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October 5, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
ATTN: CMS-1736-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc. (CMS 1736-P)

Dear Administrator Verma:

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. Part of RPA's mission is to promote excellence in the delivery of high-quality kidney care within an environment that supports patient access to care and safety.

RPA is writing to offer our input on the proposed rule for 2021 on CMS' Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems. Our comments address: (1) CMS' comment solicitation on the Office Based Exemption for Dialysis Vascular Access Procedures; and (2) the Ambulatory Payment Classifications (APCs) for Percutaneous Creation of a Dialysis Fistula.

Office Based Exemption for Dialysis Vascular Access Procedures

In the proposed rule, CMS states that it is contemplating establishing a permanent exemption from the Physician Fee Schedule non-facility practice expense (PE) relative value unit (RVU) amounts for dialysis vascular access procedures. CMS notes that its consideration is based on extensive stakeholder comments on the issue, which if unaddressed could result in an inadvertent incentive for migration of dialysis vascular access procedures related services to the more expensive hospital outpatient department setting.

Informing the Agency's deliberations on this issue is the fluidity of the utilization for CPT codes 36902 and 36905 (the two high volume dialysis circuit CPT codes for vascular access services). This variance catalyzed the proposal in the 2019 ASC proposed rule to designate these services as office-based (resulting in 55% and 54% cuts in reimbursement for the services, respectively, which were not finalized), as well as more recent utilization that has hovered near the 50% threshold. While RPA believes that utilization of CPT codes 36902 and 36905 in the ASC setting will likely remain above 50%, we would urge the Agency to move forward with a proposal to provide a permanent exemption from the office based designation for these services, to provide predictability and stability in reimbursement for these services. We would also urge the Agency to consider extending the exemption to all of the primary (not add-on) service codes in the dialysis circuit code family (CPT codes 36901, 36903, 36904 and 36906).

RPA urges CMS to provide a permanent exemption from the office-based designation for CPT codes 36902 and 36905.

Ambulatory Payment Classifications (APCs) for percutaneous creation of a dialysis fistula.

In Addendum B of the proposed rule, CMS proposes to reassign the service code G2170 for percutaneous arteriovenous fistula (pAVF) creation (representing thermal creation of a pAVF) to ambulatory payment classification (APC) 5193, from its previous assignment in APC 5194. G-2170 has been paired with a similar service, G2171, which represents pAVF creation by magnetic means, through the FDA approval process, previous development of two 'C' codes for these services, and now the establishment of the 'G' codes.

The determination to reassign G2170 is evidently based on claims data. While RPA recognizes the appropriateness of CMS' reliance on evidentiary information such as utilization or claims data, it is our understanding that this specific decision was based on less than 60 claims. We believe that this is not a sufficient volume of data to make a determination of this magnitude, and thus finalizing this decision for 2021 would be premature. RPA therefore urges CMS to defer its decision to reassign G2170 to APC 5193 until future rulemaking.

RPA urges CMS to defer the reassignment of G2170 to APC 5193 and maintain its current assignment to APC 5194.

As always, RPA welcomes the opportunity to work collaboratively with CMS in its efforts to improve the quality of care provided to the nation's kidney patients, and we stand ready as a resource to CMS in its future work on the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems. 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.

Sincerely,



Jeffrey A. Perlmutter, MD
President