has to do with Medicaid patients, I am personally aware of access of care issues related to inadequacy of payment from Medicare and Medicaid. This is a situation that will only get worse if payments cannot be adjusted.

I urge you to look at the payment schedule and make revisions to the anesthesia fee schedule.

Thank you for your consideration.

Submitter : Dr. Frederick Wagner

Date: 07/10/2007

Organization : Western Anesthesiology Assoc.

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

To insure adequate access to seniors, it is imperative that CMS adjust the physician fee schedule. Anesthesiologists have been under reimbursed for years with the current fee schedule. All patients deserve care by physicians with more training and expertise than internists, OB/GYN, family practitioners, pediatricians and the vast majority of other physicians. The current fee schedule threatens the access to the exceptional care older Americans deserve from anesthesiologists. Very few people understand how the anesthesiologist keeps our population alive while the surgeons cut and sew on the human body. The most important care-giver in the surgical experience is the anesthesiologist. The protector of life deserves adequate compensation.

Submitter : Dr. James Kaufman
Organization : First Colonies Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

See attachment

CMS-1385-P-488-Attach-1.DOC



FIRST COLONIES ANESTHESIA ASSOCIATES

July 9, 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)**

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. 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.

Yours Truly,

James A. Kaufman, M.D.
7514 Arrowood Road
Bethesda, MD 20817

Submitter : Dr. Harohalli Vijayakumar

Date: 07/10/2007

Organization : Lowell Anesthesiology Service Inc,

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The Centers for Medicare and Medicaid Services (CMS) 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 improved payment is essential.

On July 2, the Medicare program announced that it is considering an increase in payments for anesthesia. We believe this proposal is a positive step toward addressing our concerns about sufficient Medicare payments.

Submitter : Dr. Scott Carpenter
Organization : Dr. Scott Carpenter
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.

Dr. Scott Carpenter, M.D.

Submitter : Dr. Brian Kopeikin
Organization : Dr. Brian Kopeikin
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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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 under \$16 per unit in our community. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are unable to live in our community due to the high proportion of Medicare recipients.

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.

Yours Truly,
Brian N Kopeikin MD
22 Nicholas Lane
Santa Barbara, CA 93108

Submitter : Dr. Cyrus Kermani
Organization : Brookdale Hospital and Medical Center
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I agree and support the recommended increase for payments in anesthesia.

Submitter : Dr. michael amorini
Organization : associated anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

It is essential to increase medicare payment for anesthesia service to continue to recruit and retain skilled physicians into this specialty. Superior students are going into business and other professions.

Submitter : Dr. stephen bader

Date: 07/10/2007

Organization : Dr. stephen bader

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P - I am a practicing Anesthesiologist at a university hospital. Improving payment for anesthesiologists is imperative to ensure continuing access to high quality anesthesia care for Americans.

Submitter : Dr. Deborah Culley
Organization : American Society of Anesthesiology, SAGA
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

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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.

Deborah J. Culley, M.D

Submitter : Dr. james loftus
Organization : Dr. james loftus
Category : Individual

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
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Thank you for your consideration of this serious matter.

Sincerely,
James B. Loftus, MD

Submitter : Dr. Srdjan Jelacic

Date: 07/10/2007

Organization : Dr. Srdjan Jelacic

Category : Academic

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. Jackson Su
Organization : MD Anderson Cancer Center
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

It's about time. I support CMS-1385-P and improvement in medicare reimbursement for anesthesia care.

Submitter : Dr. Ross Musumeci
Organization : Anaesthesia Associates of Massachusetts
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

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Thank you for your consideration of this serious matter.

Submitter : Dr. efrem miller

Date: 07/10/2007

Organization : Dr. efrem miller

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

vital to increase medicare anesthesia reimbursement, wirth a shortage of personel - care will eventually drift from elderly

Submitter : Dr. Frederick Gutt

Date: 07/10/2007

Organization : NAPA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. David Silver

Date: 07/10/2007

Organization : member, ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

(1) SCARCITY spelled wrong, above.

(2) 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. Mark Wittmann

Date: 07/10/2007

Organization : Sarasota Anesthesiologists, P.A.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia service demands are increasing with an ever ageing population. For many years we have "subsidized" medicare care payments by covering expenses with revenue from commercial payers. Medicare, on an hourly bases, reimburses less than 80% of what a CRNA hour costs (for the physician supervising the case) thereby making ANY medicare a net loss to the anesthesiologist (without receiving any income themselves!). We carry the liability for providing care for an ever aging population while subsidizing their care wfrom more lucrative contracts. As healthcare expenses rise, more and more commercial payers tag their fees to medicare rates, thereby slowly eliminating our "subsidy source". Without anesthesia medicare rate increase, we, like other practices are considering becoming a medicare non-participating provider, thereby enabling us to bill all our medicare patients full customary rate. This would become a disaster, but given a choice of going out of business or providing care for some patients we would choose the latter.

The newspapers have been full of primary care physicians closing their doors to medicare clientele, a sad but expected move. We are starting to see shifting of medicare patients from outpatient surgery centers to hospitals for reimbursement reasons and I suspect that we will soon start to see anesthesia providers limiting their availability to medicare patients.

As it stands, I have personally seen an increase of my weekly work hours, while my income has gone down. At our current workload/renumeration we cannot attract young physicians and we are even beginning to see difficulties attracting certified registered nurse anesthetists. Furthermore, our groups physician average age is over 50! Many are looking to retire..without replacements in sight.

We desperately need a signal from CMS that our services and expertise are valued.

Thank You for your attention in this critical matter,

Mark Wittmann, M.D.
Sarasota Anesthesiologists, P.A.

Submitter : Dr. K Stein

Date: 07/10/2007

Organization : Dr. K Stein

Category : Physician

Issue Areas/Comments

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

Payment For Procedures And Services Provided In ASCs

Please continue payment increase for physician services, it
is the correct thing to do

Submitter : Dr. Brandt Culver
Organization : Dr. Brandt Culver
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.

Brandt Culver, M.D.

Submitter : Dr. Louis Raso
Organization : Louis J. Raso, M.D., P.A.
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Please pass this very fair legislation. It has become very difficult to practice Anesthesiology at this time

Submitter : Dr. Thomas Skeehan
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Thank you,
Thomas Skeehan

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

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P

CMS-1385-P-508-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.

Jeffrey Pisto M.D.

Submitter : Dr. Jason Williams
Organization : TTUHSC
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Please consider increasing anesthesia medicare reimbursements. Teaching programs across the country are already losing money secondary to the inability to collect fully for an attending anesthesiologist that supervises two resident physicians and by the fact that many programs are affiliated with county hospitals and anesthesia collections are poor. This is leading to hospitals to want to pursue other avenues of providing anesthesia for the surgeries, i.e. allowing residency programs to close. By increasing medicare reimbursement, this could help alleviate one of the many reimbursement problems affecting anesthesiology programs nation wide.

Thank you,
Dr. Jason Williams

Submitter : Dr. Bruce Chien

Date: 07/10/2007

Organization : self

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

At this point in my career with true reimbursement becoming just CRITICAL, my ability to accept medicare patients is limited. I can't attract any graduates on what I generate. Access is truly going down the tubes.

Submitter : Dr. robert crabtree

Date: 07/10/2007

Organization : Dr. robert crabtree

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I'm sure your office will receive a million good reasons...I suspect if the icecaps melt in 20-30 years it probably wont mean much then... I do dislike the way insurance companies shadow medicare payments in an indirect way... Medicare operates in a deficit mode but this at least may help send a message to for-profit insurance companies and our battle with them

Submitter : Dr. Seth Perelman
Organization : Dr. Seth Perelman
Category : Physician

Date: 07/10/2007

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

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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. Donald Neirink
Organization : Yale Anesthesiology Resident
Category : Physician

Date: 07/10/2007

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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Robert Addleman
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-514-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.

Submitter : Dr. Michael Ross
Organization : Dr. Michael Ross
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1385-P

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. The current Medicare payment of \$16.19 per unit fails to 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.

I am pleased that RUC has recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. I support full implementation of the RUC's recommendation.

Thank you for your consideration.

Submitter : Mr. James Harris
Organization : Virginia College of Osteopathic Medicine
Category : Other Health Care Provider

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
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Submitter : Dr. Brent Fauss

Date: 07/10/2007

Organization : WEAG

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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Brent Fauss, MD
St. Mary's Hospital
Richmond, VA

Submitter : Frederic Billings
Organization : Frederic Billings
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-518-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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Submitter : Dr. Michael Goldstoff
Organization : Schenectady Anesthesia Associates
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Michael Goldstoff, MD
1201 Nott Street, Suite 106
Schenectady, NY 12308

CMS-1385-P-519-Attach-1.DOC

CMS-1385-P-519-Attach-2.DOC

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

Submitter : Dr. Brian Thomas
Organization : Georgia Perioperative Consultants
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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, Medicare payment for anesthesia services stands at an average of 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 all of our patients have access to expert anesthesiology 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 appreciate your consideration of this serious matter.

Submitter : Dr. Luke Young
Organization : TTHUSC SOM
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.

Submitter : Dr. David Matthews Hatch
Organization : Wake Forest University
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

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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.

As a resident in the field of anesthesiology, I am greatly interested in the future of my field as well as its effect on my future patients. This proposed increase can only help ensure equitable pay for our services as we help take care of an ever aging population. Thank you for your consideration of this serious matter.

David Matthews Hatch, MD, MBA

Submitter : Matthew Redclift

Date: 07/10/2007

Organization : none

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I fully support an increase in the anesthesia conversion

Submitter : Dr. Matthew Kaufmann
Organization : Dr. Matthew Kaufmann
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.

Sincerely,

Matthew Kaufmann, MD

Submitter : Dr. Brad Butler
Organization : Texas Medical Association
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

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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.

My group lost half its members due to underpayment and had to seek financial help from the hospital to keep seeing patients. This would go a long way to helping correct this disparity. Thank you for your consideration of this serious matter

Submitter : sylvia cueto
Organization : none
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I support the anesthesia conversion factor

Submitter : Dr. Lisa Drake
Organization : Georgia Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I provide anesthesia care for many Medicare patients and have found them to have the most complicated co-existing disease states of all of our patients. Older patients require more time to thoroughly interview pre-operatively and often emerge from anesthetics at a much slower rate than the younger patient; thus, we spend more time with them than we would a younger patient who is undergoing the same procedure. They expect and deserve the best care that we can offer; however, we are being reimbursed at a steeply discounted rate for these complicated cases. I fully support the proposed increase in reimbursement to anesthesiologists who invest so much time caring for these patients. I fear that many of our best-trained physicians will be forced into sub-specialties where there is little to no exposure to Medicare cases because of the financial ramifications. Please consider that most of us will one day be on the receiving end of health care. I want the people caring for me to be fairly reimbursed for their expertise in keeping me safe in the peri-operative arena.

Submitter : Dr. Samuel King

Date: 07/10/2007

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.

Respectfully,

Samuel J. King, II, M.D.

Submitter : Dr. Mukesh Gupta
Organization : AMGR Riverside CA
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

cms1385

Submitter : Dr. Hector Vila
Organization : H Lee Moffitt Cancer Center
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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.

Hector Vila Jr MD
HL Moffitt Cancer Center

Submitter : Dr. Swen Laser

Date: 07/10/2007

Organization : Anesthesia Associates of Augusta, PLC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists are paid less than 25% of actual charges as opposed to other medical specialties, which are paid approximately 60-65% of actual charges. The RBRVS terribly undervalues anesthesiology workload and must be corrected. A \$27.00 per unit increase in the anesthesia conversion factor would bring anesthesiologists to the level of the other medical specialties. Anything less must be subsidized by private health insurers in order to maintain a viable practice. Please help us in this crisis situation that eventually will lead to abandonment of our senior citizens due to lack of practice viability. Our seniors deserve better!

Submitter : Dr. Mark Rafalko
Organization : Northside Anesthesia Services,LLC
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Joe Paredes
Organization : Pinnacle
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-533-Attach-I.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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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. Rama Joshi
Organization : University of Pittsburgh
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

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. Jared Scott

Date: 07/10/2007

Organization : University Of Kansas School of Medicine - Wichita

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Fair reimbursement is a necessity for Anesthesia in order to keep pace with other specialties.

Submitter : Dr. Phil Bouterse
Organization : Tacoma Anesthesia Associates
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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Paul Ioubser
Organization : NCAC, PA
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Please support increased revenue to docs under Medicare. It is high time that you did something to help your Medicare patients.

Submitter : Mrs. Susan Laser
Organization : Mrs. Susan Laser
Category : Individual

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

I can't believe how much you discount fees for anesthesiologists! They are the most important physicians in the operating room in assuring a patients safe operative experience. Please revisit your payment to them and make it fair!

Submitter : Dr. L George Fox

Date: 07/10/2007

Organization : Pinnacle Anesthesia Consultants

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please consider increasing medicare fee for anesthesia services as these are the most difficult anesthetics administered

Submitter : Dr. Paul Yost

Date: 07/10/2007

Organization : Dr. Paul Yost

Category : Physician

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Paul Yost, MD

Submitter : Dr. Mohammed Chauhdry
Organization : Mohammed Akram Chauhdry
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

CMP 1385-P Payments by Medicare to the anesthesiologists for their services are woefully inadequate as compared to other specialities. The cost of providing care including Malpractice Insurance is ever escalating. This year Medicare cut down the payments to the anesthesiologists. We are being paid less now than in the past. we request the payments to the anesthesiologists be brought at par with other specialities.
Thank you.

Submitter : Dr. James Connelly

Date: 07/10/2007

Organization : Dr. James Connelly

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Centers for Medicare and Medicaid Services:

This letter is to support the CMS proposal to increase the payment to physicians for anesthesia services rendered. As a practicing anesthesiologist in Wisconsin, this proposal is extremely important to me and my specialty. For a number of years, our specialty has been severely affected by a disproportionately lower payments for our services as compared to usual and customary fees. I believe that this proposal to increase the Medicare fee schedule for anesthesiologists is a good first step in rectifying this discrepancy.

Anesthesiology has been at the forefront of patient safety and allowing older and sicker patients to undergo more extensive surgical procedures to save lives and improve quality of life. This important specialty should be recognized and valued by CMS.

It is also important for CMS to ensure that Medicare patients have access to physician anesthesia services. By increasing the physician payment fee, CMS will make the first step in ensuring that access.

Thank you for your consideration.

Sincerely,

James F. Connelly, M.D.
Staff Anesthesiologist
Waukesha Memorial Hospital
Waukesha, Wisconsin

Submitter : Dr. Michael Whang
Organization : Dr. Michael Whang
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Please increase reimbursement to physicians

Submitter : Dr. Alon Frank
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Ms. Norwalk:

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

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Thank you for your consideration of this serious matter.

Sincerely,

Alon Frank, M.D.

Submitter : Dr. Douglas Allen

Date: 07/10/2007

Organization : Dr. Douglas Allen

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

please support the correction to anesthesia reimbursement.

Submitter : Dr. Mark Winik

Date: 07/10/2007

Organization : North American Partners in Anesthesia, LLP

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

CMS-1385-P-546-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. Stanley Chang
Organization : AMG Medical Group
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie 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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It is increasingly difficult to recruit qualified anesthesiologists to the area due to high cost of living and low reimbursement rates. Prospective physicians are just not economically attracted to the area due to the low Medicare rates. Increasing the rates will help to attract qualified providers and ensure that quality care will be provided to our patients.

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.

Stanley Chang, M.D.
Torrance, CA

Submitter : Dr. Kent Robertson
Organization : Unifour Anesthesia Associates, PA
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Kent A. Robertson, MD
415 N. Center St. #201
Hickory, NC 28601

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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Kent A. Robertson, MD

CMS-1385-P-549

Submitter : Dr. Maria Ziemba
Organization : Dr. Maria Ziemba
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

GENERAL

Please support CMS-1385-P

Submitter : Dr. Lee Winter
Organization : New York Downtown Hospital
Category : Physician

Date: 07/10/2007

Issue Areas/Comments

GENERAL

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Lee H. Winter, MD
Chief, Dept. of Anesthesiology
New York Downtown Hospital
170 William Street
New York, NY 10038