RPA 2020 Advocacy Victories

RPA’s strong advocacy on Capitol Hill and with Federal Agency officials resulted in significant legislative and regulatory achievements benefitting nephrology professionals and kidney patients. Highlights of those successes are provided below.

- **Congress Passed Immunosuppressive Drug Coverage Extension**, one of RPA’s legislative priorities for over a decade.
- **CMS Revalued All Codes in Outpatient Dialysis Code Family—Worth ~$270 million to Nephrology as a Specialty**
  - CPT Codes 90951-90970 have RVU (Value) increases between 13-27%.
- **Nephrology Payment Projected for 11% Increase Effective January 1, 2021**
  - Year-end funding bill maintained dialysis and E&M code revaluations and minimized the proposed cut in the Medicare conversion factor.
- **CMS Revised Policy to pay ESRD MCP funds under CKCC directly to the nephrologist, at billed level (i.e., the 4-Visit Level), instead of facility**
  - Original proposals would have provided these funds to the CKCC Entity, delaying nephrology practice payment, and would have paid 4-visit codes at 3-visit code level.
- **CMS Adopted RPA Recommendations in ETC Final Rule**
  - Originally the ETC scope included 50% of the U.S., this was reduced to 30%; the bonus-penalty span was reduced from +11% to -13% to +8% to -9%; and reporting can now be aggregated at the practice level instead of the individual nephrologist level.
- **New ICD-10 Codes Created for CKD 3A-3B, C3GN**
  - The addition of these diagnosis codes will enhance identification of kidney disease and will delineate C3GN from dense deposit disease.
- **CMS Implemented G-Codes for pAVF Creation**
These services were payable for facility charges in ambulatory surgical centers (ASCs) but not billable by physicians; this change allows for reimbursement to physicians for pAVF creation.

- HHS Workgroup Adopted RPA Telehealth Recommendations
  - The workgroup recommended permanently eliminating originating site and geographic restrictions.

- CMS Truncated Time Period Used in ESRD PPS to Determine Rate-Setting for Calcimimetics
  - CMS reduced the interval by which the payment rate for calcimimetics will be calculated from 2 years to 18 months.

- CPT Approved Codes for COVID Testing, PPE Practice Expense
  - If implemented by Medicare and other payers, COVID Testing and PPE payment would be provided.

For more information about RPA’s public policy activities, contact Robert Blaser at rblaser@renalmd.org.