American Society of Anesthesiologists

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July 22, 2011

Donald Berwick, M.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1582-PN
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: **CMS-1582-PN**, Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule

Dear Dr. Berwick:

The American Society of Anesthesiologists (ASA), on behalf of its over 46,000 members, appreciates the opportunity to comment on an issue included in this Proposed Rule as published in the Federal Register on June 6, 2011. As the recognized leaders in patient safety and quality, we look forward to working with you to ensure optimal care for our Medicare and Medicaid patients.

Code-Specific Discussions of Proposed Alternative Work RVUs ***(CPT® Code 64405 - Injection, anesthetic agent; greater occipital nerve)***

CMS notes in the proposed rule,

> *In the Fourth Five-Year Review, CMS identified CPT code 64405 as potentially misvalued through the Harvard-Valued – Utilization > 30,000 screen. For CPT code 64405 (Injection, anesthetic agent; greater occipital nerve), the AMA RUC reviewed the survey results and recommended the median survey work RVU of 1.00 for CPT code 64405. We disagree with the AMA RUC-recommended work RVU for CPT code 64405. We believe this code is comparable to the key reference CPT code 20526 (Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel) (work RVU = 0.94). Accordingly, we are proposing an alternative work RVU of 0.94 for CPT code 64405 for CY 2012.*

The current work RVU assigned to code 64405 is 1.32. ASA disagrees with CMS's proposal to assign 0.94 work RVUs to code 64405. The RUC recommendation (1.00 RVUs) is based on a thorough analysis of the survey results and of the work involved in providing the service. Six specialty societies (the American Academy of Neurology, the American Academy of Pain Medicine, the American Society of Anesthesiologists, the International Spine Intervention Society, the American Academy of Physical Medicine and Rehabilitation, and the North American Spine Society) jointly surveyed the code and the results reflect the responses of 97 physicians. Ninety-seven percent (97%) of those respondents agreed

that the vignette used in the survey described the typical patient. The median response to the number of times the survey respondents provided the service was 20 times per year. These factors indicate the soundness of the survey.

We understand CMS is basing its decision on a comparison to the key reference service 20526 - Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel - but the agency provides no rationale for disagreeing with the RUC recommendation of 1.00 work RVUs. Further, CMS does not provide any rationale explaining use of 20526 as a comparison over the AMA RUC vignette and survey results Per the CMS Proposed Rule for the 2012 Physician Fee Schedule, section 1848(c)(1)(A) of the Act "defines the work component to include 'the portion of the resources used in furnishing the service that reflects physician time **and intensity**[emphasis added] in furnishing the service.'" [1] That Proposed Rule also cites section 1848(c)(2)(C)(i) of the Act , "the Secretary shall determine a number of work relative value units (RVUs) for the service based on the relative resources incorporating physician time **and intensity** [emphasis added] required in furnishing the service."[2]

The fact that the survey respondents ranked the survey code higher than the key reference service in *every* category of complexity and intensity is a key finding.

We believe that CMS needs to give more consideration to these survey results when valuing an occipital nerve block. If work is defined as "intensity * time" where both of these factors contribute to the value of the service, an occipital nerve block cannot be equal to that of a carpal tunnel injection because the occipital nerve block requires slightly more time and, in the clinical judgment of 97 surveyed physicians, is more intense than the carpal tunnel injection. The areas with the greatest difference between the intensity rankings were:

- The number of possible diagnoses and/or the number of management options that must be considered, and
- The risk of significant complications, morbidity and/or mortality.

Rating the procedures equally is not an accurate measure of either the resources required to provide the service or its relativity to other services covered under the Medicare Physician Fee Schedule. **We urge CMS to reconsider this code and adopt the RUC recommendation of 1.00 work RVUs for code 64405.** The intensity differences between a greater occipital nerve block and a carpal tunnel injection support the additional 0.06 RVUs reflected in the RUC recommended value.

[1] Centers for Medicare & Medicaid Services (CMS), HHS; Proposed Rule – Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2012 (CMS-1524-P)
[2] IBID

We are concerned that recently CMS has increasingly chosen to ignore RUC-recommended values based on survey results. We believe that values should be reflective of the best evidence and data available. If CMS has determined that specific alternative methodologies are preferable to surveying providers, an approach with roots in Hsiao's original work for HCFA in the 1980's and a cornerstone of RBRVS valuation since that time, this would represent a significant change that should be publicly disclosed and subject to comment.

Thank you very much for your consideration of our comments.

Sincerely,

Mark A. Warner, M.D.
President
American Society of Anesthesiologists