



September 13, 2022

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

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1772-P
7500 Security Boulevard
P.O. Box 8010
Baltimore, MD 21244-1850

Re: CY 2023 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-1772-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 specialty societies, including the American Society of Diagnostic and Interventional Nephrology (ASDIN) and the Renal Physicians Association (RPA), patient groups, including Home Dialyzors United and the Renal Support Network, as well as industry providers, including American Vascular Associates, 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 vascular access services for ESRD patients on dialysis. In order to access the patient's bloodstream, different vascular access options exist 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

¹ Federal Register, 87 FR 44502 (July 26, 2022)

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.

I. New Complexity Adjustment in the ASC Setting

In the 2023 OPSS/ASC Proposed Rule, “our current policy does not include additional payments for services corresponding to add-on codes . . . these primary procedure and add-on code combinations that would be eligible for a complexity adjustment under the OPSS still represent more complex and costly versions of the service, and we believe that providers not receiving additional payments under the ASC payment system to compensate for that increased complexity could lead to providers not being able to provide these services in the ASC setting which could result in barriers to beneficiary access. In order to address this issue, we propose a new ASC payment policy that would apply to certain code combinations in the ASC payment system where CMS would pay for those code combinations at a higher payment rate to reflect that the code combination is a more complex and costlier version of the procedure performed, similar to the way in which the OPSS APC complexity adjustment is applied to certain paired code combinations that exhibit materially greater resource requirements than the primary source.”

Specifically, under the new policy, combinations of a primary and add-on codes that are eligible for a complexity adjustment under Addendum J of the OPSS also are eligible for the new ASC complexity adjustment. Relevant dialysis vascular access codes and their crosswalks are provided in the table below.

HCPCS Code	Short Descriptor	Proposed CY 2023 Payment Rate	Crosswalk	CPT Code Combination	2023 Rate without Proposed New Complexity Adjustor
CXX14	Cath/angio dialcir w/aplasty	\$1,414.85	→	36901/36907	\$569.00
CXX15	Cath/angio dial cir w/stents	\$1,414.85	→	36901/36908	\$569.00
CXX16	Cath/angio dial cir w/embol	\$1,414.85	→	36901/36909	\$569.00
CXX31	Cath/aplasty dial cir w/stnt	\$4,479.75	→	36902/36908	\$2,280.98

We appreciate CMS’ acknowledgement that the current ASC payment methodology of packaging add-on codes that qualify for a complexity adjustment when billed with certain primary procedures under the OPSS could result in financial disincentives for ASCs to perform those procedures, and therefore lead to beneficiary access problems, including for vulnerable end-stage renal disease patients.

DVAC supports CMS’ proposal to create new C codes specifically for ASCs to report the qualifying code combinations for a complexity adjustment. We believe this approach will result in more appropriate payments for those procedures with certain code combinations that have

previously been underpaid and therefore, disincentivized in the ASC setting. We urge CMS to finalize the ASC special payment policy for OPPS complexity adjusted C-APCs as proposed.

REQUEST: The DVAC strongly supports CMS’ proposal to provide a complexity adjustment for complex procedures in the ASC setting.

Conclusion

DVAC’s comments on the CY 2023 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.

