August XX, 2022

The Honorable Chiquita Brooks-LaSure

Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1770-P

Mail Stop C4-26-05

7500 Security Boulevard

Baltimore, MD 21244-1850

Re: File Code CMS-1770-P; Medicare Program; CY 2023 Payment Policies Under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 29, 2022)

Dear Administrator Brooks-LaSure:

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a practicing electrophysiologist (EP) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am sending comments today regarding the Medicare Physician Fee Schedule proposed rule provision that would significantly reduce physician reimbursement for cardiac ablation services.

V. Valuation of Specific Codes [FR section II.E.]

B. Proposed Valuation of Specific Codes for CY 2023

(26) Cardiac Ablation Services

EP physicians, or heart rhythm specialists, are cardiologists who devote their lives to the treatment of abnormal rhythm disturbances like atrial fibrillation (afib), supraventricular tachycardia, and ventricular tachycardia. These rhythm disorders are a significant cause of stroke, heart failure, lost quality of life, frequent hospitalizations, cardiac arrest, and death. Atrial fibrillation, the most common abnormal heart rhythm, affects approximately 6 million Americans with a lifetime incidence of 20%.

Patients with AF often report a markedly reduced quality of life and may suffer catastrophic consequences. Many abnormal heart rhythms can be controlled with medications. However, ablation is used to treat many types of arrhythmias when people cannot tolerate medications, or their abnormal heart rhythm is not controlled via medication or lifestyle changes. The increasing prevalence and the morbidity/mortality associated with AF warrants taking more aggressive treatment approaches when others have failed.

In particular, the use of cardiac ablation stops errant electrical signals from firing. Ablation treatment has clearly shown long-term cost savings, in addition to significantly enhancing and extending patients’ lives. In one 3-year study, hospital admissions for patients treated with ablation were reduced by an astounding 64%. Emergency Department visits were also reduced by over 50% when patients were treated with ablation. Ablation can be successful in eliminating the need for open-heart surgery or long-term drug therapy. Atrial fibrillation accounts for 750,000 hospitalizations per year and 150,000 yearly deaths with an estimated annual cost of 6.65 billion dollars. Over a 3-year span pre- and post-ablation, there was a total savings on the cost of AF management of $850 per patient per month (ppm) at one year and $546 ppm at 3 years[[1]](#footnote-1).

The payment cuts for these ablation services that CMS is proposing will profoundly impact the field of electrophysiology (EP). In the U.S., there are only approximately 3000 physicians certified in EP, while the number of patients with AF is expected to double from 6 million to 12 million by 2030. Due to the high-intensity and risk of ablation procedures, an additional two-years of EP training is required in addition to 10 years of medical training for cardiology and internal medicine. EP fellowships are already facing unfilled opportunities. The steep reductions, if implemented, will present another barrier to meeting the growing demand for these cost-effective and life-enhancing procedures.

Cardiac rhythm disorders such as AF disproportionately result in worse outcomes for certain racial/ethnic minorities, particularly Blacks, Hispanics and Asians, as well as underserved communities where health disparities already exist. The ablation cuts CMS is proposing would not only exacerbate existing shortcomings in treatment access, but also directly risk the health of Medicare patients. Drastic payment cuts run counter to the Administration’s efforts to protect our nation’s most vulnerable patients, especially those already facing health inequities.

The law set for physician payment requires physician work to be valued based on both time and intensity. For these services CMS relied on a fatally flawed comparison to the intra-service time of a completely unrelated medical service (lower limb revascularization) alone to set payments. CMS does not provide any clinical rationale for the comparison and relies solely on time likeness but not medical service similarity. The risk of working on an isolated area of the leg versus ablating tissue in a beating heart (with adjacent vital structures) is simply incomparable from a clinical or patient perspective. By making this comparison, CMS failed to recognize the full scope of physician work, ignoring important considerations such as intensity and complexity, and necessary skills that result from a resource-based approach. This CMS approach is not supported by medicine, and Congress has not mandated this change.

CMS should revise its decision to implement these unfair, unwarranted and unsubstantiated reductions and restore payments to be more consistent with 2021 reimbursement. Doing so has created unreasonably high reimbursement reductions for cardiac ablation treatment. By increasing overall Medicare cost and disparities, as well as decreasing the supply of the highly trained certified physicians who provide these valuable treatments, CMS is jeopardizing access to very important lifesaving treatment for decades.

Sincerely,

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1. Field ME, Gold MR, Rahman M, Goldstein L, Maccioni S, Srivastava A, Khanna R, Piccini JP, Friedman DJ. Healthcare utilization and cost in patients with atrial fibrillation and heart failure undergoing catheter ablation. J Cardiovasc Electrophysiol. 2020 Dec;31(12):3166-3175. doi: 10.1111/jce.14774. Epub 2020 Oct 20. PMID: 33022815; PMCID: PMC7821325. [↑](#footnote-ref-1)