DRAFT ISASS Member Comment letter

Submission Link: <https://www.regulations.gov/comment?D=CMS-2019-0111-0001>

Dear Administrator Varma,

I am writing in regard to the 2020 Medicare Physician Fee Schedule Proposed Rule (CMS 1725-P). Specifically, the proposed rule proposed a recommended work RVU of 9.03 of CPT code 27279, Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device. In the proposed rule, CMS indicated they were seeking comment on whether to adopt a work RVU of 20.00 which is the work RVU for CPT code 27280, Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed to achieve site-of-service parity and eliminate incentives for facilities to use a higher-valued procedure.

In its proposed rule, CMS stated they consider the possibility that a work RVU of 20.00 would eliminate an unintended incentive for facilities to treat patients with clinical indications for SI fusion in inpatient facilities and bill 27280.

The CPT Code 27279 for MIS SIJ Fusion was grossly undervalued in 2014 when it was reviewed by the AMA Relative Value Updated Committee (RUC), before ISASS became a member of the AMA House of Delegates. Since then, ISASS has attempted to right this wrong thru Rasch Analysis and other quality data, leading CMS to request the RUC to re-evaluate same as potentially misvalued. 27279 was cross-walked to an automated percutaneous discectomy code (62287, Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar) with less time, intensity, and no device implant, and done in a completely different site of service from 27279. This is a plainly incorrect comparison and results in a very clear, and detrimental rank order anomaly.

I strongly urge CMS to correct this anomaly by making the work RVU payment for 27279 equal to the payment for 27280. By doing so, CMS will create millions of dollars of savings and a best, correct site-of-service. Correcting 27279 RVU will also provide an appropriate ASC Spine Code benchmark comparator for emerging tech codes moving forward and set a positive precedent moving forward for recent and upcoming emerging technology valuations.

It is critical that as providers, we are able to choose the highest-quality, safest, and most cost-effective treatment options for our patients. The current value of 9.03 for 27279 has clearly led to less safe, less effective, and more costly care for patient suffering from SI joint pain. Payment parity with 27280 will ameliorate this and save CMS many millions of dollars in expenditures. Therefore, I urge you do what is right, not what is easy, and set the work RVU for 27279, Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device at 20.00 for the 2020 Medicare Physician Fee Schedule.

Thank you for the opportunity to comment.

Sincerely

[insert name, degrees, titles and signatures here]