

Submitter : Dr. David Christeson

Date: 07/19/2007

Organization : Welborn Clinic

Category : Physician

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

The MEI is completely and undeniably flawed. Everyone knows this but those in control of the budget do not have the fortitude to make a change for fear of the reaction from non-providers. Reimbursements from Medicare are heavily weighed to subspecialty care and/or higher technology, incentivizing those providers of such services to do more in such a way that they may cover the costs of the rest of their practice. This is classic cost shifting which has become a core conundrum to the entire health care reimbursement system. It is time to stop this ludicrous cycle and CMS holds the leadership key. Congress will listen to you - please present a concept that is more than simple brute price reduction. You can do better.

Submitter : Dr. Banu Lokhandwala
Organization : Suny,Down state uni.
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Lcslic V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

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. Eva Aladjem
Organization : Fletcher Allen Health Care
Category : Physician

Date: 07/19/2007

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,

Dr. Eva Aladjem

Submitter : Dr. Stuart Maschke
Organization : Hanover Hospital
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 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 serve as the Chairperson of the Anesthesia Department at a medium size community hospital in southern Pennsylvania. We serve a large and growing Medicare population. Our location attracts retirees for a number of reasons including Pennsylvania's favorable tax treatment of retirement plan income. Similar to many other practices with a high number of Medicare patients we have been unable to attract and retain high-quality anesthesiologists and CRNAs to meet our service needs. Without a correction of the punitive RBRVS related payment disparity for anesthesia care this situation is likely to worsen as our current department members become retirees themselves.

In an effort to rectify this payment disparity, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. This would be 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,

Stuart P. Maschke, M.D.
200 Deer Trail Road
Spring Grove, PA 17362

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

Date: 07/19/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

Re: CMS-1385-P

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

Thank you for your consideration of this serious matter.

Submitter : Mrs. Lisa Hammitte

Date: 07/19/2007

Organization : AANA

Category : Nurse Practitioner

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

Dear Ms. Norwalk,

I am writing to express my strong support for the proposal to increase anesthesia payments. I am grateful CMS has recognized the undervaluation of anesthesia services. As our nation ages, CRNAs and anesthesiologists will be able to serve in areas of high Medicare populations without compromising quality due to lack of anesthesia staffing. The increase of nearly \$4.00/unit greatly enhances the ability of hospitals and other agencies to recruit and retain anesthesia providers.

Thanks for your consideration of this matter.

Sincerely,

Lisa Hammitte
Chief CRNA
SAMC Department of Anesthesia
Dothan, AL

Submitter : Dr. majid saleem
Organization : university of arkansas for medical sciences
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Mitchell Reuben
Organization : Dr. Mitchell Reuben
Category : Hospital

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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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. Benjamin Parish
Organization : Partners Healthcare
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Leticia 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. Kenneth Kasper
Organization : Medical Anesthesia Group
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

I am writing to encourage your support of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am happy to see that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this issue.

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 the disabled, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with a disproportionately high Medicare population.

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

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

Submitter : Dr. Dennis Forbes
Organization : Dr. Dennis Forbes
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

I would like to write and express my strong support for the increase in Medicare payments for anesthesia services. This has been long, long overdue and may help somewhat to encourage physicians to remain in practice to provide these services. Additionally, there needs to be changes such that there is not the yearly budget cut in the Medicare fee schedule. Thank you very much.

Submitter : Dr. Frederick Littlejohn
Organization : New York Presbyterian Hospital
Category : Physician

Date: 07/19/2007

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. Daniel Bailes
Organization : Pacific Anesthesia, PC
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Submitter :

Date: 07/19/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Baltimore, MD 21244-8018

Re: CMS-1385-P
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It should be well recognized that Medicare patients are often the most challenging and complex patients to care for, and this alone is worthy of more appropriate reimbursement for services provided by skilled anesthesia providers.

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.

Adam Fischler, MD
Hartford Anesthesiology Associates

Submitter : Dr. Robert Day
Organization : United Anesthesia Services
Category : Physician

Date: 07/19/2007

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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Thank you for your consideration of this serious matter.

Sincerely,

Robert E. Day Jr. MD

Submitter : Dr. Antonios Thalassinos
Organization : Cape Anesthesia and Pain Management
Category : Physician

Date: 07/19/2007

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.

Dr Antonios Thalassinos

Submitter : Dr. David Otto
Organization : KUMC Anesthesiology Residency
Category : Physician

Date: 07/19/2007

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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Thank you for your consideration of this serious matter.

Dr. David Otto M.D.
Clinical Associate Professor
KUMC Anesthesiology Residency

Submitter : Dr. Mandy Sander-Prather
Organization : ASA
Category : Physician

Date: 07/19/2007

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.

Sincerely,
Mandy Sander-Prather, M.D.
Anesthesia Associates of Kansas City

Submitter : Dr. Ramesh Nayak
Organization : none
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.
Ramesh M. Nayak, M.D

Submitter : Dr. James kindscher
Organization : Kansas University Hospital
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

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

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

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

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

Thank you for your consideration of this serious matter.

Submitter : Dr. Thomas Long
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : Dr. Christopher Peterson
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Victor Lenzi
Organization : Dr. Victor Lenzi
Category : Physician

Date: 07/19/2007

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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Thank you for your consideration of this serious matter.

Sincerely,

Victor D. Lenzi, M.D.

Submitter : Dr. Dominick D'Orazio
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Tibor Mohacsi
Organization : Anesthesiology, Chartered
Category : Physician

Date: 07/19/2007

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,

Tibor G. Mohacsi, MD

Submitter : Dr. Leon Morrison
Organization : Dr. Leon Morrison
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Leon Morrison, MD

Submitter : Mr. karl king

Date: 07/19/2007

Organization : Mr. karl king

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

yes

Submitter : Dr. Amy Pichoff
Organization : University of Kansas
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Todd Horowitz
Organization : Pinnacle Anesthesia
Category : Physician

Date: 07/19/2007

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.

CMS-1385-P-3240-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 : Dr. David Selig
Organization : Brigham and Womens Hospital
Category : Physician

Date: 07/19/2007

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.

Submitter : Dr. David Christeson

Date: 07/19/2007

Organization : Welborn Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The method by which physician fees are determined from year to year is completely and undeniably flawed. Everyone knows this but those in control of the budget do not have the fortitude to make a change for fear of the reaction from non-providers. Reimbursements from Medicare are heavily weighed to subspecialty care and/or higher technology, incentivizing those providers of such services to do more in such a way that they may cover the costs of the rest of their practice. This is classic cost shifting which has become a core conundrum to the entire health care reimbursement system. It is time to stop this ludicrous cycle and CMS holds the leadership key. Congress will listen to you - please present a concept that is more than simple brute price reduction. You can do better.

Submitter : Dr. GARY SMITH
Organization : ANESTHESIOLOGIST ASSOCIATED
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am writing this to express my opinion in support of the proposed anesthesia increase in pay for Medicare. I am grateful that CMS has taken note of the undervaluation for anesthesia services.

I am in a practice where we supervise CRNAs much of the time. The present Medicare payments do not cover our cost for their expenses, especially when down time is considered. It is bad when economics make us wish a certain population (Medicare patients) were not included in our practice. One hospital we cover is 50% Medicare. If we wished to cut back our practice it would make good business sense to leave that hospital.

It is a shame to think about business when taking care of my parents and their friends, but I have to support my family. Please don't put our elderly in a position of being a cost to those physicians that wish to continue to take care of them.

Thank you,
Gary Smith MD

Submitter : Dr. Michael Cully
Organization : Hoag Memorial Hospital
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Dear Ms. Norwalk,

As an anesthesiologist who has been caring for Medicare patients for the past 21 years, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been grossly undervalued since the institution of the RBRVS, and I am glad that CMS has recognized this. As the population is aging, seniors are coming to the operating room in increasingly larger numbers, with an increasing number of complex medical problems. However, today the Medicare payment for anesthesia services stands at just \$16.19 per unit. This is dramatically less than what it was ten years ago. This amount does not cover the cost of caring for our nation's seniors, it creates a disincentive for young physicians choose anesthesiology as a career, and is forcing anesthesiologists away from areas with large Medicare populations.

The RUC has recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. I am pleased that the Agency accepted this recommendation in its proposed rule. I fully support full implementation of the RUC's recommendation.

In order to ensure that our patients have access to excellent anesthesiology medical care, and that outstanding young physicians continue to enter to field of anesthesiology, it is imperative that CMS follow through with the proposal in the Federal Register by fully implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Michael D. Cully, M.D.

Submitter : Dr. Greg George
Organization : Dr. Greg George
Category : Physician

Date: 07/19/2007

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 : Victor Baum

Date: 07/19/2007

Organization : Victor Baum

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.

Why bother with additional verbiage? It's time to remedy this historical inequity.

Thanks.

Submitter : Ms. Sallie Hamilton
Organization : Health Network Management, LLC
Category : Health Care Industry

Date: 07/19/2007

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 work with over 70 anesthesiologists in the Northeast. This proposal is very important to their practices where over 25% of their patients are Medicare patients. 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. Daniel Lahm
Organization : New York Hospital
Category : Physician

Date: 07/19/2007

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. Derek Harwell
Organization : Anesthesiology of Greenwood
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I am writing to express my strong support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. The RUC is recommending that the gross underevaluation of anesthesia services be corrected. This corrects the underevaluation that occurred when the RBRVS took effect a more than a decade ago. It will make it more feasible for anesthesiologist to provide services to our Medicare population. CMS should follow through with this recommendation.

Thank you for correction of this past error.

Derek S. Harwell MD
Director of Anesthesia Services
Self Regional Healthcare
Greenwood, SC 29646

Submitter : Dr. Michael Bart
Organization : Northwest Othopaedic surgeons
Category : Physician

Date: 07/19/2007

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.

Michael Bart, MD

Submitter : Dr. Murray Kalish
Organization : American Society of Anesthesiology
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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

Date: 07/19/2007

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)

Dear Ms. Norwalk:

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Thank you for your consideration of this serious matter.

John R. Jenkins, MD

Submitter : Dr. Mary Anne Chernoff
Organization : Anesthesiology, Chartered
Category : Physician

Date: 07/19/2007

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.
Mary Anne Chernoff, M.D.
8929 Parallel Parkway
Kansas City, KS 66112

Submitter : Dr. MICHAEL WALTER
Organization : NEWPORT HARBOR ANESTHESIA CONSULTANTS
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Submitter : Dr. Erin Sullivan
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3255-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,

Erin A. Sullivan, M.D.
President, Pennsylvania Society of Anesthesiologists

Submitter : Dr. Denisa Haret

Date: 07/19/2007

Organization : UAMS

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Yun Xia
Organization : Ohio State University Medical Center
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Please See Attachment.

Submitter : Dr. Robert Horvath
Organization : Old Pueblo Anesthesia PC.
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Robert Horvath M.D.
Old Pueblo Anesthesia PC.
Tucson, AZ

Submitter : Dr. David Swanson

Date: 07/19/2007

Organization : University of Iowa

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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Sincerely,

David E. Swanson, M.D.

Submitter : Dr. Thomas Verdone
Organization : Milford anesthesia Associates
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs I am writing to show my support for CMS 1385-p I am a practicing anesthesiologist who had real difficulty recruiting physicians and nurse anesthetists to my original practice and part of the reason was that the salaries I could offer were simply not competitive and the salaries earned were simply too low. Granted it was a rural setting and there were other factors as well. If CMS can begin to increase the payments anesthesiologists receive to treat the elderly and infirmed it will be a good start. The practice of anesthesiology is quite complex and the decision process on the front lines in the O.R. can be compressed to a matter of seconds. It is very much the practice of medicine and requires the same vigilance at 3 pm as 3 a.m. and I can assure you we are working for the elderly and infirmed 24 hours a day, seven days a week, nights, weekends and holidays. We are grateful to take care of those people who served our country, who have paid there dues or those who are simply down on their luck. We only ask for a fair shake. Passing CMS 1385 would be a step in the right direction. Respectfully
your's Thomas verdone M.D. 7/19/2007

Submitter : Dr. Steven Vitcov
Organization : Dr. Steven Vitcov
Category : Physician

Date: 07/19/2007

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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Steven Vitcov, MD

Submitter :

Date: 07/19/2007

Organization :

Category : Health Care Professional or Association

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. Yun Xia
Organization : Ohio State University Medical Center
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

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

Dear Ms. Norwalk:

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Yun Xia, MD, PhD
Associate Professor of Anesthesiology
Department of Anesthesiology
Ohio State University Medical Center
N-416 Doan Hall
410 West Tenth Avenue
Columbus, OH 43210-1228
Telephone: (614) 293-8487
Answering service: (614) 293-8044
Fax: (614) 293-8153
Pager: (614) 730-6343
E-mail: yun.xia@osumc.edu

Submitter : Dr. Jill Zafar
Organization : University at Buffalo Department of Anesthesiolog
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Jill Zafar, MD

Submitter : Dr. Francis Duque
Organization : Anesthesiology Associates of Clark County, Inc.
Category : Physician

Date: 07/19/2007

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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Submitter : Dr. Orrin Ailloni-Charas
Organization : NCAP/ASA
Category : Physician

Date: 07/19/2007

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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Submitter : Dr. Yanfu Shao
Organization : Ohio State University Medical Center
Category : Health Care Professional or Association

Date: 07/19/2007

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
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Yanfu Shao, MD
Associate Professor of Anesthesiology
Department of Anesthesiology
Ohio State University Medical Center
N-416 Doan Hall
410 West Tenth Avenue
Columbus, OH 43210-1228

Submitter : Dr. Robert Loeb
Organization : University of Arizona School of Medicine
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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Thank you for your consideration of this serious matter.

CMS-1385-P-3268-Attach-1.DOC

College of Medicine
Department of Anesthesiology



P.O. Box 245114
Tucson, AZ 85724-5114
(520) 626-5605
FAX: (520) 626-5596

July 20, 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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Anesthesia Coding (Part of 5-Year Review)**

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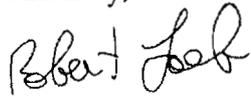
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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation—a move that would result in an increase of nearly \$4.00 per anesthesia unit 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,

A handwritten signature in black ink that reads "Robert Loeb". The signature is written in a cursive style with a large, prominent "L" and "B".

Robert "Butch" Loeb, M.D.
Associate Professor

Submitter : Dr. John Wright

Date: 07/19/2007

Organization : Dr. John Wright

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS, Anesthesia fees for Medicare have been severely undervalued throughout my 29 years of practice. Here in San Diego, Medicare pays us less than I pay my plumber. We have managed to compensate somewhat by negotiating higher fees from private payers. I have never thought this was fair. Increasing anesthesia fees in 1385-P would help correct this inequity and hopefully put us on par with other medical specialties. Please make this adjustment. Thank you, John Wright MD

Submitter : Dr. David Palombo

Date: 07/19/2007

Organization : Virginia Urology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Dear Ms. Norwalk:

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

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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,

David L. Palombo, M.D.

Submitter : Dr. Kortnee Sorbin
Organization : KUMC
Category : Physician

Date: 07/19/2007

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. Vu Tran
Organization : UTMB
Category : Physician

Date: 07/19/2007

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.
Vu Tran, MD

Submitter : Dr. Francisco Pernas
Organization : AAO-HNS
Category : Physician

Date: 07/19/2007

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.

Dr. Francisco Pernas

Submitter : Dr. Roger Hendricks
Organization : ASA
Category : Physician

Date: 07/19/2007

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. Roger Hendricks

Submitter : Dr. Lindsey Jackson
Organization : UTMB
Category : Physician

Date: 07/19/2007

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.
Lindsey N. Jackson, MD

Submitter : Trevor Pollard
Organization : Tejas Anesthesia, PA
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Please see attached letter

CMS-1385-P-3276-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 yours,

Trevor Pollard, M.D.

Submitter : Dr. CALVIN CHANG
Organization : NCAP,INC.: MEMBER OF CSA, ASA, CMA & AMA
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

To: 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.

Best Regards,
Calvin Chang, M.D.

Submitter : Dr. Ryan Gibbons
Organization : UTMB
Category : Physician

Date: 07/19/2007

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.

Ryan Gibbons, MD

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

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to voice my strong support for an increase in reimbursement for Anesthesia services. Since the institution of the present system Anesthesia work has been grossly undervalued compared to other specialties. This has led to more than a decade of compensation that has fallen sharply below market. The disparity between anesthesia and other specialties and between medicare rates and market rates results in driving providers away from areas with a high density of elderly patients. This, I fear, will affect access. It certainly radically changes the income of those choosing to care for our elderly patients.

I believe that any increase in reimbursement rates for anesthesia care will help close the gaps mentioned above and lead to a more healthy reimbursement market. This will be good for both doctors and patients as well as beginning to correct an error made over a decade ago that continues to shortchange my specialty when caring for our elderly patients.

Sincerely,

James P. Bastnagel, M.D.

Submitter : Dr. Gerald Kirk
Organization : Dr. Gerald Kirk
Category : Physician

Date: 07/19/2007

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.

Submitter : Dr. John Miner
Organization : MWA
Category : Health Care Professional or Association

Date: 07/19/2007

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.

John E. Miner, MD, Anesthesiology

Submitter : Dr. Robert Stephenson
Organization : Caritas St. Elizabeths Medical Center
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Submitter : Mr. Henry Schaja

Date: 07/19/2007

Organization : Mr. Henry Schaja

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

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

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Thank you for your consideration of this serious matter.

Sincerely,
Henry Schaja

Submitter : Dr. James Shaheen

Date: 07/19/2007

Organization : Dr. James Shaheen

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.

James C. Shaheen, M.D.

Submitter :

Date: 07/19/2007

Organization :

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. John Miner
Organization : Mountain West Anesthesia
Category : Health Care Professional or Association

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

see Attachment below

CMS-1385-P-3286-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)**

Dear Ms. Norwalk:

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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.

John E. Miner, MD
Anesthesiologist,

Submitter : Dr. Xiaolin Wang
Organization : Illinois Society of Anesthesiologists
Category : Physician

Date: 07/19/2007

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

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.

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Thank you for your consideration of this serious matter.

Xiaolin Wang, M.D.
2725 Keats Drive
Springfield, Illinois 62711

Submitter : Dr. Mark Crum
Organization : Tejas-Anesthesia
Category : Physician

Date: 07/19/2007

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. Sachin Kheterpal
Organization : Dr. Sachin Kheterpal
Category : Physician

Date: 07/19/2007

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.

Submitter : Dr. Vince Campitelli III MD

Date: 07/19/2007

Organization : N.C.A.P

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.

Submitter : Mrs. Donna Dodson

Date: 07/19/2007

Organization : Mrs. Donna Dodson

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

Date: 07/19/2007

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:

After having served 12 years as a US Army Officer and physician anesthesiologist, I now practice anesthesia in a hospital where a large percentage of the of the patient population are Medicare beneficiaries. Considering the rising costs of healthcare, it is important for Medicare reimbursements to remain competitive and cover the costs of healthcare delivery for its beneficiaries. I worry that access to healthcare for our nation s seniors who are dependent Medicare as their primary health insurance may be in jeopardy by a potential decrease, or otherwise inadequate Medicare reimbursement rate to physicians or healthcare institutions who deliver care to our seniors on Medicare.

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Thank you for your consideration of this serious matter.

Sincerely,

John A Hamel V, MD
Anesthesiologist
jhvmd@yahoo.com
Mobile: (301) 655-8763

Submitter : Dr. Katherine Brundage
Organization : Northside Anesthesia Services
Category : Physician

Date: 07/19/2007

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)

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Thank you for your consideration of this serious matter.

Katherine Brundage, MD

Submitter : Ms. Vicky Cawley
Organization : Cawley & Associates, Inc.
Category : Other Health Care Professional

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

I feel that the current rate of reimbursement for anesthesia providers is not sufficient for their tasks. Medicare should cover routine services for patients. We seem to treat our elderly patient's with less routine care for preventive services. No Abn's should be required Medicare should take care of these services.

Submitter : Dr. Kirk Henderson
Organization : Dr. Kirk Henderson
Category : Health Care Professional or Association

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: TECHNICAL CORRECTIONS

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

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

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

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

Sincerely,
Kirk Henderson

Submitter : Dr. Charles Hughes
Organization : Total Health Associates L.L.C.
Category : Chiropractor

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-3296-Attach-1.DOC

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

Re: "TECHNICAL CORRECTIONS"

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Sincerely,

Dr. Charles Hughes
1918 North Belt Hwy
St. Joseph, MO 64506

Submitter : Dr. Marco E Castaneda
Organization : Genesis Chiropractic, PLC
Category : Chiropractor

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: TECHNICAL CORRECTIONS

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Sincerely,

Marco E. Castaneda, DC

Submitter : Dr. Louis Lupinacci
Organization : Dr. Louis Lupinacci
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

**Chiropractic Services
Demonstration**

Chiropractic Services Demonstration

Re: TECHNICAL CORRECTIONS

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This action may significantly compromise patient safety. Many patients may clinically will require an X-ray to not only identify a subluxation but more importantly to rule out any 'red flags,' that are absolute or relative contraindications to chiropractic care. Diagnosis and treatment options oftentimes require diagnostic imaging for a complete clinical assessment. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

By limiting a Doctor of Chiropractic from referring for an X-ray study, cost must be considered. The costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. As it is now, these duplicative services and expenses are not required. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment.

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

Sincerely,

Louis Lupinacci, DC
352 Rosevale Avenue
Ronkonkoma, NY 11779

CMS-1385-P-3298-Attach-1.TXT

CMS-1385-P-3298-Attach-2.TXT

#3298

Dr. Louis Lupinacci
352 Rosevale Avenue
Ronkonkoma, NY 11779
Tel: 631-981-1099 Fax: 631-737-3356

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

Re: CMS 1385-P TECHNICAL CORRECTIONS

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Sincerely,

Louis Lupinacci, DC
352 Rosevale Avenue
Ronkonkoma, NY 11779

Submitter : Dr. James Ulmer
Organization : Palmetto Anesthesia Associates
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs;

I am a practicing anesthesiologist with 20 years hospital anesthesia experience, and have always been a participating physician with Medicare. The reimbursement for anesthesiologists is extremely unfair and way too low. Most other physician specialties that participate are paid around 50% of their retail rate but anesthesiologists in South Carolina are paid about 22% of the retail rate and half of this or 11% if medically directing nurse anesthetists. The patients expect perfect care, and my liability is 100% for each case. The American Society of Anesthesiologists did a very poor job when the initial unit values were set many years ago and anesthesiologists have suffered these low rates since. I certainly support the 4 dollar unit value increase as it is long overdue and well deserved. To get to the same level as other physicians, an 18 dollar increase would be necessary. I am worried, that if CMS does not increase the unit value for anesthesiologists, and as Medicare and Medicaid rates become more universally accepted by everyone, that good students will refuse to enter anesthesiology residencies, the specialty will deteriorate, and there will be a tremendous shortage of anesthesiologists. Anesthesiologists are key to the safety and well being of all Medicare patients, and I encourage you to support this much deserved unit value increase.

Sincerely,

James S. Ulmer, MD
Greenville, SC

Submitter : Dr. Jeremy Poulsen
Organization : Anesthesia Consultants of Fresno
Category : Physician

Date: 07/19/2007

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Eduardo Quesada
Organization : Amoskeag Anesthesia, PLLC
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Eduardo W. Quesada, MD

Submitter : Dr. Alex Dumanovsky
Organization : Mankato Anesthesia Associates
Category : Physician

Date: 07/19/2007

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Dale Huntington
Organization : Huntington Chiropractic Clinic
Category : Chiropractor

Date: 07/19/2007

Issue Areas/Comments

Technical Corrections

Technical Corrections

File Code CMS-1385-P. I encourage that you do not abolish the reimbursement for X-Ray services performed by an MD or DO provider and used by a chiropractor for the purpose of identifying a subluxation and reporting of such that would be treated by a chiropractor. If this did occur it would only pass on added expense to the patient who on a fixed income would not be able to afford the procedure. In addition this would be blatant discrimination of a chiropractor and the patient seeking services. I hope you will reconsider this proposal for the welfare of the Medicare recipients.

Thank You

Dale Huntington, D.C.

Submitter : Dr. GOkul Gondi
Organization : Dr. GOkul Gondi
Category : Physician

Date: 07/19/2007

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

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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. Jacob Tarabolous
Organization : Dr. Jacob Tarabolous
Category : Physician

Date: 07/19/2007

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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Submitter : Dr. randall stockham

Date: 07/19/2007

Organization : millcreek anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

i fully support the proposed payment adjustments in DOCKET-cms-1385-p

Submitter : Dr. Jason Karro
Organization : Tacoma Anesthesia Associates
Category : Physician

Date: 07/19/2007

Issue Areas/Comments

GENERAL

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Jason F. Karro, MD

Submitter : Dr. Ian Kucera
Organization : Stormont-Vail healthcare
Category : Health Care Professional or Association

Date: 07/19/2007

Issue Areas/Comments

GENERAL

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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.

Ian Kucera, M.D.

Submitter : Dr. Marc Kaplan
Organization : Dr. Marc Kaplan
Category : Chiropractor

Date: 07/19/2007

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

TECHNICAL CORRECTIONS :The proposed correction under Code CMS-1385P is both flawed and will result in undue financial hardship for Medicare patients who seek non-invasive, drug-free care for their musculoskeletal conditions. The proposed correction is flawed because it pre-supposes that the original change in law, mandated that determination of subluxation be done without x-ray, to its exclusion. That interpretation is incorrect. The law specifies that determination of subluxation be made EITHER via x-ray or via other clinical means. It is of utmost importance that the doctor of chiropractic, have at his/hers means the necessary tools to aptly diagnose subluxations, including x-ray, MRI, C-Scan, where/when a differential diagnosis is necessary to rule out more serious and life threatening entities that can often seem to be simple, non-complicated subluxations. To place the costs of these diagnostic tests, ordered by a chiropractor for the health and welfare of our patients, squarely on the shoulders of our patients alone, is not only unjust but can place their lives in jeopardy, if they refuse to have these tests done so as not to pay the costs out of their own pockets.

Thank you for your consideration
Marc Kaplan, DC, CCSP

Submitter :

Date: 07/19/2007

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Submitter : Dr. Joseph Crum
Organization : Dr. Joseph Crum
Category : Chiropractor

Date: 07/19/2007

Issue Areas/Comments

Technical Corrections

Technical Corrections

In regards to CMS-1385-P, the rule dated July 12th calling for the elimination of reimbursement to a beneficiary by Medicare for an X-ray taken by an MD or DO and used by a Doctor of Chiropractic for detection of a subluxation: I am writing to OPPOSE this proposal.

If Xrays are determined necessary for treatment only 2 things can happen: 1. The patient follows through, goes to another provider for another examination to get the needed films,

- doubling the examination expense.
- 2. For cost reasons, the patient chooses to forgo the X-ray, decreasing the quality of care at best and missing critical, possibly life threatening conditions that could have been detected with appropriate imaging.

This is truly a lose-lose scenario for medicare patients, and I strongly urge you to table this proposal.

Sincerely,
J. Murphy Crum, D.C.

Submitter : Dr. Gary Schwartz
Organization : Dr. Gary Schwartz
Category : Physician

Date: 07/19/2007

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

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