

August 19, 2022

Officers

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

Sunil V. Rao, MD, FSCAI

President

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

George D. Dangas, MD, MSCAI

President-Elect

Timothy D. Henry, MD, MSCAI

Immediate Past President

James B. Hermiller, MD, MSCAI

Vice President

RE: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Acquisition; Rural Emergency Hospitals: Payment Policies, Conditions of Participation, Provider Enrollment, Physician Self-Referral; New Service Category for Hospital Outpatient Department Prior Authorization Process; Overall Hospital Quality Star Rating

Srihari S. Naidu, MD, FSCAI

Secretary

Arnold Seto, MD, MPA, FSCAI

Treasurer

Dear Administrator 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 5000 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.

Trustees

Mirvat Alasnag, MD, FSCAI

Joaquin E. Cigarroa, MD, MSCAI
Ramesh Daggubati, MD, FSCAI

Thomas E. Fagan, MD, MSCAI

Daniel M. Kolansky, MD, FSCAI

Alexandra J. Lansky, MD, FSCAI
Binita Shah, MD, FSCAI

Rajesh V. Swaminathan, MD, FSCAI

Molly Szerlip, MD, FSCAI

OPPS C-APC Complexity Adjustment Policy

CMS proposes to implement 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

Trustees for Life

performed, similar to the way in which the OPPTS APC complexity adjustment is applied. SCAI applauds this decision and thanks CMS for including coronary flow reserve measurement (FFR and iFR) and intravascular ultrasound (IVUS) in the code combinations.

Proposal to Publicly Post OPPTS Device Pass Through Applications

SCAI appreciates that CMS is trying to create transparency in the device pass through payment process by publicly posting the applications. SCAI appreciates CMS' efforts to keep confidential and trade secret information private providing the applicant clearly marks the information as such.

Direct Supervision of Certain Cardiac and Pulmonary Rehabilitation Services by Interactive Communications Technology

CMS is seeking comment on whether direct supervision should continue to be allowed via virtual presence after the public health emergency. SCAI believes that CMS should continue to allow the statutory provision regarding direct physician supervision of cardiac rehabilitation programs to be met by the virtual presence of the physician via real-time, two-way audio/visual telecommunications technology.

Physicians are clearly in the best position to determine whether virtual direct supervision can be provided safely and effectively to their patients based on their medical needs, and they should be given the flexibility to make those decisions on a case-by-case basis. Therefore, CMS should allow physicians the ability to make decisions based clinical judgment as to whether a service is appropriate for virtual direct supervision.

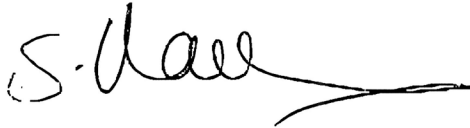
Proposal for Coding and Payment for Category B IDE Devices and Studies

CMS is proposing to make a single blended payment, and establish a new HCPCS code or revise an existing HCPCS code for devices and services in Category B IDE studies when the Medicare coverage IDE study criteria at § 405.212 are met and where CMS determines, that a new or revised code and/or payment rate is necessary to preserve the scientific validity of such a study. SCAI appreciates that CMS is considering circumstances where payment may serve to compromise a blind study. SCAI supports the recommendation to create a single blended payment and establish a new HCPCS code in these circumstances.

SCAI appreciates the opportunity to provide comments on this Proposed Rule for CY 2023 and we look forward to continuing working with CMS to address these important issues. If SCAI can be of any assistance as CMS continues to consider and review these issues, please do

not hesitate to contact SCAI's manager, coding and reimbursement Monica Wright at 202-327-5451 or at mlwright@scai.org if there are any questions or further requests.

Sincerely,

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

Sunil Rao, MD, FSCAI
President 2022-2023