

June 14, 2022

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Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1771-P  
P.O. Box 8013  
Baltimore, MD 21244-1850

**RE: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Nonqualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation (CMS-1771-P)**

Dear Ms. Brooks-LaSure:

The Society for Cardiovascular Angiography and Interventions (SCAI) has dedicated its work to advancing the profession and is the designated society for guidance, representation, professional recognition, education, and research opportunities for invasive and interventional cardiology professionals. For more than 40 years, SCAI has personified professional excellence and innovation globally, fostering a trusted community of more than 4,500 members dedicated to medical advancement and lifesaving care for adults and children with cardiovascular disease. SCAI appreciates the opportunity to comment on this proposed rule.

**Percutaneous Transluminal Coronary Angioplasty (PTCA) Logic**

SCAI appreciates CMS identifying a replication issue and supports CMS' decision to remove procedure 01UG3JE from the list for PTCA procedures.

**Cardiac Mapping**

SCAI appreciates CMS identifying a replication issue and supports CMS' decision to reassign procedure 02K80ZZ.

**Concomitant Procedures with Surgical Ablation**

There should be a mechanism for differentiated payment when procedures are performed concomitantly, when it is best for the patient. We believe that physicians should be able to assess the medical necessity of performing concomitant vs. staged procedures, based on the medical needs of the individual patient, and that payment should be based upon the services provided.

**Proposed Cap of Relative Weight Reductions**

SCAI appreciates CMS' willingness to propose a cap on relative weight reductions to relieve the substantial burden year over year reductions can create. However, 10 percent is still a significant reduction. We suggest that CMS consider mirroring the proposed wage index in this rule and capping the reduction at 5 percent. This smaller reduction would greatly reduce the burden of year over year decreases.

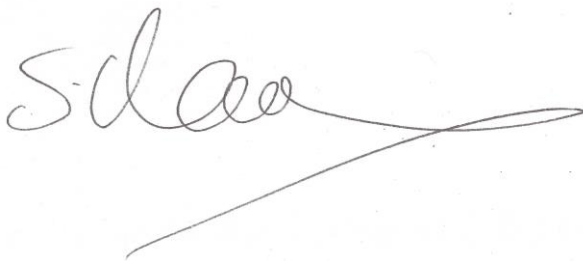
**Proposal to Publicly Post New Technology Add-On Payment Applications**

SCAI appreciates that CMS is trying to create transparency in the new technology add-on payment process by publicly posting the applications. However, SCAI disagrees with CMS' proposed treatment of proprietary information. Applicants may feel the need to provide CMS with proprietary information to strengthen their application. However, publicly posting this information could be detrimental to the applicant. This dilemma could keep technologies that qualify from applying for or receiving the designation. SCAI would suggest that CMS allow applicants to submit proprietary information in a separate file that would not be publicly posted.

**Conclusion**

In conclusion, SCAI appreciates the opportunity to provide comment to CMS on issues of high interest to the interventional cardiology community. If SCAI can be of any assistance as CMS continues to consider and review this or related issues, please do not hesitate to contact Monica Wright, SCAI's manager of coding and reimbursement at [mlwright@scai.org](mailto:mlwright@scai.org).

Sincerely,

A handwritten signature in black ink, appearing to read "S. Rao", with a long horizontal flourish extending to the right.

Sunil Rao, MD, FSCAI  
President