



September 27, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Dept. of Health and Human Services
Attention: CMS-1717-P
P.O. Box 8013
Baltimore, MD 21244-1850

Re: CMS-1717-P; Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs et al.

Dear Administrator Verma:

The Renal Physicians Association (RPA) appreciates this opportunity to submit comments to the CY 2020 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule.¹ RPA is the professional organization of nephrologists; its 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 care of patients with kidney disease.

Our comments will discuss the following issues:

- **Endovascular Procedures Ambulatory Payment Classifications (APCs) 5191-5194**
- **ASC device intensive designation for codes 36903, 36904, 36905 and 36906**
- **APC level assignment for percutaneous fistula codes C9754 and C9755**

I. Endovascular Procedures APCs 5191-5194

In the 2020 OPPS/ASC proposed rule, CMS is again proposing its 4-level APC structure for endovascular procedures, which has been in place since 2017. All four of the APCs in this series (5191-5194) are comprehensive APCs. We agree with CMS' 2020 proposal and believe that the expansion from three endovascular APC levels to four levels in 2017 still remains an appropriate APC structure for 2020. We also agree with all of CMS' proposed APC

¹ 84 Fed. Reg. 39398 (August 9, 2019).

assignments (that are unchanged from 2019) for the separately paid dialysis access codes 36902, 36903, 36904, 36905, and 36906.

II. Device intensive designation for codes 36903, 36904, 36905 and 36906

RPA appreciates and agrees with CMS' proposal to assign ASC device intensive status to CPT codes 36903 and 36906. These codes represent complex services that require one or more atherectomy catheters, angioplasty balloons and covered stent devices that account for a significant percentage of the overall procedure costs. The proposed device intensive status and ASC status indicator J8 appropriately recognizes the device intensive nature of these procedures.

However, there are two other codes in the dialysis access series that merit ASC device intensive status designation for 2020:

36904 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)*

36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s) with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*

Neither of these codes are proposed as ASC device intensive for 2020. The device offsets for these codes are very close to the device intensive threshold of 30 percent (the device offset for a code must exceed 30 percent for a procedure to qualify as device intensive). The 2020 proposed rule Addendum P device offsets for these codes are 29.18 percent for 36904 and 27.75 percent for 36905.

Because these offsets are so close to the threshold we request that CMS carefully assess these offset calculations in the final rule with the final rule data. We also suspect that the proposed rule offset values for these codes do not accurately reflect the full device costs of each procedure. For example, even though 36905 includes all of what is described by 36904 plus the addition of a transluminal balloon angioplasty, CMS' proposed device offset for 36905 (27.75 %) is lower than the offset for 36904 (29.18 %). These percentages are not consistent with 36905 requiring the additional devices needed for the angioplasty.

We believe that a more careful examination of the device costs for 36904 and 36905 will reveal that the device offset for each of these codes (and certainly that for 36905) will exceed the 30 percent threshold qualifying these codes for ASC device intensive status in 2020.

III. APC level assignment for codes C9754 and C9755

CMS has assigned codes C9754 and C9755 to APC 5193. These codes are for the percutaneous creation of a dialysis fistula—innovative new procedures that increase options for dialysis patients to have a successful arteriovenous fistula for dialysis access. These procedures are important in making fistula access possible for patients refusing open surgery and where skilled surgeons are not readily available, both of which are common situations. Additionally, because anesthesia is not required for the percutaneous approach, these procedures can reduce the time needed to have a fistula created and thus the time patients require catheter access for dialysis. The codes describe the creation procedure with two different devices and techniques. CMS had no claims data for these new codes in the 2020 Panel Run Two Times Listing.

RPA is concerned that the cost of these procedures, particularly C9755 which provides options for fistula creation in different vessels and approaches, may be high enough to warrant moving the code to APC 5194. We are concerned that the procedures will not be available to patients if the costs are higher than 5193. We believe it is very important for CMS to review most recent claims data for accurate geometric mean cost of these procedures so that they can be assigned to the appropriate APC level in the final rule.

IV. Recommendations

- RPA respectfully requests that CMS finalize the continuation of the 4-level APC structure for endovascular procedures. We also request that CMS finalize the 2020 proposed APC assignments for CPT codes 36902, 36903, 36903, 36904, and 36905.
- RPA also requests that CMS carefully examine the device costs/device offsets for 36904 and 36905 in the final rule with the final rule data. We believe that the cost of devices used in 36904 and 36905 exceed the 30 percent device intensive threshold.
- RPA requests that CMS carefully examine the most recent claims for new codes C9754 and C9755 to determine if they should be reclassified to APC 5194.

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We thank CMS for considering our comments. RPA welcomes the opportunity to work collaboratively with CMS in its efforts to improve the quality of care provided to the nation's ESRD patients, and we stand ready as a resource to CMS in its future work in refining reimbursement for vascular access services. 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,

A handwritten signature in black ink, reading "Jeffrey A. Perlmutter MD". The signature is written in a cursive, flowing style with a large initial "J" and a distinct "MD" at the end.

Jeffrey A. Perlmutter, MD
RPA President