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December 31, 2012

Marilyn Tavenner
CMS Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1524-FC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD. 21244-1850

Re: CMS-1590-FC Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face to Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013

Dear Acting Administrator Tavenner:

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) appreciate the opportunity to provide comments regarding the above cited Medicare physician fee schedule, published in the *Federal Register* on November 16, 2012. Specifically, we are requesting a Refinement Panel for seven procedures and have outlined our rationale below.

Cervicocerebral Angiography Codes

Cervicocerebral Angiography codes (36200, 36215, 36216, 36217, 36218, 75650, 75665, 75671, 75680, 75685, 75774) were captured in the screen that identifies code pairs reported together more than 75 percent of the time and CMS asserted that there is some duplication of work among the carotid angiography codes when various carotid angiography services are provided together. Therefore, new codes that bundle non-selective and selective arterial catheter placement and diagnostic imaging of the aortic arch, carotid and vertebral arteries, were created for CPT 2013, CPT Codes 36221-36228. In the Final Rule, CMS significantly reduced the RUC-passed values for seven of the eight new codes (see chart below), keeping the RUC value only for CPT Code 36228. We strongly object to this action and request that CMS convene a Refinement Panel to reconsider these values.

CPT Code	Shortened Descriptor	RUC Rec RVU	CMS Interim RVU
36221	Place cath thoracic aorta	4.51	4.17
36222	Place cath carotid/inom art	6.00	5.53
36223	Place cath carotid/inom art	6.50	6.00
36224	Place cath carotid art	7.55	6.50
36225	Place cath subclavian art	6.50	6.00
36226	Place cath vertebral art	7.55	6.50
36227	Place cath xtrnl carotid	2.32	2.09
36228	Place cath intracranial art	4.25	4.25

We request that CMS convene a Refinement Panel to reconsider these values. The procedures are performed in patients with complex atherosclerotic carotid and companion cerebrovascular disease, intra- and extracranial tumors, and vasculopathies. The number of main vessels, multitude of small caliber named branch vessels, clinically important potential collateral pathways, and additionally complex venous anatomy translate to a 3-6 fold increase in the number of necessary angiographic runs (each with 10-60 frames/second), intensity of cognitive interpretation, and physician effort and time. Many specialties came together to develop and survey the codes and painstakingly considered all aspects of the recommendations, including the 40 minutes of post-service activities related to these complex studies. The RUC thoroughly examined the proposal and agreed with the specialties. A neurological evaluation is conducted in the post-service period to ensure that there is no change in deficits, because a significant risk factor in these procedures continues to be stroke. We cannot imagine what kind of clinical review CMS could possibly have obtained to conclude that the post-service time should be reduced.

We believe that CMS did not consider several significant issues, which will be brought to light in a Refinement Panel. The AMA RUC recommended RVUs for all the codes currently captures all of the efficiencies that are gained by bundling these services and the CMS conclusion that these codes should further be reduced is not supported. For CPT Codes 36222 – 36226, the RUC recommended values represent a substantial savings to the Medicare system -- significantly larger than the 10 percent estimate offered by CMS, and in some cases greater than 30 percent. The CMS methodology of a direct crosswalk for surgical and S&I codes from the prior system of coding to the proposed bundled system is flawed, particularly for 36221 and 36227. In addition, a crosswalk to other procedures such as 32550 that are far simpler, with less risk and far fewer images requiring interpretation when a direct crosswalk exists, is not an appropriate comparison. The AMA RUC recommended values for 36221 and 36227 are further supported by the survey results. Below is a review of the work of the codes.

CPT Code 36221

CMS mentions that the AMA RUC used a direct crosswalk to the two component codes being bundled, CPT code 32600 (Introduction of catheter, aorta) (work RVU = 3.02) and CPT Code 75650 (Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation) (work RVU=1.49) and the recommended value of 4.51 is the sum of the RVUs for these component codes. Efficiencies may occur when some surgical codes are bundled with other surgical codes or S&I codes are bundled with other S&I codes. However, this is not the case with the cervicocerebral codes, as the base codes described here are a surgical code bundled with an S&I code. The activities of surgical codes and S&I codes are, by definition, separate, and CMS is wrong to assume that efficiencies are gained. Indeed, our key reference service 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* (work RVU=5.35) has similar total time of 116 minutes. CPT Code 36221 has slightly higher intensity than 36251; however the additional time for 36251 is in the intra-service period at 45 minutes, which accounts for the slightly higher RVU. Furthermore, 36251 more accurately reflects the procedure time and intensity compared to CPT 32550 (Insertion of indwelling pleural catheter with cuff), which does not carry the same physician time for vascular access and does not have the imaging interpretation component as 36221 or 36251. Accordingly, 4.51 RVUs is a reasonable recommendation for 36221.

CPT Code 36222

The median RUC survey value of 6.00 accurately reflects the work for this procedure and the reduction proposed by CMS is not reasonable. The key reference service of CPT Code 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography,*

including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral has a work of RVU 5.35 and a total time of 116 minutes, whereas 36222 has more total time at 128 minutes and a significantly higher level of intensity to perform. CMS mentions that the agency's lower value captures efficiencies when two services are bundled together, but the current coding for this procedure is 8.07 RVUs and the RUC recommendation of 6.00 RVUs already captures the expected efficiencies.

Furthermore, CMS incorrectly stated in the final rule text that this is a non-selective catheter placement in the thoracic aorta. However, CPT Code 36222 describes selective catheter placement, common carotid artery or innominate artery, unilateral any approach with angiography of the ipsilateral extracranial circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch when performed. While this may have been an inadvertent error by CMS, we want to insure that there has been no misinterpretation by CMS in valuing the work RVU for this code and feel this is further justification for a Refinement Panel review of the codes.

CPT Code 36223

The median value of 6.50 accurately reflects the work for CPT Code 36223. The key reference service 36253 *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* has a work RVU of 7.55 and a total time of 131 minutes, comparing favorably to 36223 with a total time of 133 minutes and a significantly higher level of intensity to perform. It makes no sense to have 36223 valued so much lower than 36253. CMS mentions that their lower value captures efficiencies when two services are bundled together, but the current coding for this procedure is 9.38 RVUs. Again, the RUC recommendation of 6.50 RVUs already captures the expected efficiencies.

CPT Code 36224

The value of 7.55 RVUs accurately reflects the work for CPT Code 36224. The key reference service 36253 *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* with a work RVU of 7.55 and a total time of 131 minutes, compares favorably to 36224 with a total time of 138 minutes and a slightly higher level of intensity to perform. It is appropriate that these two codes should be valued similarly and 7.55 is a reasonable relative value. The CMS value of 6.50 RVUs fails to account for the complexity inherent in catheter manipulations and angiography of the intra-cranial vasculature. CMS also mentions that their lower value captures efficiencies when two services are bundled together, but the current coding for this procedure is 10.40 RVUs so the RUC recommendation of 7.55 RVUs already captures the expected efficiencies.

CPT Code 36225

The AANS and CNS believe it is reasonable to value 36225 *Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed* the same as 36223 *Superselective catheter placement (one or more second order or higher*

renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral as both services have identical survey median times; however the value should be the RUC recommended 6.50 RVUs. The RUC compared 36225 to the key reference service CPT Code 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* (work RVU=5.35) and determined that the codes have identical intra-service times at 45 minutes. CPT Code 36225 has more total time at 133 minutes compared to 116 minutes. Also, 36225 has a significantly higher level of intensity to perform, easily justifying the additional 1.15 RVUs over 36251

CPT Code 36226

We believe it is reasonable to value 36226 *Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed* the same as 36224 *Selective catheter placement, internal carotid artery, unilateral with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed* as both services have identical survey median times but the value should be the RUC recommended 7.55 RVUs. The RUC compared 36226 to the key reference service CPT Code 36253 *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* (work RVU=7.55) and determined that the codes have similar intra-service time with 36224 having 50 minutes and 36253 having 60 minutes. CPT Code 36226 has more total time at 138 minutes compared to 131 minutes. Also, 36226 has a significantly higher level of intensity to perform, easily justifying a value equal to 36253.

CPT Code 36227

CMS asserts that that there are efficiencies gained when services are bundled. However, this is not always the case. The base codes described in 36227 *Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)* are a surgical code bundled with an S&I code. Since the activities of surgical codes and S&I codes are, by definition, separate, we disagree that efficiencies should be assumed and find the 10 percent expectation completely inappropriate. The RUC recommendation is bracketed by the two most commonly chosen Key Reference Services: 61641 (4.33 RVUs; 30 min. intra-service time; *Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)*) and 37250 (2.10 RVUs; 23 min. intra-service time; *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)*). The external carotid artery has complex anatomy with dangerous anastomoses; it supplies crucial structures of the face and neck. Procedures within this anatomy inherently have great intensity. Although the time for 37250 is higher (23 minutes), the RUC agreed that working in a complex and intense vascular bed like that of the external carotid circulation justified a greater intensity for 36227 relative to 37250.

Conclusion

We request a refinement panel for CPT Codes 36221 through 36227, as we believe that CMS has overstated the efficiencies gained in bundling for these particular codes and failed to provide adequate justification for lowering the RUC-recommended values. When bundling the S&I with a surgical code, efficiencies are not gained in the same way as might be the case with two surgical codes or two radiology codes performed together. In addition, errors in the final rule must be clarified to adequately understand whether the CMS review was based on inaccurate information. We believe refinement will provide an opportunity to present these issues, not discussed previously by CMS.

Thank you for your time and attention.

Sincerely,



Mitchel S. Berger, MD, President
American Association of Neurological Surgeons



Ali R. Rezai, MD, President
Congress of Neurological Surgeons

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