



American Academy of Physical Medicine and Rehabilitation

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Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1717-FC
P.O. Box 8013
Baltimore, MD 21244-1850

Re: CMS-1717-FC Medicare Program; Changes to Hospital Outpatient
Prospective Payment and Ambulatory Surgical Center Payment Systems and
Quality Reporting Programs

Dear Administrator Verma:

On behalf of the more than 9,000 physiatrists of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), we appreciate the opportunity to submit comments to the Calendar Year (CY) 2020 Outpatient Prospective Payment System Final Rule. AAPM&R is the national medical specialty organization representing physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

AAPM&R appreciates the consideration of our September 27 comment letter regarding the proposed APC assignment for destruction by neurolytic agent of genicular nerve branches (CPT 64624). As we noted in our comment letter, we believe APC 5341 is far more appropriate and reflects the similarities between the genicular code and the sacroiliac joint destruction code, 64625. We would like to thank CMS for reassigning CPT code 64624 to APC 5431. However, we noted in the final rule that there continues to be some confusion regarding CPT code 64624.

In the final rule, CMS has assigned a 2020 ASC payment indicator of P3 (office-based covered surgical procedures indicator) to the genicular destruction code 64624. AAPM&R disagrees with this assignment and urges

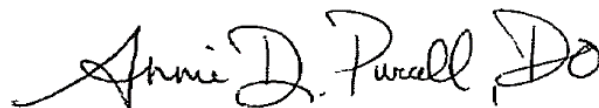


CMS to consider assigning code 64624 the payment indicator of G2 (nonoffice-based payment indicator) for 2020. This is consistent with the sacroiliac joint destruction code, 64625. As we described in our September 27 comment letter, codes 64624 and 64625 are extremely similar. Both procedures describe destruction of nerves typically via radiofrequency ablation. The only difference being the number and location of the nerves destroyed. For code 64624, three nerves in the knee are destroyed while for code 64625 there are four destruction sites in the sacroiliac joint.

Our physician experts are in agreement that it is most typical for both genicular nerve destruction and sacroiliac joint destruction to be performed in the hospital or ambulatory surgical setting. RUC survey data, which was shared with CMS previously, also supports that both of these services are provided significantly more than 50% of the time in the ASC or hospital setting. ***We therefore recommend that CMS assign the payment indicator of G2 to code 64624 for CY 2020.*** We believe this more accurately reflects current medical practice and ensures consistency between codes 64624 and 64625.

Thank you for the opportunity to comment on this final rule. If the Academy can be of further assistance to you on this or any other rule, please contact Carolyn Millett at 847-737-6024 or by email at cmillett@aapmr.org for further information.

Sincerely,



Annie Davidson Purcell, D.O.

Chair

Reimbursement and Policy Review Committee