



The Society of Thoracic Surgeons

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August 27, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: CMS-1633-P – Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Short Inpatient Hospital Stays; Transition for Certain Medicare-Dependent, Small Rural Hospitals under the Hospital Inpatient Prospective Payment System

Dear Mr. Slavitt:

On behalf of The Society of Thoracic Surgeons (STS), I write to provide comments on the CMS-1633-P – Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Short Inpatient Hospital Stays; Transition for Certain Medicare-Dependent, Small Rural Hospitals under the Hospital Inpatient Prospective Payment System proposed rule that was published in the Federal Register on July 8, 2015.

Founded in 1964, STS is an international not-for-profit organization representing more than 7,000 cardiothoracic surgeons, researchers, and allied health care professionals in 90 countries who are dedicated to ensuring the best surgical care for patients with diseases of the heart, lungs, and other organs in the chest. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

What follows are comments on proposed OPPS ambulatory payment classification group policies and lung cancer screening with low dose computed tomography.

III. Proposed OPPS Ambulatory Payment Classification (APC) Group Policies

D. Proposed OPPS Ambulatory Payment Classification (APC) Group Policies

1. Airway Endoscopy Procedures

The Society agrees with the proposal to restructure the OPPS APC groupings for airway endoscopy procedures. The proposed consolidation of the upper and lower airway APC series into a single APC series for airway endoscopy

procedures recognizes a wider range of the more complex lower airway endoscopy procedures. The Society agrees that resource and clinical homogeneity for the upper and lower airway endoscopy procedures should be similar. Expanding the number of levels for lower airway endoscopy procedures from 2 to 5 APC levels will allow more consistent clinical and resource distribution, especially for the more complex lower airway procedures. At this time, the proposed groupings of CPT codes for the specified levels (1 – 5) of airway endoscopy APCs (5151, 5152, 5153, 5154 and 5155) appear to be relatively accurate regarding clinical and resource homogeneity within the APCs.

X. Proposed Nonrecurring Policy Changes

B. Lung Cancer Screening With Low Dose Computed Tomography

The Society supports and appreciates that CMS recognizes the importance of lung cancer screening with low dose computed tomography. The counseling visit to discuss the need for lung cancer screening (LDCT) using low dose CT scan for eligibility determination and shared decision making (GXXX1, which will be assigned to APC 5822) will be an important aspect of these patients' care. STS encourages CMS to clarify that a medically necessary evaluation and management service on the same day as a shared counseling visit for lung cancer screening with LDCT is allowed when it is clinically appropriate, as permitted for the smoking and tobacco-use cessation counseling service. As with the smoking and tobacco-use cessation counseling service, the shared decision-making for lung cancer screening using LDCT requires additional time and expertise beyond the work included in an evaluation and management encounter with the patient. The same day E/M service should be separately reportable with a -25 modifier to identify a significantly, separately identifiable E/M service on the same day.

Thank you for considering our comments. Should you have any questions, please contact Courtney Yohe, Director of STS Government Relations (202-787-1222 or cyohe@sts.org).

Sincerely,



Mark S. Allen, MD
President