KIDNEY CARE PARTNERS

August 19, 2013

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1600-P: Proposed Rule for Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014

Dear Administrator Tavenner:

Kidney Care Partners (KCP) is pleased to have the opportunity to provide the Centers for Medicare and Medicaid Services (CMS) with comments about the Proposed Rule for Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for Calendar Year 2014 (Proposed Rule). KCP is an alliance of members of the kidney care community that includes patient advocates, dialysis care professionals, providers, and manufacturers organized to advance policies that improve the quality of care for individuals with both chronic kidney disease (CKD) and irreversible kidney failure, known as End Stage Renal Disease (ESRD).[1] KCP writes to express its continued support for the coverage of kidney disease education (KDE) as a telehealth service and to communicate KCP's positions on the three of the proposed measures in the chronic kidney disease (CKD) measures group. We also raise concerns about the proposed modification to codes that will affect the provision of vascular access care to beneficiaries receiving dialysis treatments.

I. Kidney Disease Education

KCP supports CMS's proposal to continue providing Medicare coverage for individual and group kidney disease education (KDE) telehealth services. Coverage of these services provided at a hospital-based or critical access hospital-based renal dialysis centers and a physician's or practitioner's office ensures that eligible beneficiaries will have access to educational services related to their care. KDE telehealth services ensure that individuals with kidney failure have the information necessary to understand treatment options and manage their disease. Continued coverage of KDE as a Medicare telehealth service will provide for the continuation of high quality care.

II. Quality Measures

The Agency includes proposed quality measures for the Physician Reporting Quality System (PRQS) for CY 2014 and beyond, including six measures in the chronic kidney disease (CKD) measures group. KCP offers comment on the following three measures:

- NQF #1668/PQRS #121: Adult Kidney Disease: Laboratory Testing (Lipid Profile) (AMA-PCPI);

[1] A list of members of Kidney Care Partners is included as Attachment A.

- AQA-Adopted/PQRS #122: Adult Kidney Disease: Blood Pressure Management (AMA-PCPI); and
- NQF #1666/PQRS #123: Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL (AMA-PCPI).

KCP supports the Adult Kidney Disease: Laboratory Testing (Lipid Profile) measure during the National Quality Forum's (NQF's) Renal Endorsement Maintenance Project in 2011 for use in public reporting and payment programs. Similarly, we support the measure of Blood Pressure Management, but for public reporting only. Blood pressure control in CKD patients with hypertension is an important goal. We note, however, that new guidelines in this area are forthcoming and that the measure specifications in the future should evolve as those guidelines evolve.

Consistent with our comments on the ESRD Quality Incentive Program (QIP) Proposed Rule for Payment Year (PY) 2014, Kidney Care Partners supports the use of a measure of Hemoglobin Levels Greater than 12.0 g/dL for adult kidney disease patients on erythropoiesis-stimulating agents (ESAs) in both public reporting and payment programs. The appropriate management of anemia is a critical component of helping patients maintain a high quality of life and directly impacts patient satisfaction. Additionally, as always, we recommend that measures across programs be harmonized and aligned—specifically in this case between the PRQS and QIP.

III. Modifications in Payment Codes

In the proposed rule, the Agency outlines several changes that KCP believes will negatively impact the care provided to current and prospective dialysis patients in the non-facility setting. First, CMS proposes to cap practice expense relative value units (PE RVUs) assigned to services provided in the non-facility setting to ensure that this payment amount would not exceed the total combined payment amount that Medicare would pay for the same service in the facility setting (*i.e.*, the outpatient hospital or ambulatory surgical center settings). Among the codes that would be affected by this cap is CPT code 36147 (diagnostic fistulagram), which is a vascular access service commonly performed with angioplasties or thrombectomies for dialysis patients. The change would reduce the RVUs for this code by 33 percent. Similar codes, including angioplasties and thromectomies, would be excepted from the proposed cap because they are already capped in the Ambulatory Surgical Center (ASC) payment system by the physician fee schedule payment rate; however, this code, payment for which is capped in ASC at the outpatient prospective payment system rate, would not be comparably excluded.

Two additional vascular access services commonly provided to dialysis patients, CPT codes 35475 (Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel) and 35476 (Transluminal balloon angioplasty, percutaneous; venous) would experience total RVU reductions in excess of 9 percent in 2014 as proposed. These reductions are in addition to substantial reductions implemented for the current (2013) fee schedule, which were approximately 28 percent for 35475 and 15 percent for 35476. The 2013 reductions resulted in part from CMS' decision to select an inappropriate comparator code on which to base work RVUs, one different from that recommended by the AMA's Relative Value Update Committee (RUC). If the 2014 proposed values are implemented, the total RVUs for three services critically important to the vascular access care required by beneficiaries with kidney failure would be significantly reduced - over the course of two rulemaking cycles - by approximately 33 percent (CPT code 36147), 37 percent (CPT code 35475), and 24 percent (CPT code 35476).

The ability to have such procedures performed timely, so as not to disrupt the patient's dialysis treatment schedule and to be consistent with Medicare's clinical requirements of dialysis providers, has

been greatly enhanced when services are delivered in non-facility settings, such as vascular access centers, which are more focused and responsive, in general, than hospital outpatient departments. Given these severe reductions, we are concerned that vascular access care in non-facility settings would be at risk and care may be shifted to outpatient departments, which will no doubt impact beneficiary access to timely care, an important aspect of the quality of care for those on dialysis. Therefore, we urge CMS not to adopt the proposed changes and protect beneficiary access to vascular access services.

IV. Conclusion

KCP appreciates the opportunity to provide comments on the CY 2014 Physician Fee Schedule proposed regulation. Please feel free to contact Kathy Lester at 202-457-6562 or at klester@pattonboggs.com if you have any questions.

Sincerely,

Ronald Kuerbitz
Chairman
Kidney Care Partners

Attachment A

AbbVie Laboratories
Affymax
American Kidney Fund
American Nephrology Nurses' Association
American Renal Associates, Inc.
American Society of Nephrology
American Society of Pediatric Nephrology
Amgen
Baxter Healthcare Corporation
Board of Nephrology Examiners and Technology
Centers for Dialysis Care
DaVita Healthcare Partners, Inc.
Dialysis Patient Citizens
Dialysis Clinic, Inc.
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Kidney Care Council
Mitsubishi Tanabe Pharma America
National Kidney Foundation
National Renal Administrators Association
Nephrology Nursing Certification Commission
Northwest Kidney Centers
NxStage Medical
Renal Physicians Association
Renal Support Network
Renal Ventures Management, LLC
Sanofi
Satellite Healthcare
Takeda Pharmaceuticals U.S.A (TPUSA)
U.S. Renal Care