In an effort to alter specific policies in the Centers for Medicare and Medicaid Services’ (CMS) CY 2019 Medicare Fee Schedule Proposed Rules, Society for Vascular Surgery leaders have submitted a 20-page comment letter with recommendations to CMS.

CMS released the combined Medicare Physician Fee Schedule (PFS) /Quality Payment Program (QPP) proposed rule in July. Comments were due in mid-September; the final rule is expected on or around November 1, 2018.

These rules affect payment policies and reimbursements for procedures performed by physicians and healthcare providers across the country.

Regarding the combined Medicare Physician Fee Schedule (PFS) /Quality Payment Program (QPP) proposed rules, of particular importance to vascular surgeons are proposals to combine and flatten payments for Evaluation and Management (E&M) codes and a proposal to reprice the cost of the practice expense direct inputs. If finalized, this would result in substantial cuts to vascular labs and other vascular procedures.

At the same time, SVS supports a number of the CMS proposals, including efforts to reduce paperwork and increase time spent on patient care.

CMS proposes a single rate for E/M office visits for levels 2 through 5 services. As a result, “the Indirect Cost Indices change significantly for some specialties,” SVS wrote, including a possible 10 percent loss for vascular surgery. “This is not a sound policy,” SVS leaders said. SVS, with other societies, urges the CMS to delay implementing the E/M proposal.

Another important element for vascular surgeons is CMS’ recommended repricing on both the vascular ultrasound room (EL016) and the general ultrasound room (EL015). Pricing for both would decrease dramatically: 57 percent, from $466,492 to $199,449 for the vascular ultrasound room and 65 percent, from $369,945 to $130,252 for the general ultrasound room.

These two equipment inputs are among 2,107 items currently used as direct practice expense inputs for which CMS proposes to update pricing for CY 2019, with a four-year transition given the impact to the fee schedule. SVS and other agencies question the validity of the pricing, all performed by a CMS contractor. They question several aspects of the pricing process and urge CMS to delay any pricing changes for 2019.
SVS calls the approach to repricing “careless” and one that “does not accurately account for all typical ultrasound room components.” Should CMS insist on pricing changes, SVS leaders said they have provided enough information to request maintaining current pricing for both ultrasound rooms and then refer repricing of the two rooms to an American Medical Association subcommittee.

Quality Payment Program Comments

The SVS also commented on several proposed changes for Year 3 of the Quality Payment Program (QPP):

• Seeking a single 12-month determination period for participants in the Merit-Based Incentive Payment System, not a proposed 24-month assessment period.

• Not expanding the low-volume threshold criterion for several reasons, including that expansion impacts the availability of bonus payments.

• Urging CMS to move ahead with specialty-specific subgroups within a larger multi-practice group, to further the goal of quality care.

• Asking CMS to consider 2019 a field-testing year, holding SVS members harmless from episode-cost measure results, particularly because of physician difficulties in getting access to field-testing reports.

• Opposing a blanket requirement that all physicians use electronic health records technology certified to the 2015 edition.

• Urging a better process for approval for Advanced Alternative Payment Models for specialists. (SVS is working to develop an advanced APM for vascular surgeons.)

The letter, which contains many more suggestions and details, was submitted by President Dr. Michel Makaroun and Drs. Sean Roddy, Matthew Sideman, Megan Tracci and Karen Wood, chairs, respectively, of the Policy and Advocacy Council, plus Coding and Reimbursement, Government Relations and the Quality and Performance Measures committees. See the full letter at vsweb.org/PFScomments18D.

SVS also submitted comments later in September on other CMS proposed rules, including the CY 2019 Hospital Outpatient Prospective Payment System. Read those comments at vsweb.org/HOPPScomments18.