



February 10, 2023

Michael Soracoe
Centers for Medicare and Medicaid Services (CMS)
7500 Security Blvd.
Baltimore, MD 21244-1850

Via email: Michael.Soracoe@cms.hhs.gov
PE_Price_input_Update@cms.hhs.gov

Dear Mr. Soracoe:

The Outpatient Endovascular and Interventional Society (OEIS) thanks CMS for the opportunity to provide input and invoices pursuant to the Agency's annual rule making process.

Specifically, OEIS is requesting the valuation and reimbursement for non-facility practice expense (PE) associated with 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*.¹ This code was discussed during the January 2023 RUC meeting with OEIS, the American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) requesting the ability to present non-facility PE for 27279. The reasoning for this request was to ensure both 27279 and 2X000, *Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device* (which was valued with non-facility PE at the Jan RUC meeting) could be provided by physicians and available for patients in the office-based setting without concern for disparity of reimbursement based on site of service. The RUC advised OEIS to bring this issue to the Agency's attention and we respectfully request non-facility PE valuation of 27279 be considered in the CY 2024 Medicare Physician Fee Schedule Proposed Rule.

OEIS along with ACR and SIR believe the arthrodesis procedure described with CPT® code 27279 can be safely and effectively provided in the non-facility setting. This procedure has a low risk profile, similar to kyphoplasty (a percutaneous minimally invasive procedure depositing poly methyl methacrylate via canula into vertebral bodies near neural structures) which is safely performed in the non-facility setting. The OEIS registry has captured over 37,000 minimally invasive endovascular procedures performed on

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major blood vessels in the nonfacility setting with a less than 0.6% major complication rate, demonstrating that the OBL is a safe environment for providing complex minimally invasive procedures.

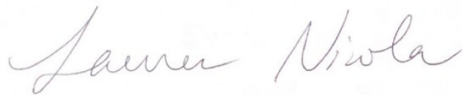
Establishing valuation of the PE in the non-facility setting for 27279 will work to ensure no disparity or lack of equal access to care in various settings and allow procedure selection for sacroiliac arthrodesis not to be influenced by site of service reimbursement policy. To that end, please find attached to this letter invoices for implants used during performance of 27279 and note the quantity of implants used for a typical patient is three.² Other supplies utilized would be similar to 2X000 (dorsal SI arthrodesis).

Alternatively, the societies could work with AMA and RUC to fully develop the non-facility practice expense inputs for 27279. If that is desired, we would request CMS specifically state this in the CY 2024 Medicare Physician Fee Schedule Proposed Rule.

Thank you,



Gerald Niedzwiecki, MD
OEIS RUC Advisor



Lauren Nicola, MD
ACR RUC Advisor



Minhaj S. Khaja, MD, MBA

SIR RUC Advisor

Cc:

gift.tee@cms.hhs.gov

Edith.Hambrick@cms.hhs.gov

karen.nakano@cms.hhs.gov

perry.alexion@cms.hhs.gov

² Please note that the price information contained on these invoices should be treated confidentially under the Trade Secrets Act. We have redacted all customer names.

