SIR Town Hall- Medicare Physician Fee Schedule
Impact to Interventional Radiology
# Meeting Agenda

<table>
<thead>
<tr>
<th>Medicare Physician Fee Schedule (MPFS) CY 2022</th>
<th>Conversion factor(CF)</th>
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<tbody>
<tr>
<td></td>
<td>Supplies and Equipment</td>
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<td></td>
<td>Clinical Labor</td>
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<td></td>
<td>Medicare Sequester</td>
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<td>PAYGO</td>
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<td>IR Procedures</td>
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<td>SIR Advocacy Efforts to Prevent Pay Cuts</td>
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<td></td>
<td>Virtex</td>
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<td>Questions</td>
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Moderator

Keith M. Hume
SIR Executive Director

Tonight’s Faculty

Raymond W. Liu, MD, FSIR
Massachusetts General Hospital
Councilor, SIR Health Policy and Economics Division

C. Matthew Hawkins, MD, FSIR
Emory University/Children’s Healthcare of Atlanta
Chair, SIR Economics Committee

Meridith J. Englander, MD, FSIR
Albany Medical College
Chair, SIR Government Affairs Committee

Parag J. Patel, MD, MS, FSIR
Medical College of Wisconsin
SIR President-elect
Financial Disclosure/ Conflict of Interests

The Society of Interventional Radiology (SIR) is providing this webinar for educational and information purposes only.

The following faculty physicians have no relevant conflicts of interest for this topic:

- Raymond W. Liu, MD, FSIR - no disclosures
- C. Matthew Hawkins, MD, FSIR - no disclosures
- Meridith J. Englander, MD, FSIR - no disclosures
- Parag J. Patel, MD, MS, FSIR - no disclosures
Questions: Submit your questions via the chat box function. At the end of the presentation questions will be answered by the presenters. If your question is not answered during the presentation. We will post all Q&A’s on SIRconnect one week following the presentation.

Mute your phone: Please ensure your phone is on mute during the presentation.
Medicare Physician Fee Schedule Impact to IR

Raymond W. Liu, MD, FSIR
Councilor, SIR Health Policy and Economics Division
Medicare Physician Fee Schedule Impact to IR

Medicare Physician Fee Schedule published **Nov 2, 2021**

- 3.85% Expiration of legislative CF relief
- 3% Final year of supplies and equipment pricing
- 2% Clinical labor staff payment update
Budget neutral adjustment to the conversion factor (CF) of -0.10% percent for CY 2022. Additionally, the expiration of the 3.75% increase outlined as part of the Consolidated Appropriation Act of 2021 for CY 2022.

The rule is in the final 4-year phase of cuts to Medicare payments for services that include high-cost supplies and equipment, such as those used for interventional radiology facilities.

CMS adjusts clinical labor values for the first time in 20 years. CMS has finalized the adoption of a 4-year phase-in. IR will see a 2% cut for CY 2022 and a total of a 6% cut after the 4-year phase-in is fully implemented.
April 14, 2021, President Biden signed into law H.R.1868 - To prevent across-the-board direct spending cuts, and for other purposes, now known as Public Law No: 117-7. This Congressional and Presidential action is in response to the 2% sequestration moratorium which had been extended as part of the Consolidated Appropriations Act of 2021, signed into law at the end of 2020, but is scheduled to end December 31, 2021.

The Statutory Pay-As-You-Go Act of 2010 (PAYGO, or "the Act") is part of Public Law 111-139, enacted on February 12, 2010. Enforced when spending and revenue legislation increases the federal budget deficit over a 5- or 10-year period. If legislation is enacted without offsets, the OMB is required to implement across-the-board reductions, in certain types of mandatory federal spending. Medicare benefit payments and Medicare program integrity spending would be cut, reduction cannot be more than 4%.

CMS impact tables breaks down by procedure and shows there are even higher cuts to specific IR procedures after SIR analysis.
Medicare Physician Fee Schedule Impact to IR

- 2% Sequester Moratorium expiring
- 4% PAYGO sequester
- 3.85% Expiration of legislative CF relief
- 3% Final year of supplies and equipment pricing
- 2% Clinical labor staff payment update

CMS overall impact to IR -5%
SIR Total Projection -14.85%
IR Procedure Impact

C. Matthew Hawkins, MD, FSIR
Chair, SIR Economics Committee
IR Procedure Impact

<table>
<thead>
<tr>
<th>CMS allowed amount comparison</th>
<th>NON Facility (OBL)</th>
<th>Facility (Hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>Procedure Description</td>
<td>2021</td>
</tr>
<tr>
<td>22514</td>
<td>Perq vertebral augmentation</td>
<td>$6,789.85</td>
</tr>
<tr>
<td>22515</td>
<td>Perq vertebral augmentation</td>
<td>$3,661.68</td>
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## IR Procedure Impact

### Venous Vein Clinic

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td>Procedure Decsription</td>
<td>2021</td>
</tr>
<tr>
<td>36466</td>
<td>Njx noncmpnd sclrsnt mlt vn</td>
<td>$1,723.72</td>
</tr>
<tr>
<td>36475</td>
<td>Endovenous rf 1st vein</td>
<td>$1,317.56</td>
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</table>
## IR Procedure Impact

### Dialysis

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Procedure Decsription</td>
<td>2021</td>
<td>2022</td>
</tr>
<tr>
<td>CPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36903 Intro cath dialysis circuit</td>
<td>$5,151.97</td>
<td>$4,525.02</td>
</tr>
<tr>
<td>36908 Stent plmt ctr dialysis seg</td>
<td>$1,897.84</td>
<td>$1,485.72</td>
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## IR Procedure Impact

### Lower Extremity Endovascular

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CPT</td>
<td>2021</td>
<td>2022</td>
</tr>
<tr>
<td>37221 Iliac revasc w/stent</td>
<td>$3,792.88</td>
<td>$3,244.92</td>
</tr>
<tr>
<td>37222 Iliac revasc add-on</td>
<td>$721.59</td>
<td>$635.68</td>
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<tr>
<td>37223 Iliac revasc w/stent add-on</td>
<td>$1,717.79</td>
<td>$1,340.91</td>
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<tr>
<td>37225 Fem/popl revasc w/ather</td>
<td>$10,957.13</td>
<td>$9,274.14</td>
</tr>
<tr>
<td>37226 Fem/popl revasc w/stent</td>
<td>$9,968.96</td>
<td>$8,651.56</td>
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<tr>
<td>37227 Fem/popl revasc stnt &amp; ather</td>
<td>$14,044.47</td>
<td>$11,883.38</td>
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<tr>
<td>37228 Tib/per revasc w/tla</td>
<td>$4,953.08</td>
<td>$4,375.17</td>
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<tr>
<td>37229 Tib/per revasc w/ather</td>
<td>$11,021.33</td>
<td>$9,387.03</td>
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<tr>
<td>37231 Tib/per revasc stnt &amp; ather</td>
<td>$14,090.53</td>
<td>$12,326.21</td>
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<td>37232 Tib/per revasc add-on</td>
<td>$988.87</td>
<td>$853.40</td>
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<tr>
<td>37233 Tibper revasc w/ather add-on</td>
<td>$1,220.21</td>
<td>$1,069.43</td>
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<tr>
<td>37236 Open/perq place stent 1st</td>
<td>$3,317.64</td>
<td>$2,883.41</td>
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<tr>
<td>37238 (venous) Open/perq place stent same</td>
<td>$3,977.12</td>
<td>$3,612.83</td>
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</table>
## IR Procedure Impact

### Oncology

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CPT</td>
<td>Procedure Description</td>
<td>2021</td>
</tr>
<tr>
<td>47382</td>
<td>Percut ablate liver rf</td>
<td>$4,348.03</td>
</tr>
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### Drainage

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td>Procedure Description</td>
<td>2021</td>
</tr>
<tr>
<td>49418</td>
<td>Insert tun ip cath perc</td>
<td>$1,174.50</td>
</tr>
</tbody>
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SIR Advocacy Efforts to Prevent Pay Cuts

Meridith J. Englander, MD, FSIR
Chair, SIR Government Affairs Committee
SIR Advocacy Efforts to Prevent Pay Cuts

Coalition participation:
- ACR Medicare Payment Group
- AMA
- Clinical Labor Coalition (CLC)
- Cardiovascular Coalition (CVC)
- Physician Clinical Registry Coalition (PCRC)

Joined as Sign on letters to Congress and CMS from ACR, AMA, CLC, CVC, PCRC

SIR sent 3,322 Call to Action letters to Congress for proposed rule and 1,454 to date for the final rule- a total of 4,776 messages.

SIR submitted two MPFS comment letters to CMS.
SIR Advocacy Efforts to Prevent Pay Cuts

Member engagement

- Calls to Action x2- resulted in 1,573 SIR members sending 4,776 messages to date to a majority of Congressional offices

August 2021
3,322 Total Messages Sent
1,112 SIR members

November 2021
1,454 Total Messages Sent
461 SIR members
SIR Advocacy Efforts to Prevent Pay Cuts

• SIR leaders and physicians held virtual meetings with a total of 97 members of Congress to date
• SIR conducted virtual Fly-in and met with 60 Congressional Members and staff
• SIR met with White House:
  ✓ OMB on October 25
  ✓ Office of Science and Technology Policy on August 24
• SIR met with HHS:
  ✓ CMS Deputy Director and HHS Secretary Special Counsel on September 22
Continued SIR Advocacy to Congress/ CMS

• Spread the word
• **PAC donation** - helps SIR engage with pro- IR Congressional members
• Contact Congress – **participate in CTA**
• Volunteer for the Voices for IR grassroots program and secure virtual meetings with your Congressional delegation- provide personal stories re: the real impact these pay cuts will have on your ability to provide care to patients.
• Coordinate with SIR communications to contact local press to place OP-EDs and arrange radio program interviews to speak for our patients.
Positive Impact of SIR-IR Advocacy

SIR Wins

- Angio technologist rate per minute increase
- CMS will use Median Bureau of Labor Statistics (BLS) salary data instead of mean salary data
- Fringe Benefits Multiplier will now be used by CMS
- 4-year Clinical Labor phase in
VIRTEX

Parag J. Patel, MD, MS, FSIR
SIR President-elect
IR Cuts
What is next?

- Supplies and equipment now
- Clinical labor Jan 1, 2022

Stop Future IR Cuts

- Work with CMS
- Qualified Clinical Data Registry for IR
- MIPS Value Pathways (MVP) IR led
**Electronic Health Record (EHR) Data**
- Clinical Information
- Claims Data

**Standardized Reporting**
- Quality Improvement
- Best Practice

**Research and Data**
- Advance the IR specialty

**Benchmark**
How your practice is doing in comparison to another practice
Quality Reporting to help Drive Reimbursement and Avoid Penalties from CMS
Facilitate CMS coverage for New and Emerging IR Procedures
Provide proof points and confidence that insurers need to extend coverage for a wide range of IR procedures.
Key Takeaways

- IR should expect to see a baseline cut of 5% in reimbursement.
- Without legislative relief, there will be additional cuts in the following areas:
  - The 3.75% difference, CY 2021, conversion factor will expire and, along with the 0.10% budget neutrality decrease, CY 2022, leads to an additional **3.85% cut**.
  - Postponed **sequester moratorium** will expire leading to an additional **2% cut**.
  - Postpone **PAYGO** sequester will also expire leading to an additional **4% cut**.
  - The total cut of **14.85%**.
Medicare Physician Fee Schedule Impact to IR

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What can IRs and stakeholders do....

1. Participate in the Call to Action to deflect these cuts for CY 2022

2. SIR members should utilize resources for coding & reimbursement, claims denials, and carrier advocacy toolkits found at sirweb.org

3. SIR members should participate in VIRTEX because the future of reimbursement and quality payment lies within a solid registry.
QUESTIONS

Thank you for your participation.