



The Society of Thoracic Surgeons

STS Headquarters

633 N Saint Clair St, Floor 23
Chicago, IL 60611-3658
(312) 202-5800
sts@sts.org

STS Washington Office

20 F St NW, Ste 310 C
Washington, DC 20001-6702
(202) 787-1230
advocacy@sts.org

www.sts.org

December 29, 2016

Sent Via Email

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1631-FC, P.O. Box 8013
Baltimore, MD 21244-8013.

Re: [CMS-1654-F] – CY 2017 Medicare Physician Fee Schedule Final Rule

Dear Acting Administrator Slavitt:

On behalf of The Society of Thoracic Surgeons (STS), I write to provide technical comments on the CY 2017 Medicare Physician Fee Schedule Final Rule. Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,400 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within 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.

Determination of Malpractice Relative Value Units (RVUs)

Low Volume Override

STS appreciates CMS correcting the majority of the malpractice (PLI) RVU errors for the low volume thoracic surgery and congenital heart surgery codes identified by STS in our comments on the proposed rule. However, there is one low volume code that still needs a specialty specific malpractice (PLI) RVU override correction: 33413 is for replacement of an aortic valve with the patient's own pulmonic valve (valve swap) followed by replacement of the patients pulmonic valve with either a commercially available prosthetic valve and prosthetic conduit or a homograft valved conduit. This procedure is performed only by heart surgeons (2015 Medicare Frequency = 0 from the RUC database). **STS requests that CMS correct the malpractice (PLI) RVU for code 33413 using "Cardiac Surgery" as the assigned specialty override in order to avoid the repetitive, annual need for correction.**

STS reviewed the file titled *CMS-1654-F_MP RVU Overrides list*, that CMS provided for download as a supporting file for the ***CY 2017 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1654-F)***. STS has two concerns with the final override list, which include the following: 1) Some of the codes that have required

overrides in the past as low volume codes for these two specialties were not included in the override list. These codes are highlighted in grey in the table below and include 31786, 33413, 33670, 33688, 33694, 33750, 33788, 33802, 33814, 33920, 33926 and 43313. **STS requests that these codes be added to the MP RVU Override list assigning the identified specialty associated with the code in the table as the assigned specialty.** 2) The *CMS Assigned Specialty* for the many of the codes included in the override list is not representative of the specialty that performs the procedures. CMS has assigned an override specialty of “Thoracic Surgery” to the following codes: 33471,33606, 33611, 33619, 33620, 33621, 33622, 33676, 33677, 33692, 33737, 33755, 33762, 33764, 33768, 33770, 33771, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33783, 33786, 33803, 33813, 33822, 33840, 33851, all of which represent congenital heart procedures and therefore should have Cardiac Surgery as the Assigned Specialty. In STS Comments on the proposed rule, STS commented that since these procedures represent procedures that are provided solely by congenital heart surgeons, that the assigned specialty for override should be “Cardiac Surgery” and requested that CMS change the assigned specialty from “Thoracic Surgery” to “Cardiac Surgery” for the identified codes. STS recognizes that CMS may not understand the difference between “thoracic surgery” and “cardiac surgery”, but we wish to point out that only cardiac surgeons perform cardiac (heart) operations while a small percentage of non-heart surgical procedures in the chest cavity (thorax) are performed by surgeons from other specialties, particularly general surgeons, resulting in a somewhat lower PLI rate for thoracic surgery procedures compared to cardiac surgery procedures. STS believes that CMS should attempt to be accurate in their designations in order to remain credible with the provider community.

Once again, STS is providing a table that provides a complete override list for the low volume thoracic surgery and congenital heart surgery procedures and the associated correct override specialty for each code. **In Summary, STS requests that CMS 1) Add the codes 31786, 33413, 33670, 33688, 33694, 33750, 33788, 33802, 33814, 33920, 33926 and 43313 to the override list and assign the indicated specialty as the override specialty for the malpractice (PLI) and PE RVUs. 2) Change the assigned specialty from “Thoracic Surgery” to “Cardiac Surgery” for codes 33471, 33606, 33611, 33619, 33620, 33621, 33622, 33676, 33677, 33692, 33737, 33755, 33762, 33764, 33768, 33770, 33771, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33783, 33786, 33803, 33813, 33822, 33840, 33851. 3) Update the malpractice (PLI) and PE RVUs for 33413 using “Cardiac Surgery” as the low volume override specialty.**

MP - PE RVU Override List - STS Recommended Actions

HCPCS	Short Descriptor	CMS Assigned Specialty	STS RECOMMENDED ACTION	UPDATE MP RVU for 2017
31766	Reconstruction of windpipe	Thoracic Surgery	AGREE WITH CMS	
31786	Remove windpipe lesion	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO THORACIC SURGERY	

MP - PE RVU Override List - STS Recommended Actions

HCPCS	Short Descriptor	CMS Assigned Specialty	STS RECOMMENDED ACTION	UPDATE MP RVU for 2017
32654	Thoracoscopy contrl bleeding	Thoracic Surgery	AGREE WITH CMS	
33413	Replacement of aortic valve	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY AND UPDATE MP RVU	Yes
33420	Revision of mitral valve	Cardiac Surgery	AGREE WITH CMS	
33471	Valvotomy pulmonary valve	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33606	Anastomosis/artery-aorta	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33611	Repair double ventricle	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33619	Repair single ventricle	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33620	Apply r&l pulm art bands	Cardiac Surgery	AGREE WITH CMS	
33621	Transthor cath for stent	Cardiac Surgery	AGREE WITH CMS	
33622	Redo compl cardiac anomaly	Cardiac Surgery	AGREE WITH CMS	
33670	Repair of heart chambers	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
33676	Close mult vsd w/resection	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33677	Cl mult vsd w/rem pul band	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33688	Repair heart septum defect	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	

MP - PE RVU Override List - STS Recommended Actions

HCPCS	Short Descriptor	CMS Assigned Specialty	STS RECOMMENDED ACTION	UPDATE MP RVU for 2017
33692	Repair of heart defects	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33694	Repair of heart defects	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
33697	Repair of heart defects	Cardiac Surgery	AGREE WITH CMS	
33737	Revision of heart chamber	Thoracic Surgery	CARDIAC SURGERY	
33750	Major vessel shunt	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
33755	Major vessel shunt	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33762	Major vessel shunt	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33764	Major vessel shunt & graft	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33766	Major vessel shunt	Cardiac Surgery	AGREE WITH CMS	
33768	Cavopulmonary shunting	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33770	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33771	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33775	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33776	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	

MP - PE RVU Override List - STS Recommended Actions

HCPCS	Short Descriptor	CMS Assigned Specialty	STS RECOMMENDED ACTION	UPDATE MP RVU for 2017
33777	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33778	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33779	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33780	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33781	Repair great vessels defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33783	Nikaidoh proc w/ostia implt	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33786	Repair arterial trunk	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33788	Revision of pulmonary artery	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
33802	Repair vessel defect	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
33803	Repair vessel defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33813	Repair septal defect	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33814	Repair septal defect	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	

MP - PE RVU Override List - STS Recommended Actions

HCPCS	Short Descriptor	CMS Assigned Specialty	STS RECOMMENDED ACTION	UPDATE MP RVU for 2017
33822	Revise major vessel	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33840	Remove aorta constriction	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33851	Remove aorta constriction	Thoracic Surgery	CHANGE OVERRIDE SPECITLY TO CARDIAC SURGERY	
33920	Repair pulmonary atresia	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
33926	Repr pul art unifocal w/cpb	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO CARDIAC SURGERY	
43313	Esophagoplasty congenital	CODE NOT INCLUDED IN CMS OVERRIDE LIST	ADD CODE TO OVERRIDE LIST ASSIGNED TO THORACIC SURGERY	
43341	Fuse esophagus & intestine	Thoracic Surgery	AGREE	

Updating Specialty Specific Risk Factors

STS is disappointed that CMS decided not to use the updated MP premium data collected as part of the CY 2017 GPCI update in the creation of the MP RVUs for CY 2017. STS continues to believe that if CMS has access to updated data for the PLI Premium Update, it is imprudent for the Agency not to use it. STS supports CMS updating the specialty-risk factors based on the new premium data collected for the purposes of the 3-year GPCI update for the CY 2017 MP RVUs for CY 2018.

Valuation of Specific Codes

Valvuloplasty (CPT codes 33390 and 33391)

STS encourages CMS to reconsider its decision to finalize the work RVU of 41.50 for the new complex aortic valvuloplasty procedure 33391 instead of the RUC recommended value of 44.00. STS is discouraged that CMS once again disregarded the comments provided by STS regarding this code. While CMS acknowledged that they received comments regarding the increased intensity and complexity of the procedures, they have again failed to explain or recognize why they did not consider the increased intensity and complexity of the new complex code (33391) in

Mr. Andy Slavitt
December 29, 2016

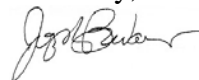
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relation to the significantly decreased time and value demonstrated in recommended value for code 33390. As explained by STS in the comments on the Proposed Rule, code 33390 represents a more direct crosswalk to the work involved in the simple aortic valve repair code because it was valued in 2005 when that was the only procedure performed. STS provided data supporting this argument as well as data supporting that, even at the RUC recommended value and estimated utilization, the changes would result in a budget savings for CMS. CMS argues that because 70% of the services that were previously reported using code 33400 (moving forward) would now be reported using code 33391, that the typical procedure with similar median intraservice times and decreased total times compared to 33400 constituted a rationale to use the existing value of 41.50 (the current value of 33400) for the new complex code 33391. STS pointed out that the time difference from 33390 to 33400, which are comparative for the work of the procedures, should be the ones that are compared to each other for valuation. The drop in time and the recommended value, lower than the 25th percentile of the survey, was recommended by STS for code 33390 to account for the significant decrease in work that was reflected by the survey data compared to the existing code, which demonstrated the change in work related to the simple valve repair. The recommended RUC value of 44.00 took into account the increased intensity of the work involved in the complex patients. The increased intensity is due to the increase in the complexity and planning of the procedure and the shift into the adult population that typically represents a more complex patient population with more comorbidities than that encountered in the congenital cardiac population.

While CMS mentioned the intensity and complexity comments, they did nothing to address the intensity variances, arguments and data between the two new procedures for simple and complex valvuloplasty repairs (33390 and 33391) and the old code (33400) and once again just utilized time to establish a value. STS also wishes to note that the increased use of complex valve repair techniques avoids the added costs to Medicare of prosthetic or bioprosthetic valve devices if valve replacement, rather than repair, is chosen. The costs of long term anticoagulation monitoring and anticoagulant medications are also avoided when valve repair (valvuloplasty) is used instead of prosthetic valve replacement.

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

Sincerely,



Joseph E. Bavaria, MD
President