



October 24, 2018

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Email: [DraftLCDComments@novitas-solutions.com](mailto:DraftLCDComments@novitas-solutions.com)

RE: Proposed Local Coverage Determination (LCD): Endovenous Stenting (DL37893)

Dear Dr. Patterson:

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. We are writing to provide comments on the proposed Novitas local coverage determination (LCD) on endovenous stenting (DL37893).

Our comments focus on the following areas:

- **Exclusion of Place of Service (POS) 11 (Physician Office) from Allowable POS List**
- **Nephrology as an Approved Postgraduate Training Program Discipline**
- **Need for Diagnosis Code Pairings for Dialysis Circuit Code Family**

#### **Exclusion of Place of Service (POS) 11 (Physician Office) from Allowable POS List**

The proposed LCD provides a list of the places of service (POS) where provision of endovenous stenting procedures is considered reasonable and necessary, but does not include POS 11, the physician's office, among these approved settings of care. RPA believes that this is not only out of alignment with how the dialysis circuit code bundles of care were developed at the AMA's CPT Editorial Panel and Relative Value Update Committee (RUC) but is also not in the best interest of vascular access patient care. **RPA therefore urges Novitas to add POS 11 to the allowable site of services for endovenous stenting.**

RPA represents nephrology at both the CPT Editorial Panel and the RUC, and thus our organization was deeply involved in the process where the previously separately billable codes sets were combined to create the current bundled dialysis circuit code services, and when values were assigned to the physician work and practice expenses associated with providing those services. Both of those processes were undertaken with the understanding that the physician's

office would be considered an approved setting for the dialysis circuit codes, and thus were developed and perhaps more importantly valued with that in mind.

Further, POS 11 is a safe, effective, cost efficient and patient-centric site-of-service. We are aware that Novitas has received comments from the American Society of Diagnostic and Interventional Nephrology (ASDIN) that provide an in-depth and robust description of the research indicating that patients have “better outcomes, lower annual mortality, fewer dialysis access-related infections, and fewer hospitalizations achieved at lower cost.” RPA completely agrees with that assessment, and believes that it confirms the patient centeredness of the physician’s office setting for these services.

**Nephrology as an Approved Postgraduate Training Program Discipline**

RPA is also concerned with the language in proposed LCD that lists vascular access-related disciplines with appropriate training programs for the services (radiology, cardiology, and general/vascular surgery) but omits nephrology. Acknowledging that ASDIN is listed among the recognized specialty organizations with appropriate supervised training programs encompassing these services, **we urge Novitas to explicitly list nephrology among the disciplines with relevant and appropriate training programs for endovenous stenting procedures.**

**Need for Diagnosis Code Pairings for Dialysis Circuit Code Family**

The proposed LCD states that CPT codes 36903, 36906, and 36908 “will not have procedure code to diagnosis code pairings specified at this time.” RPA believes that this absence of specificity will result in otherwise avoidable ambiguity that has the potential to not only create claims processing issues but also barriers to necessary care for dialysis patients needing these services. **RPA therefore urges Novitas to identify procedure code to diagnosis code pairings for CPT codes 36903, 36906, and 36908.**

RPA recommendations for code pairings for these services are outlined in the chart below.

	<b>ICD-10</b>	<b>ICD-10 description</b>
<b>FISTULA OR GRAFT</b>	T82.868A	<b>Thrombosis due to</b> vascular prosthetic devices, implants and grafts, initial encounter
	T82.858A	<b>Stenosis</b> of vascular prosthetic devices, implants and grafts, initial encounter
	T82.828A	<b>Fibrosis due to</b> vascular prosthetic devices, implants and grafts, initial encounter
	T82.818A	<b>Embolism due to</b> vascular prosthetic devices, implants and grafts, initial encounter
	T82.848A	<b>Pain due to</b> vascular prosthetic devices, implants and grafts, initial encounter
	T82.838A	<b>Hemorrhage due to</b> vascular prosthetic devices, implants and grafts, initial encounter

	T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter (i.e.: <b>aneurysm, occlusion, steal syndrome</b> )
<b>STENT</b>	T82.856A	In-stent stenosis (restenosis) of peripheral vascular stent
<b>AV FISTULA</b>	T82.510A	Mechanical breakdown of <b>AV Fistula</b>
	T82.520A	Displacement of <b>AV Fistula</b>
	T82.530A	Leakage of <b>AV Fistula</b>
	T82.590A	Other mechanical complication of <b>AV Fistula</b>
<b>GRAFT</b>	T82.318A	Mechanical breakdown of other vascular <b>graft</b>
	T82.328A	Displacement of other vascular <b>graft</b>
	T82.338A	Leakage of other vascular <b>graft</b>
	T82.398A	Other mechanical complication of other vascular <b>graft</b>
<b>OFTEN USED</b>	Z45.2	Encounter for adjustment and management of vascular access device
	N18.6	End stage renal disease (code with Z99.2)
	Z99.2	Dependence on renal dialysis
	I87.1	Compression of Vein
	I77.1	Compression of Artery

As always, RPA welcomes the opportunity to work collaboratively with Novitas in its efforts to improve the quality of care provided to the kidney patients with Novitas' jurisdictions, and we stand ready as a resource to Novitas in its future work on the development of LCDs affecting kidney disease care. Any questions or comments regarding this correspondence should be directed to RPA's Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at [rblaser@renalmd.org](mailto:rblaser@renalmd.org).

Sincerely,



Michael D. Shapiro, MD, MBA, FACP, CPE  
RPA President