

January 8, 2021

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Sent via email to: Seema.Verma@cms.hhs.gov

RE: Comparative billing report (CBR) for Peripheral Vascular Intervention (PVI) for Claudication
CBR202004

Dear Administrator Verma:

The Society for Vascular Surgery (SVS) is a professional medical specialty society, composed primarily of vascular surgeons, that seek to advance excellence and innovation in vascular health through education, advocacy, research and public awareness. SVS, on behalf of its 5,900 members, would like to bring to your attention the issue of comparative billing report (CBR) for supervised exercise therapy (SET) (*CPT Code 93668 Peripheral arterial disease (PAD) rehabilitation, per session*) prior to intervention for intermittent claudication (IC) [CBR202004]. Despite adhering to best evidence-based strategies as outlined by SVS and offering individualized treatment plans to their patients, our physician members are receiving CBRs that seem to suggest otherwise.

We applaud efforts to improve patient care and reduce costs but CBRs have limited application due to reliance on administrative data such as billed CPT and ICD10 codes. We are alarmed that our physician members have received notification from CMS about CBR and SET given the limited period of review and its retrospective nature. In addition, CMS guidelines do not require SET therapy coding/billing prior to peripheral vascular intervention (PVI) for IC.

SET along with lifestyle modifications and medical optimization has been recommended as the first line therapy for intermittent claudication, which can result in significant functional disability in patients with peripheral arterial disease (PAD). This approach has been shown to decrease the number of peripheral interventions (PVI) and improve long-term outcomes for patients. Prior to the Medicare coverage of SET in 2017, physician supported walking programs were prescribed prior to intervention based on SVS practice guidelines and recommendations.

SVS strongly supports and endorses SET as the initial treatment for intermittent claudication and lists it as a grade 1 guideline recommendation. However, it is well recognized that there are numerous logistical barriers to utilizing SET as the only way to prescribe exercise therapy. These barriers were highlighted in an article by Mays et al in *JVS* in 2013. These were also acknowledged by CMS in "Decision Memo for SET for symptomatic PAD" (CAG-00449N), the MLN Matters #MM10295 and Chapter 1, Part1, Section 20.35 of the Medicare National Coverage Determination Manual.

The requirements for SET billing are burdensome and not practical. Risk of audits, referral to a separate rehabilitation facility not easily accessible and lack of physician work in the code set limit the application of SET. SET therapy can not be applied in patients with comorbidities which impair walking ability (eg cardiovascular, neurogenic, mental or orthopedic) and in patients who require timely/emergent intervention for imminent bypass graft failure or changes in functional limb status due to critical limb ischemia.

In summary, while we fully support SET as part of the best initial treatment for IC, there are situations where exercise therapy is not appropriate for a given patient or has been advised without SET specific conditions. We, therefore, ask CMS to:

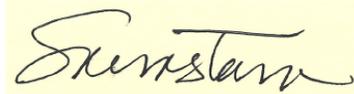
- recognize that, while SET is the most effective first line exercise therapy, it may not be feasible, indicated, or suitable to all patients with IC;
- recognize that while we continue to work on barriers to SET, there continues to be a role for exercise therapy outside of SET; and
- help create additional ICD 10 diagnosis codes to clarify that exercise therapy has been tried and failed in a patient prior to offering an intervention.

We appreciate your attention to this important matter and thank you for your consideration. If additional information is required, please contact trishacrishock@gmail.com.

Sincerely,



Matthew Sideman, MD
Chair, SVS Policy and Advocacy Council



Sunita Srivastava, MD
Chair, SVS Coding and Reimbursement Committee