December 19, 2014

Marilyn B. Tavenner, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1612-FC
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015 (CMS–1612–FC)

Dear Ms. Tavenner:

On behalf of the members of the Advanced Medical Technology Association (AdvaMed), we are writing to provide comments on the Final CY 2015 Physician Fee Schedule Rule.

AdvaMed member companies produce the medical devices, diagnostic products, and health information systems that are transforming health care through earlier disease detection, less invasive procedures, and more effective treatments. AdvaMed members range from the largest to the smallest medical technology innovators and companies. We are committed to ensuring patient access to life-saving and life-enhancing devices and other advanced medical technologies in the most appropriate settings.

AdvaMed supports the establishment of payment rates under the physician fee schedule that are appropriate to ensure access to advanced medical technologies by Medicare beneficiaries. We appreciate the effort you and your staff devoted to the development of the final Medicare Physician Fee Schedule (PFS) rule. While we are comfortable with some of the final changes announced in the rule, we remain concerned with a change related to the interim final work valuation for a new code, CPT 27279, and welcome the opportunity to provide comments.

I. Provisions of the Final Rule with Comment Period for PFS: Establishing CY 2015 RVUs for CPT Code 27279

The final rule with comment includes interim final work values for several newly established CPT codes. Among these codes is CPT 27279. As addressed elsewhere in the final rule, CMS has acknowledged the need and the benefit of providing stakeholders an opportunity to comment...
on the proposed values for new codes prior to finalization of the PFS rule. The ability to provide comments during the proposed rulemaking cycle would allow a reasonable opportunity to correct final values prior to their being implemented during the next calendar year. Though this policy will not be introduced until CY 2016, with a fully implemented effective date of CY 2017, it is important to cite CPT 27279 as an example of why the new policy is so desperately needed.

CPT code 27279 is a newly established code used to bill for arthrodesis of the sacroiliac joint via a percutaneous or minimally invasive method. This code was established to differentiate the minimally invasive procedure from an open sacroiliac joint procedure currently billed with CPT code 27280.

The information contained in the final rule indicates that CMS accepted the RUC recommendations regarding the work RVUs associated with CPT code 27279. However, additional information in the rule indicates that CMS refined the direct practice expense input recommendation for the code by reducing the RUC recommendation of 12 minutes to 6 minutes. AdvaMed is concerned that the refinement to the inputs for this particular procedure code and the resulting interim values for CY 2015 has created a reimbursement level that will, due to undervalued work, practice expense, and malpractice expense values, deter providers from performing the procedure. This may inevitably result in limited access to this procedure by the patients who need it.

CPT code 27279 represents a classic example of how the ability to comment on RVU values during the proposed comment period may have resulted in better valuation for this procedure during its first year in use. AdvaMed is hopeful that the planned changes regarding publication of proposed values will help to eliminate this problem in the future. We are also hopeful, in light of the inability to comment on the proposed valuation for CPT code 27279 during this year’s proposed comment period, that CMS will give serious consideration to comments received from stakeholders, clinicians, and the physician societies that worked to establish CPT code 27279 so that this procedure is reimbursed in a way that makes the service readily available to the intended patient population beginning in CY 2015.

**Conclusion**

AdvaMed appreciates the opportunity to submit comments on the final CY 2015 PFS rule with comment, and looks forward to working with CMS to address our concerns.

We would be pleased to answer any questions regarding these comments. Please contact me or DeChane L. Dorsey, Esq., Vice President, Payment and Health Care Delivery Policy, at (202) 434-7218, if we can further assist you.

Sincerely,

/S/

Donald May
Executive Vice President
Payment and Health Care Delivery Policy