

OEIS Advocacy: CardioVascular Coalition Update

September 25, 2020



Recent Accomplishments

PAD Caucus

- First ever PAD Caucus established in the 116th Congress
- Likely legislation to be introduced this year to reduce non-traumatic amputations

Physician Fee Schedule

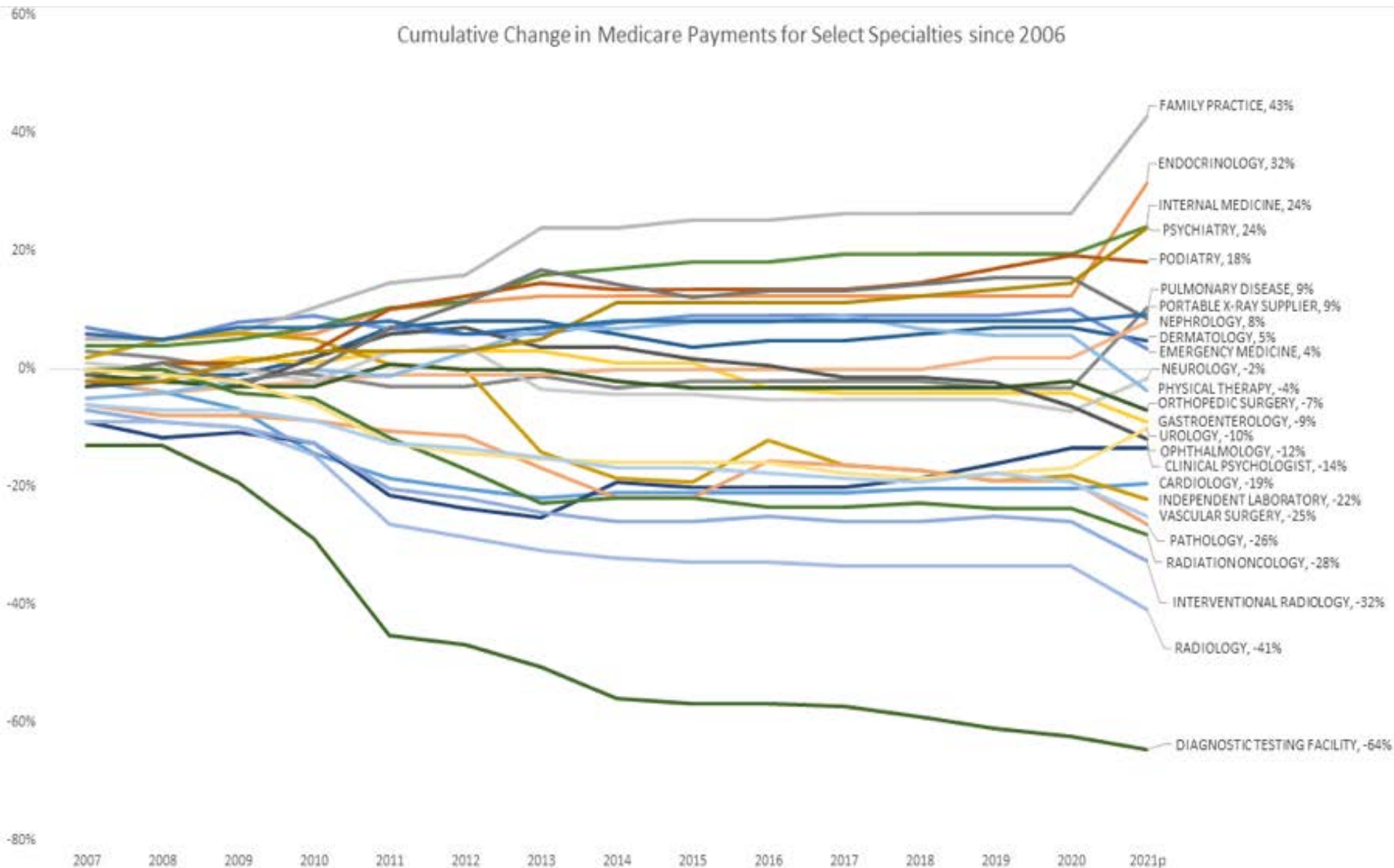
- Building off our 2018 / 2019 wins on numerous coverage decisions, state threats, and key revascularization codes in the 2019 PFS, the 2021 PFS would:
 - Provide significant increases to venous stenting codes (37238 and 37239)
 - Tee up potential future relief for arterial stenting codes (37236 and 37237)

2021 PFS: System-Wide Conversion Factor Cut

- In the CY 2020 PFS Final Rule, CMS finalized its proposal to increase payments starting in 2021 for office & outpatient E&M services (CPTs 99202-99215) in-line with recommendations from the American Medical Association (AMA) Relative Value Scale Update Committee (RUC). CMS also finalized its proposal to introduce a new add-on code (HCPCS GPC1X) for complex care associated with E&M services and adjusted “E&M-like” services codes to maintain relativity to new and existing E&M services.
- In large part due to these changes the 2021 PFS Proposed Rule would implement, 16 specialties would see a decrease of 7 percent or more in payments, while another 13 specialties could see an increase of 7 percent or more, **resulting in one of the most significant redistributions of Medicare physician payments ever implemented by CMS and up to 10% cuts to key revascularization services.**



2021 PFS: Just the Most Recent Cut to Specialists



2021 PFS: More System-Wide Threats Ahead

- CMS: “As we noted earlier in this section, our current system for setting PE RVUs relies in part on data collected in the Physician Practice Information Survey (PPIS), which was administered by the AMA in CY 2007 and 2008.”
- CMS: “[W]e are interested in potentially refining the PE methodology and updating the data used to make payments under the PFS Our goals are to balance obtaining the data as soon as practicable and in a way that would allow stakeholders and CMS to collectively examine many of the issues [the Rand research] identified.”
- Rand: “The most sweeping change that could be considered is to adopt an OPSS-based set of relative values for total PE.”
- Rand: “We believe that the potential benefits are large enough to warrant taking the next steps toward fully developing a PE allocation approach based on the OPSS data and methodology. The next steps could be incremental. For example, an OPSS-based approach could be developed for surgical procedures, which tend to have more similar relative values in the MPFS and OPSS than other types of services, and there is a precedent of adapting OPSS rates for ASC payments.”

Support PAD Awareness Month!

1. **WRITE A LETTER TO CONGRESS:** Ask lawmakers to block Medicare's 2021 cut to specialty services! A pre-drafted message is available and it only takes minutes.
2. **TELL OTHERS - I SAVED A LIMB TODAY:** Share a message on Facebook or Twitter using our handheld "I saved a limb today" sign. Be sure to include the #PADAwareness hashtag!
3. **SPREAD THE WORD:** Share one social media message about PAD Awareness Month from @CVC_Coalition using #PADAwareness.

Support PAD Awareness Month by Asking Congress to Block Specialty Medicare Cuts



VISIT <https://cardiovascularcoalition.com/pad-awareness-month/>!

Join the CVC!

- As a founding member of the CVC, OEIS has helped to lead on numerous coverage and reimbursement challenges to endovascular services over the last several years.
- Today, with the establishment of the first ever Peripheral Artery Disease (PAD) Caucus in the Congress and possible legislation to reduce PAD-related amputations in the next Congress, OEIS and the CVC have never been better positioned to advocate on your behalf. Our recent win on the venous stenting codes in the 2021 PFS Rule is just the latest evidence of that.
- Supporting our advocacy efforts in Washington, DC and across the country through the CVC has never been more important. Our sector faces quadruple challenges with COVID-19, CMS' proposed cut to the conversion factor in 2021, likely challenges relating to our indirect practice expenses in 2022, and potential restructuring of our revascularization codes.

<https://cardiovascularcoalition.com/join/>