



September 8, 2015

Mr. Andrew Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1631-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

VIA ELECTRONIC FILING

**RE: Medicare Payment Policies under the Physician Fee Schedule for CY 2016  
(CMS-1631-P)**

Dear Mr. Slavitt:

The Spine Intervention Society (SIS), a multi-specialty association of 3,000 physicians dedicated to the development and promotion of the highest standards for the practice of interventional procedures in the diagnosis and treatment of spine pain, would like to take this opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Medicare physician fee schedule (PFS) proposed rule for calendar year 2016 (Proposed Rule).

**Practice Expense RVUs for CPT codes 64633-64636**

SIS has concerns with the CMS recommendation to reduce the direct practice expense (PE) Relative Value Units (RVUs) for CPT codes 64633-64636 and recommends CMS revert back to the 2014 direct PE RVUs for this set of codes.

On page 130 of the proposed rule, CMS proposes to reduce the PE RVUs for CPT codes 64633-64636 [Destruction of Paravertebral Facet Joint Nerve]. The rationale given for this reduction is that a stakeholder provided an invoice for the use of radiofrequency generator equipment (supply code EQ214), and that CMS is adjusting the direct expense associated with this equipment input from \$32,900 to \$10,000. This resulted in a substantial decrease in PE RVUs.

SIS believes CMS has incorrectly applied the invoice submitted by the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) for CPT codes 41530, Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session,

CPT code 43228 and CPT code 43229, Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed). The radiofrequency generator used for these procedures of the head and neck is a different type of radiofrequency generator than that used for treatment of paravertebral facet joint nerves, and it is not appropriate to simply extend the equipment cost for the head/neck radiofrequency generator to paravertebral radiofrequency generators. SIS recommends CMS revise its proposed adjustment to the direct PE RVUs for codes 64633-64636 and retain the PE RVUs from the 2014 Medicare Physician Fee Schedule.

SIS appreciates the opportunity to provide comments and appreciates CMS' attention to this issue. We look forward to continuing to work with CMS to update and improve physician payment policies in the future. If we can be of any assistance, please contact Belinda Duszynski, Senior Director of Policy and Practice, at [bduszynski@spinalinjection.org](mailto:bduszynski@spinalinjection.org) or 815.200.9590.

Sincerely,

A handwritten signature in black ink that reads "MacVicar". The signature is written in a cursive style with a large, sweeping initial "M".

John MacVicar, MB ChB  
President  
Spine Intervention Society