



January 25, 2005

Mark McClellan, M.D., Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201
Attention: CMS-1478-P

RE: CMS-1478-P; Medicare Program; Update of Ambulatory Surgical
Center List of Covered Procedures

Dear Dr. McClellan:

The Society for Vascular Surgery (SVS) is pleased to submit the following comments in response to CMS 1478-P for ambulatory surgical centers (ASCs). We believe that the current regulations guiding ASC-approved services do not meet the needs of patients, providers, or CMS, and we appreciate the Agency's willingness to attack this issue. SVS urges CMS to develop a system in which ASCs can be fairly reimbursed by Medicare for services that are safely performed in that setting.

Regarding Criteria for ASC Covered Services

Currently, the criteria CMS uses to determine whether a procedure should be added to the ASC list require that the procedure not exceed 90 minutes of operating time. It is SVS opinion that the 90-minute time limit is somewhat arbitrary. Given the excellent quality of current anesthetic techniques, plus the fact that operations and procedures lasting more than 90 minutes are not necessarily linked to cardiovascular instability or major morbidity, our society believes this time limit could be expanded or perhaps deleted. A surgical time limit is not a good proxy for identifying procedure safety. The Medicare Payment Advisory Commission (MedPAC) recently recommended that CMS use only two criteria to determine which procedures should be allowed Medicare reimbursement when performed in an ASC; first, the procedure can safely be performed in an ASC, and second, the procedure can be performed without an overnight stay. SVS believes this is a reasonable approach, and we urge adoption of the recommended criteria.

SVS is concerned about the wording of exclusionary phrase for procedures that "directly involve major blood vessels". The brachial and femoral arteries are major blood vessels, yet appropriately, the ASC-approved list contains open operations on major arteries of the upper

extremity (CPT 36819, 36820, 36821) and the lower extremity (CPT 35875, 35876). Perhaps more accurate wording would be procedures that “directly involve open surgery on major blood vessels of the chest, abdomen and pelvis.”

SVS notes that percutaneous transcatheter stent placements codes 37205 and 37206 are listed as proposed additions in CMS-1478-P. We agree that these services may safely be performed in the ASC setting, but we note that analogous services such as the family of percutaneous balloon angioplasty codes have not been appended. Likewise, arterial and venous catheter placement codes are not on the current ASC list, and catheterization is always necessary prior to performing the approved stent procedures. Our Proposed Addition list includes these catheterization and angioplasty codes.

Proposed Additions

SVS believes that the following services may be performed safely in properly selected individuals. We emphasize the fact that the ASC is not an appropriate treatment site for all vascular disease patients. More than other patient cohorts, patients with advanced arterial and venous disease require extremely careful pre-operative evaluation to determine whether percutaneous intervention and/or surgery are appropriate treatment options, and also to determine whether an ASC will be a safe site-of-service.

Codes marked with an * on the following list already appear on the ASC approved list as “Additions.” We included them here to demonstrate that we agree with the proposal.

CPT	2005 Long Descriptor
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	Amputation, foot; transmetatarsal
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472	Transluminal balloon angioplasty, percutaneous; aortic
35473	Transluminal balloon angioplasty, percutaneous; iliac
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35475*	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
35476*	Transluminal balloon angioplasty, percutaneous; venous

36005	Injection procedure for extremity venography (including introduction of needle or catheter)
36010	Introduction of catheter, superior or inferior vena cava
36011	Selective catheter placement, venous system; first order branch (eg renal vein, jugular vein)
36012	Selective catheter placement, venous system; second order, or more selective branch (eg left adrenal vein, petrosal sinus)
36120	Introduction of needle or intracatheter, retrograde brachial artery
36140	Introduction of needle or intracatheter; extremity artery
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)
36200	Introduction of catheter, aorta
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriat
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in a
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition t
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
37205*	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel
37206*	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; each additional vessel
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)
37500*	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions

Thank you for the opportunity to comment on the proposed ASC procedure list. Please feel free to contact our office at 312-202-5601 if you have any questions.

Yours truly,



Gregorio Sicard, M.D.
President
Society for Vascular Surgery