

Submitter : Dr. Joseph Szokol
Organization : Evanston Northwestern Healthcare
Category : Physician

Date: 07/12/2007

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.

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. Daniel Grum
Organization : University of Toledo Medical Center
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

I support the proposal to increase physician payments for anesthesiology related services, since we are compensated less than we were 20 years ago in inflation adjusted dollars. Note that this does not apply to any other specialty. When combined with the unjust payment penalties for working with/supervising anesthesiology resident physicians, academic anesthesiologists incur tremendous reductions in government reimbursement for services, unlike surgeons and other specialists.

Submitter : Dr. John Bellis
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

John Bellis, M.D.
Willseye Stadium
Attention: CMS-1385-P
240 W Highland Ave
Philadelphia, PA 19118

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

Dear Dr. Bellis:

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Warren P. Bagley
Organization : University of TN HSC Knoxville
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Background

Background

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

12 July 2007

Dear Ms. Norwalk:

I am an Assistant Professor of anesthesiology at the University of Tennessee Knoxville, where I have taught residents and performed anesthetics for some 18 years. During that time various manipulations of the way and amount we are paid for services to Medicare (as well as other types of insurance) patients have come and gone, but the fact remains that although Medicare patients represent about 35% of our workload, they only represent about 10% of our income. The net effect has been to make our sickest, oldest patients and thus the ones who are at the greatest risk the very patients for whose services we are paid the least. Our current reimbursement rate is \$15.35 per unit from CMS, and commercial payors are at the least 3 and mostly 5 times that figure.

In addition, if a resident has been assigned to the case, CMS further reduces the amount paid by 50% (the teaching penalty). Frequently, the assignment of a senior resident, rather than someone with less training, is necessary to assure the best care for the patient. If your parent needed surgery, would you not want a more qualified person taking care of that parent? Should then the attending anesthesiologist be required to make a medical decision based on a business issue? We do it every day.

And God forbid if we make a mistake in the billing process! Medicare paperwork consumes literally more dollars than it generates, because physicians are held to an increasingly higher standard of filling in blanks, attesting to this and that, and signing here and there, and don't forget to initial this and that. We must hire people to ensure our compliance with CMS regulations; in fact, an entire industry was created, to ensure that our paperwork is correct. In fact, we fine ourselves if we do not live up to our minimum standards, all to prevent accusations of fraud, lawsuits, triple-indemnity fines, and bankruptcy. In my time in the OR, the paperwork required has tripled and the outcomes have remained generally unaffected. If you make enough rules, it eventually becomes impossible to follow them all.

I do not mind caring for the aging population; I am one of them. But I do request that you (CMS) at least recognize the value of the work we do and pay us appropriately!

Add the \$4.00 to our units; or better yet, double the amount you pay us. You'll still be getting a bargain. And do away with the teaching penalty. It serves no one.

Respectfully Submitted,

Submitter : Dr. Patti Klein
Organization : Bergen Anesthesia Associates
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.

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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.

Yours truly,
Patti S. Klein, M.D.

Submitter : Dr. Frank Ferrara
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Frank Ferrara, M.D.
Willseyc Stadium
Attention: CMS-1385-P
123 Falcon Way
Plymouth Meeting, PA 19462

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

Dear Dr. Ferrara:

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

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

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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 : pema Dorje
Organization : University Of Michigan
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

July 12, 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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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 important matter.

Pema Dorje MD
Director Division of Vascular Anesthesia
Department of Anesthesiology
University Of Michigan
Ann Arbor
Michigan

Submitter : Dr. Vincent Willeford
Organization : Dr. Vincent Willeford
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-1683-Attach-1.DOC

Submitter : Dr. John Hemlick
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

John Hemlick, M.D.
Willseye Stadium
Attention: CMS-1385-P
1558 Gregg St Apt B
Philadelphia, PA 19115

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

Dear Dr. Hemlick:

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

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

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Thank you for your consideration of this serious matter.

Submitter : Mr. Fred Rosetty
Organization : Anesthesia Associates of Lancaster, LTD.
Category : Other Health Care Professional

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:

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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.

Very truly yours,

Fred Rosetty
Administrative Director
Anesthesia Associates of Lancaster, LTD.

Submitter : Dr. douglas koehntop
Organization : Universtiy of minnesota
Category : Physician

Date: 07/12/2007

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

Rc: 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. Guido Ascanio
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Guido Ascanio, M.D.
Phoenixville Hospital
Attention: CMS-1385-P
211 Linda Ln
Reading, PA 19606

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

Dear Dr. Ascanio:

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

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

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Thank you for your consideration of this serious matter.

Submitter : Dr. Gregory Recker
Organization : Dr. Gregory Recker
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Cora Wahl
Organization : Rush University Medical Center
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

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

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,

Cora Wahl MD

Submitter : Mrs. Amy Recker
Organization : Mrs. Amy Recker
Category : Nurse

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Hairong Peng
Organization : West Penn Hospital
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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

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

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Thank you for your consideration of this serious matter.

Sincerely

Hairong Peng, MD

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

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. John Chatelain

Date: 07/12/2007

Organization : Dr. John Chatelain

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: Rule Number, CMS-1385-P:

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Thank you for your consideration of this serious matter.

John C. Chatelain, M.D.

Submitter : Dr. Mircea Cercega
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Mircea Cercega, M.D.
Phoenixville Hospital
Attention: CMS-1385-P
43 Williams Way
Spring City, PA 19475

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

Dear Dr. Cercega:

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 : Joe Laden

Date: 07/12/2007

Organization : Anesthesia Associates of Louisville, PSC

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

See Attached

CMS-1385-P-1696-Attach-1.PDF

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

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

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.

Joe Laden, Business Manager
Anesthesia Associates of Louisville, PSC
910 W Broadway Suite 810
Louisville, KY 40202

Submitter : Dr. Andrew Crell

Date: 07/12/2007

Organization : ASPA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Andrew M. Crell, DO

Submitter : Dr. Stewart R Leftow
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Stewart R Leftow, M.D.
Phoenixville Hospital
Attention: CMS-1385-P
607 Beechwood Dr
Havertown, PA 19083

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

Dear Dr. Leftow:

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. Rebecca S. Twersky
Organization : Long Island College Hospital
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

July 12, 2007

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

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

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Thank you for your consideration of this serious matter.

Sincerely,

Rebecca S. Twersky, M.D., M.P.H.

Professor & Vice Chair of Research
Department of Anesthesiology
SUNY Health Science Center at Brooklyn

Medical Director Ambulatory Surgery Unit
Long Island College Hospital

Submitter : Dr. Joseph Oliva
Organization : Society Hill Anesthesia Consultants,
Category : Physician

Date: 07/12/2007

Issue Areas/Comments

GENERAL

GENERAL

Joseph Oliva, M.D.
Phoenixville Hospital
Attention: CMS-1385-P
420 S White Horse Rd
Phoenixville, PA 19460

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

Dear Dr. Oliva:

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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