KIDNEY CARE PARTNERS

September 24, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1695-P
P.O. Box 8013
Baltimore, MD 21244-8013

CMS—1695—P; Medicare Program; Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

Dear Administrator Verma:

On behalf of Kidney Care Partners (KCP), I appreciate the opportunity to provide comments on the "Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs" (Proposed Rule). KCP is an alliance of members of the kidney care community that includes patient advocates, kidney care professionals, providers, and manufacturers organized to advance policies that improve the quality of care for individuals with both chronic kidney disease (CKD) and irreversible kidney failure, known as end-stage renal disease (ESRD).[1]

During the past several years, KCP has supported the efforts of the entire kidney care community and CMS to address the serious issue of vascular access in the Medicare ESRD program. As you know, reducing the long-term use of central vein catheters in favor of a permanent dialysis vascular access (ideally an AV fistula, but in some instances, an AV graft when clinically appropriate) is an important factor in improving patient outcomes. The ESRD Quality Incentive Program (QIP) includes two measures addressing this important area that support the placement of AV fistulas and grafts. We are deeply concerned that in proposing the site neutral payment for CPT codes 36902 (angioplasty) and 36905 (thrombectomy with angioplasty) in the Proposed Rule, CMS will disincentivize the very services the Agency has defined as critical to improving the quality of care and outcomes that dialysis patients receive.

First, these codes have been in place only since January 2017. Simply put, shifting them so quickly into a site neutral payment system will lead to a drastic decline in the availability of these services. By applying the site-neutral policy to these codes, the payment rate for CPT code 36902 (angioplasty) will be reduced by approximately 55 percent, while the rate for CPT code 36905 (thrombectomy with angioplasty) will be

[1] A list of KCP members is provided in Appendix A.

reduced by approximately 54 percent. There is not sufficient claims history to support the appropriateness of such a drastic reduction in the payment rate.

Second, we understand the interest CMS has in promoting care in the most cost effective setting. When CMS established the new payment bundles represented by CPT 36902 and 36905 in 2017, it continued the Agency's success in incentivizing the shift of these procedures from the more expensive hospital setting to the lower cost settings, such as the Ambulatory Surgical Center (ASC) setting. However, we are concerned that the Proposed Rule seeks to further shift these procedures with less than two full years of data on the new codes. Some vascular access procedures require ESRD patients to undergo open surgeries for purposes of placing the fistula or graft; open revisions and open thrombectomy cannot be performed in the office setting. Other procedures are for repair and maintenance. If the rates for ASCs are cut so drastically without evidence suggesting they are not appropriately aligned with cost, it is likely the procedures will shift back to the more expensive hospital setting. The proposed reimbursement changes will create a dramatic payment differential, over 400 percent, between hospital and non-hospital settings. We are concerned that, practically speaking, CMS will undo the progress made during of the past several years and drive these procedures back to the more costly hospital setting.

In sum, KCP recommends that CMS not implement site neutrality for CPT codes 36902 and 36905 as part of the 2019 final rule. These codes should continue to be valued from OPPS in 2019 and CMS should collect at least 24 months of utilization data to allow for an adequate assessment of these codes. KCP strongly encourages CMS to protect access to vascular access services for dialysis patients, consistent with its priorities in the Medicare ESRD QIP and other ESRD programs. Payment policies in other areas, such as in the ASC setting, should not create disincentives.

KCP appreciates the opportunity to provide comments on the Proposed Rule. We look forward to working with HHS on these policies. If you have questions or comments, please contact Kathy Lester at klester@lesterhealthlaw.com or (202) 534-1773. Thank you again for considering our recommendations.

Sincerely,

Allen Nissenson
Chairman
Kidney Care Partners

Appendix A: KCP Members

Akebia Therapeutics, Inc.
American Kidney Fund
American Nephrology Nurses' Association
American Renal Associates, Inc.
American Society of Nephrology
American Society of Pediatric Nephrology
Amgen
AstraZeneca
Atlantic Dialysis
Baxter Healthcare Corporation
Board of Nephrology Examiners and Technology
Cara Therapeutics
Centers for Dialysis Care
Corvidia
DaVita Healthcare Partners, Inc.
Dialysis Patient Citizens
Dialysis Clinic, Inc.
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Greenfield Health Systems
Keryx Biopharmaceuticals, Inc.
Kidney Care Council
Medtronic
National Kidney Foundation
National Renal Administrators Association
Nephrology Nursing Certification Commission
Northwest Kidney Centers
NxStage Medical
Otsuka
Renal Physicians Association
Renal Support Network
Rogosin Institute
Satellite Healthcare
U.S. Renal Care