



February 10, 2023

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

Submitted via: [MedicarePhysicianFeeSchedule@cms.hhs.gov](mailto:MedicarePhysicianFeeSchedule@cms.hhs.gov)

Re: Nomination of CPT Codes 93655 and 93657 as Potentially Misvalued for Consideration  
During the 2024 Medicare Physician Fee Schedule Rulemaking Cycle

Dear Administrator Brooks-LaSure:

In accordance with the requirements for the potentially misvalued codes initiative, the Heart Rhythm Society (HRS) would like to nominate add-on CPT code 93655 *Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)* and 93657 *(Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure))*, as potentially misvalued for consideration during the 2024 Medicare Physician Fee Schedule rulemaking cycle.

The 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 7,500 members in cardiac pacing and electrophysiology, consisting of physicians, scientists, and allied health care professionals. Electrophysiology is a distinct specialty of cardiology, with certification in cardiology, as well as eligibility for board certification in clinical cardiac electrophysiology through the American Board of Internal Medicine.

In the Medicare Physician Fee Schedule (MPFS) final rule for calendar year (CY) 2022 the Centers for Medicare & Medicaid Services (CMS) finalized the proposal to reduce the RUC-recommended work RVUs for CPT codes 93655 and 93657 from 7.00 to 5.50. In our view this is based on a flawed crosswalk assumption, one of the requirements for nomination of a potentially misvalued service (76 FR 73058).

HRS and our physician members appreciate that CMS accepted the RUC-recommended work RVUs for CPT codes 93653, 93654 and 93656 in the CY 2023 MPFS final rule. However, rather than maintain consistencies across the family of ablation services, CMS decided to retain the previously finalized work RVU of 5.50 for add-on codes 93655 and 93657 without recognizing the work to



perform subsequent ablations. Moreover, the 5.50 work RVUs were assigned as *interim* values for CY 2022 and **were not intended to be permanent**. After additional discussion at the RUC for all five codes (taking into account revised data capturing the factors included in this letter below), it is our view that the same logic for adopting the RUC recommended work RVUs for 93653, 93654 and 93656 **should have likewise been applied** to 93655 and 93657.

As stated in our comment letter in response to the CY 2023 MPFS proposed rule, the work of performing subsequent ablations (which the aforementioned add-on codes capture) is the result of discovering that the acutely sick patient has a more complex arrhythmia substrate than had previously been anticipated. This clearly adds to the clinical intensity and time of the work required for curative ablation *in a live beating heart* for the following reasons:

- 1) Requirement for additional ablation/burns to the heart muscle which increases operative risk of heart perforation or death to the patient,
- 2) Incremental risk for complications due to increasing edema (from the original ablation burns) and associated risk for prolonged general anesthesia, and
- 3) Complexity encountered with identification of additional target sites (requirement for multiple manipulations of catheters and need to literally re-start the diagnostic study to identify other potentially life-threatening rhythm sources).

Moreover, the required work with identifying new life-threatening rhythm targets for curative ablation involve the same services (3D mapping, left atrial pacing, and intracardiac echocardiography) that were bundled into the primary base ablation codes.

In the April 2021 RUC survey, the data resulted in a 25th percentile of 7.00 work RVUs for 93655 and 93657. As stated above, the intensity of the work has increased due to the bundled services inherent in the base codes, as well as the broader population of eligible patients. Patients who require the add-on procedures reflect a more complex disease substrate *in a live beating heart* and are at considerable risk for:

- 1) Operative complications, and
- 2) Increased morbidity/mortality if these add-on procedures are not completed on the same day of service.

In our view, decreasing the work RVU values to 5.50 **does not accurately capture** the complexity of the add-on codes supported by the two RUC surveys.

Finally, in the view of our physician members, the crosswalks applied to the add-on procedures were not clinically appropriate. We feel that a comparator code was chosen solely for the faulty criterion of identical service time. In comparison with the add-on procedure codes performed *in a live beating heart*, these arbitrarily chosen comparator codes did not sufficiently capture the high intensity clinical decision making, complexity in the intraoperative skills required for treatment, morbidity/mortality risks to the patient, and work intensity. The RUC-recommended values of 7.00 RVUs for CPT codes 93655 and 93657 were based on reference services that reflected a more appropriate level of risk and intensity for the reasons mentioned above.



In summary, it is our strong opinion that the current values for 93655 and 93657 were established through a flawed crosswalk process: A process that failed to account for the higher intensity of the physician work performed *in a live beating heart*. As such, we feel that the nomination of these codes as potentially misvalued is justified. The HRS respectfully requests that CMS reconsider the RUC-recommended work RVU of 7.00 for 93655 and 93657 during the CY 2024 MPFS rulemaking cycle.

If you have any questions regarding this request, please contact Lisa Miller, MS, Senior Director of Health Policy and Reimbursement at [lmiller@hrsonline.org](mailto:lmiller@hrsonline.org) or (202) 464-3413.

Sincerely,

A handwritten signature in black ink, appearing to read "AK", is positioned below the word "Sincerely,".

Andrew D. Krahn, MD, FHRS  
President, Heart Rhythm Society