



August 5, 2019

Via Electronic Submission

Ms. Elise Barringer
Designated Federal Officer, HOP Panel
CMS/CM/HAPG/DOC
7500 Security Boulevard
Mail Stop: C4-04-25
Woodlawn, MD 21244-1850

RE: Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center (ASC)
Prospective Payment System Proposed Rule with Comment Period for CY 2020 (CMS-
1717-P)-APC assignment for Deep Brain Stimulation (DBS) programming

Dear Ms. Barringer:

Abbott is committed to helping people live their best possible lives through the power of health. For more than 125 years, we've brought new products and technologies to the world in nutrition, diagnostics, medical devices and branded generic pharmaceuticals. Today, 103,000 Abbott employees are working to help people live not just longer, but better, in the more than 160 countries we serve. As a leading medical technology manufacturer of neuromodulation devices, Abbott seeks to ensure that both clinical practice and policy promote beneficiary access to high quality healthcare innovations that address unmet medical needs and improve health outcomes.

Abbott would like to request that the Hospital Outpatient Advisory Panel recommend to CMS that the APC assignment for CPT® code 95983: *Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional*¹ be changed from APC 5741: Level 1 Electronic Analysis of Devices to APC 5742: Level 2 Electronic Analysis of Devices.

DBS for Parkinson's Disease and Essential Tremor has been a CMS covered benefit since the early 2000s. (NCD 160.24) as it treats the disabling symptoms associated with these two disease states. Adjusting or programming the implanted brain neurostimulator by a qualified health care professional (HCP) is required to titrate a patient's therapy both after their initial implant and as subsequent follow up to address the patient's changing condition. Just as in Parkinson's medication, DBS programming non-pharmaceutical titration is required. (It is

¹ CPT © 2018 American Medical Association

noteworthy that there are no effective medications for managing Essential Tremor symptoms.) In the clinic, programming of the device may require one to two hours to adjust parameters such as the patient's electrode contact groups, amplitude, pulse width, dose lockout, on/off cycling, and patient selectable parameters. Altering stimulation intensity is the mainstay of titration in DBS programming. It is characterized by a lower efficacy threshold and a higher side effect threshold which defines the therapeutic window. The optimal therapeutic window is the goal of effective DBS programming. Based on the programming time and specialized credentials and training required of the HCP, CPT 95983 should be recognized as a Level 2 service rather than a Level 1 service.

In January 2019 CMS implemented changes to the CPT codes for programming of DBS, replacing the previous CPT codes 95978: *Electronic analysis of implanted neurostimulator pulse generator system, complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour* and 95979: *Electronic analysis of implanted neurostimulator pulse generator system, complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)* with 95983 and 95984: *Electronic analysis of implanted neurostimulator pulse generator/transmitter by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) respectively*. The table below shows the previous and current APC assignments and our proposed assignment for CPT 95983.

In the final 2019 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center (ASC) Rule and again in the proposed 2020 rule CMS assigned CPT code 95983 to APC 5741. Prior to 2019 DBS programming codes were assigned to APC 5742.

Year	CPT	APC assignment	Description	Facility Payment
2018	95978	5742	Level 2 Electronic Analysis of Devices	\$117
2019	95983 (New CPT code, effective 1/1/19 replaced 95978)	5741	Level 1 Electronic Analysis of Devices	\$37
2020 proposed rule	95983	5741	Level 1 Electronic Analysis of Devices	\$37
Abbott proposal	95983	5742	Level 2 Electronic Analysis of Devices	\$117

We believe the assignment of 95983 to APC 5741 is inappropriate as the payment rate of \$37 is not sufficient for the 1-2 hours required for the device programming. CPT 95983 would be more appropriately paid under APC 5742 to account for the time and expense of a Level 2 programming service. While the time values of the new CPT codes differ, the cumulative costs of hospitals providing the programming service overhead has not been reduced.

We appreciate your consideration of this request. Please feel free to contact me if you have any questions or if you need additional information.

Sincerely,



Barbara J. Calvert
Director, Medical Products Reimbursement