



August 25, 2016

Centers for Medicare & Medicaid Services,
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013.

RE: Comments on the episode groups listed in Appendix A and feedback on methodologies and other aspects of the episode groups

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Supplemental-CMS-Episode-Groups-Posting.pdf>

Via email to: episodegroups@cms.hhs.gov

Dear Colleague:

The Society of Interventional Radiology (SIR) appreciates the opportunity to provide stakeholder input on the episode groups (EGs) that the Centers for Medicare & Medicaid Services (CMS) developed pursuant to section 1848(n)(9) of the Social Security Act.

The Society of Interventional Radiology (SIR) is a professional medical association that represents approximately 6,500 members, including most US physicians who are practicing in the specialty of vascular and interventional radiology. In 2012, the American Board of Medical Specialties (ABMS) approved interventional radiology as a primary medical specialty. Interventional radiologists treat patients in inpatient, outpatient, and office based settings, and perform clinical consults and provide longitudinal care in addition to doing interventional procedures.

Please find enclosed an Excel file that lists episode groups with missing CPT codes that are frequently part of treating the condition and are often billed by an Interventional Radiologist who cares for a patient with that condition.

The SIR has reviewed the following episode groups in the workbook and we have the following comments:

- We believe that there are numerous missing CPT codes and some obsolete CPT codes in the EGs workbook. Condition in the workbook that require interventional radiology services and contain Interventional radiology relevant CPT codes include, but not limited to:
 - **Cardiovascular - abdominal aortic aneurysm (AAA)**
 - **Vascular - venous - acute dvt extremity/nos (DVT),**
 - **Cerebrovascular - acute ischemic stroke,**
 - **Other/nos - acute pulmonary embolism (PE),**
 - **Vascular - access proc - av fistula/cannula - insert (AV Fistula Creation),**
 - **Cerebrovascular - cerebrovascular disease, occlusive/nos, Px**
 - **Gastrointestinal - biliary – cholecystectomy,**
 - **Vascular - leg artery – revascularization (LER),**
 - **Cerebrovascular - transient ischemic attack, occlusive/nos,**
 - **Musculoskeletal - ortho - spine proc - lumbar sacral.**

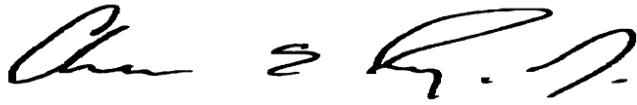
The SIR is concerned that CPT codes included in the workbooks are, in some cases outdated and obsolete. We encourage the Group developers to use current codes, which often change every year, and especially in the field of interventional procedures. The diagnosis codes being used in the current workbook are ICD-9 and should be updated to current diagnosis coding, ICD-10-CM classification system.

The use of obsolete codes and coding systems raises the concern if CPT and ICD codes used to trigger or include services in episode groupers will be updated each year to keep the episode group(s) current and meaningful. Does CMS have a process in place to be sure that CPT codes and the diagnostic codes are updated by January 1 of each year? We ask CMS to consider development and implementation of such a process.

In closing, our specialty thanks the Episode Group staff for your consideration of our comments and the edits suggested in the Excel workbook. Through the Episode Group Clinical Committee process, we are available to provide assistance as requested on an ongoing basis.

If we can be of any future assistance, please do not hesitate to contact Susan Sedory Holzer, SIR's Executive Director, at (703) 691-1805, or sholzer@sirweb.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles E. Ray Jr." with a stylized flourish at the end.

Charles E. Ray Jr., MD, PhD, FSIR

2016-2017 SIR President