Proposed Rules Include Substantial Cuts to Vascular Labs

After reviewing proposals from the Centers for Medicare and Medicaid Services (CMS), the Society for Vascular Surgery has drafted comments to mitigate potentially substantial negative effects on SVS members.

CMS released the 2019 Hospital Outpatient Prospective Payment System (HOPPS) and the combined Medicare Physician Fee Schedule (PFS) /Quality Payment Program (QPP) proposed rules in July and is accepting comments into September. Of particular concern to the SVS are the flattening of Evaluation and Management (E/M) codes (see story on page 1), loss of value in Relative Value Units (RVU) for indirect expenses and substantial cuts to vascular labs and other vascular procedures as a result of repricing.

Payments under the Medicare Physician Fee Schedule are based on three relative value scales, representing the relative amounts of physician work, practice expense (PE) and malpractice (MP) expenses) required to provide each service. The proposed PFS rule includes a compression of E/M codes, reducing levels two through five to a single level, averaging payments and paperwork requirements. SVS is particularly concerned that this proposal neglects the complexity of vascular cases, resulting in a net deficit exceeding CMS estimates of -1 percent for vascular surgery factoring in an estimated 51 hours of paperwork reductions per year. SVS has joined other medical organizations in a request to CMS that seeks to adopt changes to this proposal, including:

1. Changing the required documentation of the patient’s history to focus only on the interval history since the previous visit
2. Eliminating the requirement for physicians to re-document information that has already been documented in the patient’s record by practice staff or by the patient
3. Removing the need to justify providing a home visit instead of an office visit.

SVS is preparing a significant Congressional lobbying effort to educate members on unintended consequences of prematurely flattening E/M codes and is prepared to work on a legislative fix should the PFS final rule not reflect our concerns.

SVS is also very concerned about the unintended consequence of altering the current practice expense methodology to accommodate the E/M proposal on vascular surgery services. Many vascular surgery CPT codes are experiencing
inappropriate decreases in the indirect practice expenses (administrative labor, office supplies and other expenses) due to these alterations in the CMS PE methodology.

SVS is further advocating against potential significant reimbursement reductions for physician-owned vascular lab and other vascular/endovascular procedures as a result of repricing initiatives. CMS is proposing updated pricing for 2,017 supply and equipment items based on a recently awarded market research contract. SVS has serious concerns about the sources used by the CMS contractor and has submitted documentation to combat the proposed reductions.

SVS has been working tirelessly to advocate on behalf of vascular surgery and will be providing extensive comments and guidance to CMS and lawmakers to ensure the best possible outcomes during the regulatory and legislative process.

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