



**American Venous Forum**  
Promoting venous and lymphatic health

*October 5, 2020*

The Honorable Seema Verma, Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1734-P  
7500 Security Boulevard  
P.O. Box 8016  
Baltimore, MD 21244-8016  
Submitted electronically via: <http://www.regulations.gov>

**Re: CY 2021 Physician Fee Schedule Proposed Rule Comments**

Dear Administrator Verma:

The American Vein & Lymphatic Society (AVLS) and the American Venous Forum (AVF) are two professional medical associations of approximately 3,000 combined members with a more than 30-year history of advancing patient care and scientific research in venous and lymphatic disorders. We are the principle societies in the United States dedicated to care of venous and lymphatic disorders. We are committed to evidence-based patient care, research, and public education on venous and lymphatic health. AVLS members come from different board specialties- e.g., general surgery, radiology, vascular surgery, dermatology- but almost all of our members have made venous care their exclusive professional focus area. Most AVLS members practice in the office setting, and most of those are owner-proprietors of their own clinics. AVF members often have a surgical training, and many AVF members hold appointments at the country's leading academic medical centers.

It is a privilege to care for our senior citizens, and we take our obligation to heart to be good stewards of Medicare funds, and to offer the best care to Medicare beneficiaries. Our two societies also sincerely appreciate all the hard work and long hours that CMS leadership and professionals have worked during the Public Health Emergency for the benefit of our nation.

After our review of the proposed 2021 Rule, we respectfully note the following key issues for CMS to consider.

1. We join the voice of organized medicine in asking CMS to waive budget neutrality for CY2021. If implemented for 2021, a proposed Conversion Factor of \$32.26 will push many office-based practices to the edge of insolvency, or indeed motivate office-based doctors to close their offices and join hospital groups, which reduces access to care and increases costs to Medicare. In our clinical space, a key concern is access to patient care for our most serious patients needing care, e.g. those with venous leg ulcers. We support the new E&M codes, and already foresee their usefulness in care scenarios that we encounter in our usual patient encounters. We urge the Agency to work with all parties to resolve this matter and implement a 2021 solution that will not fall disproportionately on the backs of physicians and threaten access to care.

2. In the Proposed Rule for 2019, CMS announced that they had engaged a contractor, StrategyGen, to review many of the supplies and equipment items that had been assigned a price in the CMS supply system, often by means of the RUC's Practice Expense process. At that time, while we took note that some of these phased-in four-year adjustments would pertain to supplies used in vein care CPT codes, the vein care field was also seeing three new technologies come into use that had been assigned new CPT codes. The process of new technologies coming into the market seemed to us at the time a factor which was going to impact the landscape of pricing, as established technologies reacted to new entrants with regards to vein procedural technologies. For several reasons, e.g., non-uniformity of carrier coverage, provider familiarity with established technologies, the uptake of these newer vein technologies remains an evolving trend, and pricing among the various procedure modalities remains something of a moving target. In sum, we want patients to get the best treatment indicated for their condition, at the best value, and we are concerned that some of the supply prices announced by CMS are not typical to the office setting, and may motivate migration to non-office sites of service, and possibly also motivate change in modality of care.

In our clinical domain, radiofrequency(RF) and laser vein ablation have proven benefit to Medicare beneficiaries and to improve quality of life, especially for those suffering from venous leg ulcers. In our view, RF and laser ablation have been, and we want them to remain cost-effective, front line interventions for those indicated patients. The 2019 *Improving Wisely* manuscript in the *Journal of Vascular Surgery: Venous & Lymphatic Disorders* examined 2017 NPI claims patterns for both RF and laser vein procedures. This was an effort to help physicians throughout the country identify their utilization pattern compared to the aggregate. This important analysis may be accessed here: [https://www.jvsvenous.org/article/S2213-333X\(19\)30410-X/fulltext](https://www.jvsvenous.org/article/S2213-333X(19)30410-X/fulltext).

As Phase II of the *Improving Wisely* initiative is commencing, the ALVS is actively investigating CMS 2019 claims to see if this has made an impact in utilization rates to those found to be outliers.

A key takeaway from the Phase I *Improving Wisely* study is that the clear majority of NPIs who reported RF and laser claims in 2017 are not "high-volume providers". Providers who did 10 or fewer ablations were not even part of the cohort that was studied. As we review the market-based supply items identified by CMS for adjustment, we are concerned that the prices being used by CMS are not available *to typical vein practices, but only to users who have high procedure volume and get discounts, or for example, multi-site venous care clinical networks that have negotiating power.*

Below, we specifically note the following supply items, provide example invoices, and respectfully offer a CY2021 and fully adjusted CY2022 price for the Agency to consider that we assert is more in line with prices offered to a typical office-based practice. We will keep these sample invoices separate from this letter, and will email them on October 5<sup>th</sup> to CMS at [PE\\_Price\\_Input\\_Update@cms.hhs.gov](mailto:PE_Price_Input_Update@cms.hhs.gov)

- ***SD155, Catheter, Radiofrequency Endovenous Occlusion:*** In the 2021 Proposed Rule, CMS notes that additional information has become available to the Agency, and on

Table 7, an updated CY2021 price of \$510 is assigned for SD155. For CY2022, a fully adjusted price of \$382.50 is proposed for SD155.

For the reasons noted above, i.e., negotiating power, high volume discounts, those figures do not seem to be what typical practices pay from our point of view. We offer four example typical invoices, all of which are above the updated CY2022 price of \$382.50. Example 1 is a RF bundle kit @\$525, but after the cost of the introducer (SA026) is deducted from \$525 at the SA026 CY2020 price \$37.08, the net price can be derived as \$487.92.

Example #2 is a unit price of \$640. Example #3 is at \$562.92, once the price of the introducer is backed out per example #1. Example #4 is a single catheter at \$500.

*We request that CMS review the pricing for SD155. All of our sample invoices are above the CY2022 adjusted price of \$382.50 that CMS announced in the 2021 proposed rule. We respectfully request that CMS consider using the CY2021 updated figure of \$510 for both CY2021 and CY2022.*

- **SA026, Kit, Radiofrequency Introducer:** Although some vendors now include this in an overall catheter pack, as we saw with the above, it is still common that many practices purchase this item separately as well. Per CMS's pricing updates, the CY2020 price of SA026 is \$37.08 adjusts to \$30.62 in 2021, and then fully adjusts to \$24.16 in CY2022. We ask that CMS consider the two example invoices we are providing for this item, one at \$30.50, and another at \$26.65. *Using those two invoices to derive a mean price, our request is that CMS consider a fully adjusted price of \$28.56 for CY2022 for SA026. If the agency accepts \$28.56 as fully adjusted for CY2022, then the CY2021 price would be set by CMS per the formula described on page 53 of the 2021 proposed rule.*
- **SA074, Kit, Endovenous Laser Treatment:** Based on CMS's market analysis and the StrategyGen report, the CY2020 price of \$421.16 adjusts to \$372.25 in CY2021, and then fully adjusts to \$323.33 in CY2022. For the similar reason pertaining to radiofrequency, we are not sure these prices are typical for the average clinic. In our three example invoices for SA074, a mean price of \$468.42 is derived. (Note that in Example 1, this invoice is a 5-pack of kits) *Based on the three sample invoices we are providing, we respectfully ask CMS to consider the current CY2020 price of \$421.16 as fully adjusted, and to use that figure for both CY2021 and CY2022.*

### ***MIPS Value Pathways***

Most of our members who focus just on vein care are not eligible for MIPS, so we appreciate the Agency's strategy to increase participation in moving away from traditional fee for service by means of the MIPS Value Pathways. However, for our membership, they still retain their original board two-digit identifier for claims purposes, though many no longer truly practice much if at all in their original board domain, having made venous and lymphatic medicine their clinical specialty focus area. We ask that CMS consider, and we are ready to assist, on how

MIPS Value Pathways may pertain to providers like our members who are specialists in a precise clinical area, but still tracked in the CMS claims system by their board designators. We think this anomaly also carries over and impacts our members on how they are reflected in the *Physician Compare* program, which uses two-digit specialty identifiers

The AVLS National Venous Registry has been capturing procedural data, quality of life data, and complications of vein care from more than 200 providers throughout the USA. We are pleased to meet with the Agency to discuss how we might collectively leverage this platform for purposes of the MVP program.

We thank CMS for your consideration of our comments. If the AVLS or AVF can be of assistance in any way, we are at the Agency's service. Please do not hesitate to reach out to the AVLS Executive Director, Mr. Dean Bender, at [dbender@myavls.org](mailto:dbender@myavls.org), ph: 704-962-1023 if we can be of further assistance. The Executive Director of the American Venous Forum is Mr. John Forbes, and John may be reached at: [john@balancedgrowth.com](mailto:john@balancedgrowth.com)

Sincerely yours,



Marlin W. Schul, MD, MBA, RVT, FAVLS  
President, American Vein & Lymphatic Society



Harold J. Welch, MD  
President, American Venous Forum

cc: Dr. Stephen Daugherty, Chair, AVLS Healthcare Policy & Advocacy Committee  
Dr Mark Iafrati, Chair, AVF Healthcare Policy Committee  
Dr. Mark Meissner, AVLS President-Elect  
Dr Tony P. Gasparis, President-Elect, American Venous Forum  
John Forbes, Executive Director, AVF  
Dean Bender, Executive Director, AVLS