



January 27, 2014

Marilyn B. Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1600-FC Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2014

Dear Administrator Tavenner:

The International Spine Intervention Society (ISIS), 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 Centers for Medicare and Medicaid Services (CMS) Final Rule on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year 2014, published in the December 10, 2013 *Federal Register*.

Spinal Injections (CPT Codes 62310, 62311, 62318, and 62319)

ISIS disagrees with CMS' decision to reduce AMA/Specialty Society RVS Update Committee (RUC) recommended work values and requests a Refinement Panel review of CPT codes 62310-62319:

- 62310 - Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

- 62311 - Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
- 62318 - Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62319 - Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

Code 62311 was flagged as potentially misvalued per the CMS High Expenditure Procedural codes screen in the CY 2012 Proposed Rule. As a result, the entire family of four codes underwent a survey and the results of that survey were presented to the RUC in October 2012.

RUC, as an expert body comprised of physicians representing multiple specialties, considered the service time as well as intensity of the service when determining the work value recommendation. It was their decision that the value should remain the same for 3 of the codes and to recommend a reasonable decrease for one of the codes.

CMS proposed and implemented significant work value decreases for all four codes, based on flawed logic that a value for these codes can be derived from the single lowest outlier response from the survey. This is simply unacceptable.

The only justification provided by CMS for not accepting the RUC's recommended work was that the reduction in the work RVUs was not comparable to the reduction in service time recommended by the AMA RUC. However, it is important to point out that the times on file were not correct. Additionally, the RUC considered multiple comparison codes with similar service times to justify the recommended values.

The lower values derived by CMS are a result of using the lowest survey outliers for codes 62318 and 62319 and using those values to develop values for 62310 and 62311. It is paramount to recognize the flaw in this approach, as a single lowest outlier response should not be used to value a code, let alone the entire family of codes. A much different result would be attained by using the survey median, the 25th percentile, or even the 10th percentile.

We strongly encourage CMS to reconsider this issue and revise the values to match the RUC recommendations that were based on thorough consideration of the survey, the time, work, intensity, risks as well as comparison of service time and values of other codes. This is in contrast with CMS' arbitrary and capricious decision to use the lowest survey outlier to determine the value of these codes.

As such, we urge CMS to accept the RUC recommendations for physician work as:

- 1.68 work RVUs for CPT code 62310
- 1.54 work RVUs for CPT code 62311
- 2.04 work RVUs for CPT code 62318
- 1.87 work RVUs for CPT code 62319

Code-Specific Issues; Codes with CY 2013 Interim Values; Radiologic Guidance: Fluoroscopic Guidance (CPT codes 77001, 77002 and 77003)

ISIS urges CMS to accept the RUC recommended work value of 0.60 for CPT code 77003:

- 77003 - Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)

Code 77003 was surveyed not once, but twice, and the survey results were presented to the RUC at both the January 2012 and April 2012 meetings. The work RVU of 0.60 was supported by survey data.

CMS states that while the agency agrees with the RUC-recommended values, it is concerned that the recommended intraservice times for codes 77001, 77002, and 77003 are generally higher than the procedure codes with which they are typically billed.

We do not believe that this is the case for code 77003. The procedure codes which are typically billed with code 77003 have intraservice times ranging between 10 and 15 minutes. The intraservice time for code 77003 is 15 minutes. The work associated with the imaging guidance is separate and distinct from the work associated with the procedure. It is reasonable to encounter variations in the intraservice time between the imaging service and the main procedure. In some cases, the intraservice work associated with the imaging portion may exceed the intraservice work associated with the main procedure.

For reasons stated above, we encourage CMS to finalize the work value for 77003 as recommended by the RUC at 0.60 RVUs.

ISIS appreciates the opportunity to provide comments and offers ongoing input and expertise. If we can be of any assistance, please contact ISIS staff at advocacy@spinalinjection.org or 708-505-9416.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Summers MD". The signature is fluid and cursive, with the letters "J" and "S" being particularly prominent.

Jeffrey Summers, MD
President
International Spine Intervention Society