September 3, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
US Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20543

Re: Medicare and Medicaid Programs; CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS 1809-P)

Dear Administrator Brooks-LaSure:

On behalf of the American Society of Echocardiography (ASE), the Society for Cardiovascular Ultrasound Professionals™, we thank you for the opportunity to comment on the CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System proposed rule (CMS 1809-P). ASE is the largest global organization for cardiovascular ultrasound imaging serving physicians, sonographers, nurses, veterinarians, and scientists and as such is the leader and advocate, setting practice standards and guidelines for the field. Since 1975, the Society has been committed to advancing cardiovascular ultrasound to improve lives. In this capacity as the voice for the cardiovascular ultrasound professionals and patients, we recommend herein that CMS revise its proposed rules on the inclusion of CPT code 93355 on the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL).

CPT code 93355, which refers to echocardiography for guidance during transcatheter intracardiac procedures, should not be included in the ASC covered services list for several important reasons related to patient safety, clinical appropriateness, and the unique requirements of the procedure.

Firstly, the inclusion of CPT code 93355 in the ASC setting raises significant concerns about patient safety. Transcatheter intracardiac procedures, for which echocardiography guidance is critical, are highly complex and typically involve patients with significant cardiovascular comorbidities. These procedures often require immediate access to advanced cardiac care and a full range of support services, including critical care units and specialized cardiovascular teams, which are generally not available in ASCs. The lack of these essential resources in the ASC environment could jeopardize patient outcomes, particularly in the event of complications that necessitate rapid intervention.

Secondly, the clinical environment of an ASC is not well-suited for the highly specialized and resource-intensive nature of procedures involving CPT code 93355. These procedures often require advanced imaging equipment and highly skilled personnel, including interventional cardiologists and echocardiographers, who work in close coordination during the procedure. The infrastructure and staffing typically found in hospital settings, particularly those with specialized cardiac units, are essential for ensuring that the procedure is performed safely and effectively. The ASC setting, which is generally designed for less complex, lower-risk procedures, may lack the necessary expertise and equipment to meet these demands, potentially compromising the quality of care.

Moreover, the inclusion of CPT code 93355 in the ASC covered services list could lead to a fragmentation of care, as the comprehensive and continuous monitoring required during and after these procedures might not be fully achievable in an ASC. Hospital settings provide a continuum of care that includes pre-procedural assessment, intraoperative monitoring, and post-procedural recovery, all of which are crucial for the success of transcatheter intracardiac procedures. In contrast, ASCs may not be equipped to provide the same level of integrated care, leading to potential gaps in patient management and follow-up.

Additionally, there are financial and operational considerations that argue against including CPT code 93355 in the ASC covered services list. The cost structure of ASCs is typically designed around procedures that are less resource-intensive and have a shorter recovery time. The introduction of complex cardiovascular procedures, such as those involving echocardiography guidance, could strain the financial and operational models of ASCs. This could result in higher costs for the ASC, potentially making these procedures less economically viable, or it could lead to a reduction in the quality of care if cost-cutting measures are implemented to accommodate the procedure within the existing financial framework.

Finally, there is the potential for unintended consequences if CPT code 93355 is added to the ASC covered services list. This could incentivize the migration of complex cardiovascular procedures to settings that are not adequately equipped to handle them, purely based on cost considerations rather than clinical appropriateness. Such a shift could increase the risk of adverse outcomes and place patients at unnecessary risk, undermining the overall goals of patient-centered care and high-quality health outcomes.

While expanding the range of services available in ASCs can increase access to care and reduce costs for certain procedures, the inclusion of CPT code 93355 on the ASC covered services list is not appropriate. The complexities of the procedures involved, the need for advanced resources and specialized care, and the potential risks to patient safety all suggest that these procedures should remain within hospital settings where the necessary infrastructure and expertise are readily available.

Thank you for the opportunity to comment on the CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule and issues concerning echocardiography. We appreciate the ongoing dialogue concerning these important issues, as well as CMS' significant effort in the proposed rule. If you have any questions about our request or if we may provide any additional information, please contact Katherine Stark, ASE Director of Advocacy, at kstark@asecho.org.

Sincerely

Theodore Abraham, MD, FASE
President, American Society of Echocardiography