



# **ENSURING MEDICARE BENEFICIARY ACCESS TO CORONARY INTRAVASCULAR LITHOTRIPSY IN THE HOSPITAL OUTPATIENT SETTING**

**AUGUST 26-27, 2024**

# Summary of Issue and Shockwave Requests for CY 2025

## Issue:

- Coronary intravascular lithotripsy (IVL) is utilized to break up calcium in percutaneous coronary intervention (PCI) procedures. It is currently described by add-on CPT code +92972, and is always performed in conjunction with several primary J1 services
- In the CY 2025 Proposed Rule, CMS did not include coronary IVL when analyzing code combinations for a complexity adjustment, which is inconsistent with CMS policy of evaluating “all add-on codes that can be appropriately reported in combination with a base code that describes a primary “J1” service”.

## Request:

Our request is for the Panel to recommend that CMS update the analysis in Addendum J for complexity adjustments related to coronary IVL for CY 2025, including the following parameters:

- In the CY 2023 claims data used for CY 2025 rate setting, coronary IVL was described by CPT code +0715T, which is the code CMS should utilize when conducting the analysis
- The most common primary J1 services where coronary IVL is used that could be eligible for a complexity adjustment include seven procedure combinations:
  - Angioplasty (92920), stent placement (92928, C9600), atherectomy (92924), chronic total occlusion (92943) and bypass grafts (92937, C9604)
- CMS should conduct the complexity adjustment analysis on +0715T from 2023 claims, and utilize +92972 to trigger qualifying complexity adjustments for CY 2025 OPFS

# Coronary Intravascular Lithotripsy



## Coronary Intravascular Lithotripsy (IVL)

### Localized Lithotripsy For Calcified Arteries

A Novel Technology Addressing Severely Calcified Arterial Disease By Fracturing Calcium in Preparation for An Intervention

# Hospital Outpatient Timeline for Coronary IVL



FDA = U.S. Food and Drug Administration

CPT® = Current Procedural Terminology. CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

# Hypothesis: Why was Complexity Adjustment Analysis Not Performed?

- We believe there were multiple factors that may have contributed to the complexity adjustment analysis not being completed in the proposed rule:
  - Coronary IVL had transitional pass-through status through June 30, 2024
  - CMS likely completed its initial complexity adjustment analysis for the CY 2025 rulemaking cycle in Q1 when coronary IVL still had TPT status
  - The status indicator for the coronary IVL device category C1761 was inadvertently never changed from “H” (active TPT status) to “N” (packaged)
    - The July 1, 2024, Addendum B update lists C1761 as status indicator H
    - CY 2025 Proposed Rule Addendum B lists C1761 as status indicator H
- Because the status indicator was not updated, we believe this precluded coronary IVL from the complexity adjustment analysis completed in Addendum J of the proposed rule

# Hospital Outpatient Complexity Adjustment Analysis

- We performed the complexity adjustment analysis based on CMS' methodology utilizing the CY 2023 hospital outpatient claims used for CY 2025 OPPOS rate setting to evaluate the total costs of J1 procedures when coronary IVL was present
- Utilized CY 2025 Proposed Rule complexity adjustment criteria to evaluate the procedure combinations that included a J1 service + coronary IVL (+0715T) consistent with CMS methodology
  - Volume threshold: 25 or more single claims
  - Cost threshold:
    - APC 5193 to warrant complexity adjusted assignment to APC 5194: \$17,308.67
    - APC 5192 to warrant complexity adjusted assignment to APC 5193: \$10,006.07
  - Additionally, the analysis needed to factor in the following
    - Change the status indicator of C1761 from “H” to “N” to appropriately include the device costs of coronary IVL after the expiration of transitional pass-through
    - Add back +0715T in the claims analysis logic with status indicator “D” as it was a deleted code

# Hospital Outpatient Claims Analysis Results

Results show the most common J1 procedures that utilize coronary IVL (+0715T) where a complexity adjustment is possible (i.e., primary procedures that map to APC 5194 are not shown)

HCPs	Description*	APC	Single Claims**	GMC of Singles**	Claims with +0715T	Total GMC with 0715T Included	2025 Cost Complexity Adjustment Threshold***	Cost and Volume Threshold Met?
<b>C9600</b>	Coronary DES placement	5193	77,356	\$11,665	<b>5,485</b>	<b>\$19,656</b>	\$17,309	<b>Yes</b>
<b>92928</b>	Coronary BMS placement	5193	3,076	\$12,450	<b>285</b>	<b>\$21,206</b>	\$17,309	<b>Yes</b>
<b>92920</b>	Coronary angioplasty	5192	4,815	\$7,984	<b>267</b>	<b>\$13,575</b>	\$10,007	<b>Yes</b>
<b>C9604</b>	Bypass graft with any combo of DES, atherectomy and angioplasty	5193	3,739	\$10,431	<b>47</b>	<b>\$17,445</b>	\$17,309	<b>Yes</b>
<b>92943</b>	CTO with any combo of BMS, atherectomy and angioplasty	5193	919	\$11,928	<b>45</b>	<b>\$26,759</b>	\$17,309	<b>Yes</b>
<b>92924</b>	Coronary atherectomy	5193	481	\$14,933	<b>40</b>	<b>\$18,231</b>	\$17,309	<b>Yes</b>
92937	Bypass graft with any combo of BMS, atherectomy and angioplasty	5193	498	\$9,976	23	\$17,364	\$17,309	No

\* DES = drug eluting stent; BMS = bare metal stent; CTO = chronic total occlusion

\*\* CMS-1809-P, CPT Cost Statistics File; \*\*\* CMS-1809-P, Addendum J

Red box indicates the procedures that qualify for a complexity adjustment when coronary IVL is utilized based on proposed CY 2025 OPPS criteria

# Summary of Issue and Shockwave Requests for CY 2025

## Issue:

- Coronary intravascular lithotripsy (IVL) is utilized to break up calcium in percutaneous coronary intervention (PCI) procedures. It is currently described by add-on CPT code +92972, and is always performed in conjunction with several primary J1 services
- In the CY 2025 Proposed Rule, CMS did not include coronary IVL when analyzing code combinations for a complexity adjustment, which is inconsistent with CMS policy of evaluating “all add-on codes that can be appropriately reported in combination with a base code that describes a primary “J1” service”.

## Request:

Our request is for the Panel to recommend that CMS update the analysis in Addendum J for complexity adjustments related to coronary IVL for CY 2025, including the following parameters:

- In the CY 2023 claims data used for CY 2025 rate setting, coronary IVL was described by CPT code +0715T, which is the code CMS should utilize when conducting the analysis
- The most common primary J1 services where coronary IVL is used that could be eligible for a complexity adjustment include seven procedure combinations:
  - Angioplasty (92920), stent placement (92928, C9600), atherectomy (92924), chronic total occlusion (92943) and bypass grafts (92937, C9604)
- CMS should conduct the complexity adjustment analysis on +0715T from 2023 claims, and utilize +92972 to trigger qualifying complexity adjustments for CY 2025 OPFS



End of Presentation

