

Submitter : Dr. Eric Murray
Organization : Huntsville Cardiac Anesthesia
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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. Karl Kroeker

Date: 07/12/2007

Organization : Dr. Karl Kroeker

Category : Physician

Issue Areas/Comments

GENERAL

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

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Thank you for your consideration of this serious matter.

Sincerely,

Karl A. Kroeker, MD

Anesthesia Associates, PSC
3320 Tates Creek Rd., Suite 204
Lexington, KY 40502

Submitter : Dennis Shay
Organization : Anesthesia Service Medical Group
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

To Whom It May Concern:

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Thank you for your consideration of this serious matter.

Very truly yours,

Dennis C. Shay, MD

Submitter : Dr. Jeffrey Solomon

Date: 07/12/2007

Organization : Dr. Jeffrey Solomon

Category : Physician

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Dr. Jeffrey Solomon

Submitter : Dr. mike parish

Date: 07/12/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Dr. Alvin Manalaysay
Organization : South County Anesthesia Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

See attachment

CMS-1385-P-1956-Attach-1.RTF

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

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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.

Sincerely,

Alvin R. Manalaysay, Ph.D., M.D.

Submitter : Dr. Cynthia Ushiyama

Date: 07/12/2007

Organization : Dr. Cynthia Ushiyama

Category : Physician

Issue Areas/Comments

GENERAL

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

Cynthia Ushiyama MD

Submitter : Abhinav Gautam

Date: 07/12/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Richard Laborde
Organization : Lake Charles Anesthesiology
Category : Physician

Date: 07/12/2007

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. Dzung Nguyen

Date: 07/12/2007

Organization : Dr. Dzung Nguyen

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

Sincerely,

Dzung Van Nguyen, MD

Diplomate, American Board of Anesthesiology
Member, American Society of Anesthesiologists
Member, Illinois Society of Anesthesiologists

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

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Centers for Medicare and Medicaid Services
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Sincerely,

Joel Hutchinson, MD

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

Date: 07/12/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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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.

Robin Morris, MD

Submitter : Dr. chris spilker
Organization : Bellingham Anesthesia Associates
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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To whom it may concern

Thank you for your consideration of \$4 dollar increase in anesthesia coding. From someone on the front lincs of health care I can assure you that it is greatly needed to keep our specialty strong. The current payment structure is truly unsustainable.

Please support this much needed increase.

Chris Spilker MD

Submitter : Dr. Scott Smout
Organization : Western Anesthesiology Associates Inc.
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

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Sincerely,

Scott R. Smout, D.O.
Diplomat, American Board of Anesthesiologists

Submitter : Dr. Aubrey Eyer

Date: 07/12/2007

Organization : Rancho Mirage Anesthesiologists Consultant Med. Gr

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

Dear Ms. Norwalk:

I am writing in support of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. We in the practice of anesthesiology appreciate that CMS has recognized the gross undervaluation of our services, and that the Agency is taking steps to address this complicated issue.

We have been greatly under compensated for over a decade after the RBRVS was instituted, due to a flawed evaluation of anesthesia work compared to other specialties. I practice in a hospital with a 58 percent Medicare population. Five years ago our department was disintegrating due to members leaving for better paying positions and our inability to recruit new members. Fortunately the hospital stepped in and agreed to supplement our income in order to avoid a complete collapse. It seems extremely unfair to expect the hospital to foot the bill for the grossly under-reimbursement of anesthesiologists care of Medicare patients. The current practice of underpaying for the care of this nations senior population is driving physicians away from practices with a high percentage of Medicare patients.

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Thank you for your consideration of this serious matter.

Aubrey G. Eyer, M.D.

Submitter : Dr. Steven Metcalf

Date: 07/12/2007

Organization : Dr. Steven Metcalf

Category : Physician

Issue Areas/Comments

GENERAL

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In favor of CMS-1385-P

Submitter : Dr. Jon Molin
Organization : Billings Anesthesiology, PC
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Please see attached letter concerning the proposed increase in anesthesia valuation. For too long, the nation's anesthesiologists have provided care for our seniors at a severely undervalued rate. These patients often have serious medical problems and deserve the best care we can give.

Sincerely,

Jon Molin

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.

Jon Molin, MD

Submitter : Dr. Vernon Pruitt

Date: 07/12/2007

Organization : ACMG

Category : Physician

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Sincerely,

Vernon Pruitt, M.D.

Submitter : Dr. Richard O'Neil
Organization : Dr. Richard O'Neil
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

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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. Andrew Weisinger

Date: 07/12/2007

Organization : Dr. Andrew Weisinger

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I beg you to please increase the amount that anesthesiologists are being reimbursed by Medicare. Our seniors deserve the best care possible.

Submitter : Dr. Mark Rallison

Date: 07/13/2007

Organization : Dr. Mark Rallison

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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.
Sincerely, Mark Rallison, M.D.

Submitter : Dr. Roger Moore

Date: 07/13/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed increase in anesthesia payments under the 2008 Physician Fee Schedule. For too long anesthesia services have been grossly undervalued by the Physician Fee Schedule. This proposed change will help alleviate some of the inequity that anesthesia services experienced since 1992 when the present fee schedule was put into place.

Continuing to ignore the disparity in payment for anesthesia services will lead to a problem for our elders to have access to care. Since present payment does not cover the cost of caring for our patients, it is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Brian Struyk
Organization : Dr. Brian Struyk
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

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

Coding-- Additional Codes From 5-Year Review

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Thank you for your consideration of this serious matter.

Brian P. Struyk, MD
LCDR, MC, USNR
Lucile Packard Children's Hospital
Stanford University Medical Center
struyk@stanford.edu

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

Date: 07/13/2007

Issue Areas/Comments

GENERAL

GENERAL

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC. I believe that this is a serious issue for the health of our nation. As it is better more well trained doctors are not willing to see these patients because the remuneration is so disparate with other payors. So our elderly and poor are left with no choice but to seek care with second tier physicians.

Thank you for your consideration of this serious matter.
John M. Shepherd, MD

Submitter : Dr. Alan Somphone
Organization : Anesthesiology Consultants Inc.
Category : Physician

Date: 07/13/2007

Issue Areas/Comments

Resource-Based PE RVUs

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Alan H. Somphone M.D.
2304 La Solana Way
Las Vegas, NV 89102