



June 7, 2024

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

**RE: Medicare and Medicaid Programs and the Children’s Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes [CMS-1808-P]**

Dear Administrator Brooks-LaSure:

On behalf of the Heart Rhythm Society (HRS), we appreciate the opportunity to comment on select provisions of the fiscal year (FY) 2025 hospital Inpatient Prospective Payment System (IPPS) proposed rule and provide input to the Centers for Medicare & Medicaid Services (CMS).

HRS is the international leader in science, education and advocacy for cardiac arrhythmia professionals and patients and the primary information resource on heart rhythm disorders. Its mission is to improve the care of patients by promoting research, education, and optimal health care policies and standards. HRS represents more than 8,500 specialists in cardiac pacing and electrophysiology, consisting of physicians, scientists, and allied health care professionals. Electrophysiology is a distinct specialty of cardiology, with board certification in both cardiology and clinical cardiac electrophysiology through the American Board of Internal Medicine.

### **Proposed Changes to MDC 05 (*Diseases and Disorders of the Circulatory System*)**

As part of the pre-rulemaking process for the FY 2025 IPPS, CMS received a request to create a new MS-DRG for concomitant left atrial appendage closure (LAAC) and cardiac ablation for atrial fibrillation (AF). CMS states that “Among patients with AF, thrombus in the left atrial appendage (LAA) is a primary source for thromboembolism. LAAC is a surgical or minimally invasive procedure to seal off the LAA to reduce the risk of embolic stroke.”<sup>1</sup> As part of its analysis, CMS found that “cases reporting concomitant left atrial appendage closure and cardiac ablation procedures have higher average costs and slightly longer lengths of stay compared to other cases in their assigned MS-DRG.” To address this, CMS proposed the creation of a new, single MS-DRG (MS-DRG 317 *Concomitant Left Atrial Appendage Closure and Cardiac Ablation*) for cases with concomitant LAAC and cardiac ablation procedures.

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<sup>1</sup> 89 Fed. Reg. 35956 (May 2, 2024).



HRS applauds CMS's progressive approach in establishing MS-DRG 317. This would allow for improved access to care for patients undergoing concomitant LAAC and cardiac ablation for AF. Given the similar patient demographics, clinical coherence, and treatment goals, just as CMS proposed, we believe all cases undergoing concomitant procedures for AF should be grouped under MS-DRG 317 regardless of the approach used. Thus, ***HRS urges CMS to finalize the structure of MS-DRG 317 and to make one modification to the list of procedures included in the logic for MS-DRG 317.***

In creating the coding logic for MS-DRG, CMS listed 27 ICD-10-PCS codes that describe cardiac ablation.<sup>2</sup> In addition to the proposed ICD-10-PCS codes for inclusion in MS-DRG 317, ***HRS requests that CMS include 02583ZF (Destruction of conduction mechanism using irreversible electroporation, percutaneous approach).*** As CMS notes elsewhere in the rule, this code was established as of April 1, 2024.<sup>3</sup> Pulsed field ablation is becoming the standard energy mechanism for the treatment of paroxysmal and persistent atrial fibrillation ablation, and HRS is concerned that the absence of this code within MS-DRG 317 will dramatically limit physician choice in patient care.

We thank you in advanced for your consideration, and please do not hesitate to reach out to Lisa Miller at [lmiller@hrsonline.org](mailto:lmiller@hrsonline.org) or (202) 464-3413 if HRS can be of any additional assistance.

Sincerely,

A handwritten signature in black ink that reads "Kenneth A. Ellenbogen". The signature is written in a cursive, flowing style.

Kenneth A. Ellenbogen, M.D., FHRS  
President, Heart Rhythm Society

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<sup>2</sup> See table, 89 Fed. Reg. 35957 (May 2, 2024).

<sup>3</sup> 89 Fed. Reg. 36009 (May 2, 2024).