

The Society for Cardiovascular Angiography and Interventions Foundation



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Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, including Changes Related to the Electronic Health Record Incentive Program [CMS-1632-P]

**Submitted electronically via <http://www.regulations.gov>
<http://www.regulations.gov/#!documentDetail;D=CMS-2015-0049-0004>
and by email to Andy.Slavitt@cms.hhs.gov**

Dear Mr. Slavitt:

The Society for Cardiovascular Angiography and Interventions (SCAI) is a non-profit professional association with over 4,500 members representing the majority of practicing interventional cardiologists and cardiac cath teams in the United States including the majority of structural heart disease specialists. SCAI promotes excellence in interventional cardiovascular medicine through education, representation and the advancement of quality standards to enhance patient care. SCAI having reviewed the “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, including Changes Related to the Electronic Health Record Incentive Program [CMS-1632-P]” offers the following comments:

First and foremost, SCAI would like to thank CMS for the actions taken in the 2015 Inpatient Prospective Payment System (IPPS) final rule, supported by SCAI, including the creation of new DRG for *Endovascular/Transcatheter Cardiac Valve* procedures and granting new technology add-on payment for MitraClip®. We find in the 2016 IPPS proposed rule that CMS is again acting in the best interest of Medicare beneficiaries and taking action to address and support the adoption of structural heart disease procedures.

For 2016, CMS is proposing the creation of new DRGs to address “percutaneous intracardiac procedures” (see F.R., vol. 80, No. 83, page 24356). While it appears this request was driven by a request to address appropriate DRG assignment for electrophysiology procedures, CMS’s proposal to create new DRGs for percutaneous intracardiac procedures also includes several fairly intensive structural heart disease (SHD) procedures of high interest to, and performed by, interventional cardiologists. We appreciate CMS’ thoughtful review and consideration of the creation of new DRGs for intra-cardiac procedures. This proposal by CMS is in line with SCAI’s recommendation made in our comments to the 2015 IPSS proposed rule in which SCAI urged CMS to consider creating a new DRG for Structural Heart Disease procedures not captured by the 2015 proposed endovascular/Transcatheter cardiac valve DRG.

SCAI fully supports CMS proposal to create new DRGs for intra-cardiac procedures.

Conclusion

SCAI appreciates the opportunity to provide comment to CMS on issues of high interest to the interventional cardiology community contained in the “**Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, including Changes Related to the Electronic Health Record Incentive Program [CMS-1632-P]**”. ”. If SCAI can be of any assistance as CMS continues to consider and review these issues, please do not hesitate to contact Ms. Dawn R. Gray (Hopkins), Director of Reimbursement & Regulatory Affairs at (800) 253-4636, ext. 510 or dgray@scai.org.

Sincerely,



James C. Blankenship, MD, MSc, MSCAI
SCAI President, 2015-2016

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