

CY 2022 Proposed Rule Summary

Medicare End Stage Renal Disease (ESRD) Prospective Payment System

July 1, 2021

On July 1, 2021, the Centers for Medicare and Medicaid Services (CMS) issued the final rule for the Medicare Physician Fee Schedule (MPFS) for CY 2022.

The proposed rule is 345 pages in length and located in its entirety at the following link: <https://www.federalregister.gov/public-inspection/2021-14250/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>. The following information is intended to serve as information which may directly impact Society of Interventional Radiology (SIR) members.

While there are several updates to the payment methodologies for ESRD services, the only key issue to note for IR is a Request for Information (RFI) on peritoneal dialysis catheter placement. CMS has included this request, along with others, on topics relevant to the ESRD Treatment Choices (ETC) Model. The RFIs are solely for information and planning purposes. SIR is working to compose a response to provide to CMS through the comment submission process which has a deadline of August 31, 2021.

The following is the verbiage from CMS regarding peritoneal dialysis and the specific information for which they are seeking comments by stakeholders.

The most common modality of home dialysis is peritoneal dialysis (PD). In order to perform PD, a beneficiary needs placement of a PD catheter. A PD catheter is a flexible plastic tube that enables dialysate to enter the abdomen for blood filtration purposes. The catheter is generally installed via outpatient surgery, as it is an invasive procedure.

However, CMS has heard concerns from numerous stakeholders about their ability to effectively get PD catheters installed in beneficiaries who may be otherwise interested in home dialysis. These stakeholders reported a variety of issues related to PD catheter placement, including the lack of availability of vascular surgeons to perform PD catheter placements, lack of appropriate operating room time, and a lack of training on PD catheter placement for vascular surgeons.²⁸⁷ As many stakeholders have pointed out, the lack of timely PD catheter placement is a key barrier preventing many beneficiaries from being able to use PD as a dialysis modality.

Based on these issues, we seek feedback about how CMS can test and use Medicare payment policy, under the ETC model, to promote placement of PD catheters. Specifically, we are seeking feedback on the following questions:

- *What are the key barriers to increased placement of PD catheters?*
- *How can CMS promote placement of PD catheters in a more timely manner?*
- *Should the Innovation Center use its authority to test alternative payment structures to address the barriers to PD catheter placement as a part of the ETC Model? If so, why and how?*