



September 11, 2023

Submitted electronically via: <http://www.regulations.gov>

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Attention: CMS– 1786–P
7500 Security Boulevard
P.O. Box 8010
Baltimore, MD 21244-1850

Re: CY 2024 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Proposed Rule

Dear Administrator Brooks-LaSure:

The Dialysis Vascular Access Coalition (DVAC) appreciates the opportunity to offer its comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed rule for the CY 2023 Ambulatory Surgical Center Fee Schedule Proposed Rule (CMS- 1786-P).¹

DVAC is a coalition of entities that provide vascular access services to individuals with advanced kidney disease and End-Stage Renal Disease (ESRD). DVAC represents societies and patient groups, including the American Society of Nephrology, American Society of Diagnostic and Interventional Nephrology (ASDIN), Home Dialyzors United, and the Renal Physicians Association (RPA); as well as industry providers, including Arizona Kidney Disease and Hypertension Centers, Austin Kidney Associates, Azura Vascular Care, Balboa Nephrology Medical Group, Dallas Nephrology Associates, Dialysis Access Specialists, Lifeline Vascular Care, Nephrology Associates of Delaware, Nephrology Associates of Northern Illinois and Indiana, and Northwest Renal Clinic. DVAC represents the majority of the non-hospital vascular access sector. Non-hospital vascular access centers (VACs) provide the majority the vascular access services for ESRD patients on dialysis. DVAC represents the majority of the non-hospital vascular access sector.²

Non-hospital vascular access centers (VACs) provide vascular access services for ESRD patients on dialysis. In order to access the patient’s bloodstream, different vascular access options exist

¹ Federal Register, 88 FR 49552 (July 31, 2023)

² For more information about the DVAC, please see <https://www.dialysisvascularaccess.org/>

where options include the creation of a fistula (surgical connection of an artery to a vein) or less preferred approaches such as the insertion of a central line catheter (an external tube) or arteriovenous grafts (AVG) (connecting an artery to a vein with a tube). In addition, vascular access centers provide placement services for peritoneal dialysis (PD) catheters (special tubes inserted in a patient’s abdominal cavity to allow for home dialysis).

DVAC appreciates this opportunity to comment on the proposed regulation, specifically as it relates to the new complexity adjustment in the ASC setting.

New Complexity Adjustment in the ASC Setting

In CY 2023, CMS finalized a new ASC payment policy to pay for certain primary procedure and add-on code combinations at a higher payment rate to compensate ASCs for the higher cost and complexity of performing the add-on procedure. Under the finalized policy, combinations of a primary procedure code and add-on codes from the ASC Covered Procedures List (CPL) and ancillary services list that are eligible for a complexity adjustment under the OPSS would be eligible for a higher payment rate in the ASC setting. CMS assigns each eligible code combination a new HCPCS C-code that describes the primary and add-on procedure performed. When ASCs bill this C-code, they receive a higher payment rate reflecting a more complex and costlier version of the procedure performed. CMS uses the OPSS complexity-adjusted C-APC rate to determine the ASC payment rate for qualifying code combinations, similar to the way OPSS APC relative weights are used in the standard ASC payment system rate setting methodology. For CY 2024, CMS proposes to continue the complexity-adjustment policy for the ASC setting. Relevant dialysis vascular access codes and their crosswalks are provided in the table below.

HCPCS Code	Short Descriptor	Proposed CY 2024 Payment Rate	Crosswalk	CPT Code Combination	2024 Rate without Proposed New Complexity Adjustor	Increase in Payment with Complexity Adjustor
C7513	Cath/angio dialcir w/aplasty	\$1,519.65	→	36901/36907	\$554.09	\$965.56
C7514	Cath/angio dial cir w/stents	\$1,519.65	→	36901/36908	\$554.09	\$965.56
C7515	Cath/angio dial cir w/embol	\$1,519.65	→	36901/36909	\$554.09	\$965.56
C7530	Cath/aplasty dial cir w/stnt	\$4,771.59	→	36902/36908	\$2,487.41	\$2,284.18

In the CY 2023 OPSS/ASC Final Rule, CMS noted that the ASC complexity adjustment codes eligible for this payment policy would change slightly each year, as the complexity adjustment assignments change under the OPSS. DVAC supports the ASC complexity adjustment policy, however, we are concerned that the CY 2024 OPSS/ASC Proposed Rule will have fewer ASC complexity adjustment codes relative to CY 2023. We believe CMS should continue to explore ways in which (1) the inherent costs of add-on services provided in the ASC can be reflected more appropriately in reimbursement and (2) unpackaging should occur in cases where better incentivizing such add-on procedure is better clinically for the patient.

Conclusion

DVAC's comments on the CY 2024 ASC Proposed Rule seek to ensure ongoing access to vascular access services. We look forward to continuing to work with CMS to maintain and improve access to ESRD patient-focused vascular access services. If you have additional questions regarding these matters and the views of the DVAC, please contact Jason McKittrick at (202) 465-8711 or jmckitrick@libertypartnersgroup.com.

