

## SAMPLE LETTER 1

[Your institution's letterhead]

[Today's Date]

Chiquita Brooks-LaSure, MPP  
Administrator  
Centers for Medicare & Medicaid Services  
Attention: CMS-1751-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

*Submitted electronically via [www.regulations.gov](http://www.regulations.gov)*

**Re: 2022 CMS Proposed Reduction in Medicare Physician Fee Schedule for Cardiac Electrophysiology Procedures**

Dear Administrator,

My name is [name] and I am a cardiac electrophysiology physician from [institution, location]. I am a member of the Heart Rhythm Society (HRS) and I appreciate the opportunity to comment on the CY 2022 Medicare Physician Fee Schedule (MPFS) proposed rule. I am writing to express my deep concerns regarding the substantial reduction in reimbursement for valuable cardiac electrophysiology procedures.

Of particular concern are:

- The bundling of CPT® Codes 93653 + 93613 + 93621 for SVT ablation + 3D Mapping & LA pacing
- The bundling of CPT® Codes 93656 + 93613 + 93662 for AF Ablation + 3D Mapping & ICE
- Reduction in reimbursement for CPT® Add-on codes 93657 (Treat additional AF foci) & 93655 (ablate additional arrhythmia) for AF ablation (93656)

**These were proposed without any relative increase in the work values of the base codes to reflect the increased level of service.**

Atrial fibrillation (AF) is increasing in incidence. AF ablation has been shown to improve patient's quality of life and decreases hospitalizations and mortality, particularly in patients with heart failure. It also has been shown to improve patient outcomes when performed early. In a 2009 study of managed care patients, researchers estimated that the total hospitalization and outpatient cost of treating AF patients in the U.S. was \$12.7 billion, with hospitalizations accounting for 63% of the total. *Medicare alone pays \$15.7 billion annually to treat newly diagnosed AF patients.* These costs are largely driven by the greater utilization of healthcare services associated with AF complications such as stroke, heart failure, acute myocardial infarction, and tachycardia.

These proposed cuts will have a multitude of negative downstream impacts and ultimately leads to poorer care for patients. Lower reimbursement will:

- Reduce the number of physicians offering ablation
- Result in longer procedure wait times for patients
- Result in longer travel distances for patients
- Result in patients not being offered ablation at all

Importantly, AF ablations in smaller hospitals and in rural and underserved areas will become cost prohibitive to the patient as hospitals will do so at a financial loss if the proposed cuts are passed. Patients will be left without the care they deserve. Delaying ablation due to lack of reimbursement will negatively affect outcomes and lead to increased utilization of health care resources.

**The current proposed reimbursement for CPT® Codes 93653 + 93613 + 93621 for SVT ablation + 3D Mapping & LA pacing, 93656 + 93613 + 93662 for AF Ablation + 3D Mapping & ICE, and add-on codes 93657 & 93655 without a relative increase in work values of the base code is well below the cost of providing these services. This significantly limits access of this procedure to Medicare beneficiaries. Accordingly, I urge CMS to reverse these cuts and take action to increase reimbursement to levels consistent with the actual costs.**

Thank you for your consideration of these issues.

Sincerely,  
[Your signature]