

2019 ADVOCACY VICTORIES

MAKING A DIFFERENCE FOR NEPHROLOGY!

Maintained Appropriate Reimbursement for Vascular Access Services in ASCs

In recent years, the Centers for Medicare and Medicaid Services (CMS) has proposed and/or finalized changes in reimbursement for outpatient dialysis vascular access care that have threatened patient access to those services. For 2019, the Agency proposed cuts of 55% and 54% for the two high volume balloon angioplasty services (CPT codes 36902 and 36905) when provided in the Ambulatory Surgical Center setting.

RPA not only led the effort to dissuade CMS from finalizing this proposal for 2019, but our ongoing advocacy resulted in CMS deciding to not even propose those changes for 2020.

Secured Introduction of Immunosuppressive Drug Coverage Legislation

In late December, HR 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act, was introduced in the House of Representatives. Extension of immunosuppressive drug coverage for the life of the transplanted kidney has been a legislative priority for RPA for over ten years.

RPA's 'boots on the ground' advocacy combined with the support of the RPA PAC helped get this legislation introduced.

Reduced Impact of Revision and Revaluation of Medicare E&M Service Codes on Nephrology

As the nephrology specialty's representative to the AMA's CPT Editorial Panel and Relative Value Update Committee (RUC), RPA helped develop an alternate methodology to the 2018 CMS proposal to compress payment levels for all outpatient evaluation and management (E&M) services to a single level for each family. This process resulted in proposals adopted by CMS for implementation in 2021.

If fully implemented, this new methodology will reduce the negative impact on nephrology from a projected -13% to a projected -2% (although other projections indicate that nephrology will ultimately experience a positive impact from this change).

Supported Payment for TCM Services to ESRD Patients

RPA encouraged CMS to remove the prohibition against billing transitional care management (TCM) services in conjunction with the monthly capitation suite of outpatient services provided to ESRD patients and advocated for the dialysis facility to be an allowable site of service for these claims.

RPA's advocacy efforts resulted in removal of the prohibition and will allow nephrologists to more appropriately manage the care provided to ESRD patients who have recently been discharged from the hospital and get reimbursed for those services utilizing the TCM codes.

Obtained Transplant Bonus in Kidney Payment Models

RPA urged senior staff from the Centers for Medicare and Medicaid Innovation (CMMI) to include a sizable bonus for successful kidney transplants for beneficiaries aligned with nephrology practices in the kidney payment models developed by CMMI. RPA included this bonus in RPA's original ESRD Clinical Episode Payment Model proposal to the Physician Payment Model Technical Advisory Committee (PTAC).

A transplant bonus of up to \$15,000 over three years was ultimately included in the voluntary payment models developed by CMS and released in 2019 due to RPA's advocacy efforts.