



This article is presented on behalf of the Outpatient Endovascular and Interventional Society (OEIS).

Protecting Reimbursement is a Never-Ending Challenge

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When the Centers for Medicare & Medicaid Services (CMS) released its 2022 Physician Fee Schedule (PFS) on July 13, 2021, it sent shockwaves through the vascular care profession and many provider communities who work in revascularization access services. This most recent PFS Rule for calendar year (CY) 2022 includes drastic payment cuts of approximately 20 percent to revascularization services performed in the outpatient setting.

While these proposed cuts are as devastating as they are alarming, we should not have been surprised. Over the last decade, certain specialties including cardiology, radiation oncology, radiology, vascular surgery, and others have cumulatively faced PFS reductions of between 20 and 40 percent. Our specialties have been on the chopping block of CMS year after year, forcing us to protect ourselves in order to ensure we protect access to care for our patients. Safeguarding adequate reimbursement for office-based vascular care, which is preferred by patients and less expensive than having the same procedures in a hospital setting, is a mission our profession must not lose sight of.

If CMS continues this trend of slashing our reimbursement rates, it will have a devastating impact on the well-documented improvement in clinical outcomes in revascularization performed in the outpatient setting. The resulting consequences of patient access issues (especially for Medicare patients), health system consolidation, and systemic inequalities will be unparalleled. If implemented in its current form, these cuts could drive office-based revascularization access providers out of business and our patients will be the ones who will lose the most.

In fact, it is the impact on patient access to services that makes these cuts so disconcerting. Each year at least 200,000 Americans have part of their feet or legs surgically removed due to complications from peripheral artery disease (PAD), many of whom could have avoided amputation had they undergone a revascularization procedure.

Approximately 20 million Americans suffer from PAD, and communities of color are disproportionately impacted, with African Americans, Native Americans and Hispanics requiring amputations much more frequently than Whites. According to Dartmouth Atlas, [amputation risks for African Americans](#)



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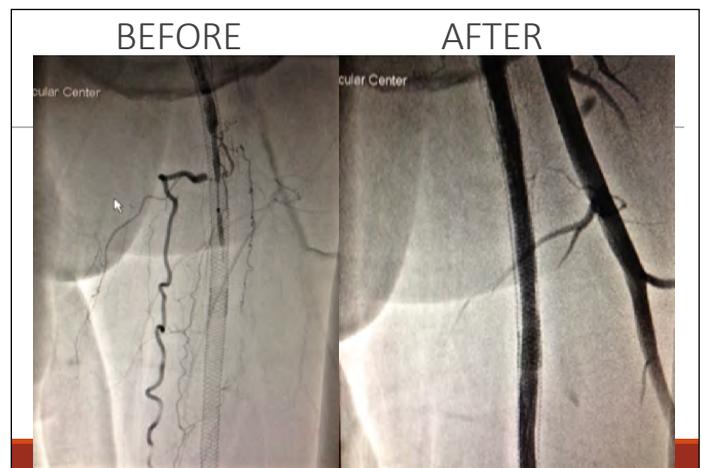


Figure 1.

[living with diabetes are four times higher than the national average](#), Native Americans are more than twice as likely to be subjected to amputation, and Hispanics are 75 percent more likely to have an amputation.

While President Biden's FY2022 Budget contains many worthy provisions aimed at addressing health inequity through the elimination of disparities in health care, this 2022 PFS Proposed Rule does just the opposite. These cuts will disproportionately affect minorities instead of improving health inequities.

Another puzzling aspect of this decision is that by cutting payments to interventional specialties, including revascularization



Figure 2.

services, it is also weakening our healthcare system’s ability to deal with the ongoing COVID-19 pandemic. A key lesson thus far is that it is critical that hospitals be able to focus on our sickest pandemic patients. Office-based care provides a critical site-of-service outside of the hospital which allows non-COVID cases to avoid the hospital, reduce exposure risk, and free up hospital resources needed for COVID-19 patients.

You may be wondering how CMS came to the decision to cut reimbursement when they should be increasing it. It is a convoluted process which is the result of an attempt to update clinical labor data in the CMS database based solely on the PFS “budget neutrality” provision, which they contend requires the agency to offset increased payments for evaluation and management (E/M) services by slashing payments elsewhere. CMS decided that E/M reimbursement deserved payment increases based on new clinical data from the Bureau of Labor Statistics, which in reality suggest that every specialty under PFS should be receiving increases. Yet, CMS made a perplexing decision to cut many specialties, including revascularization and other related care services.

Our only recourse in this alarming situation is to [make our voices heard](#) during the CMS “comment period” which is open now through September 13, 2021. I encourage each of you to take the time to [send a comment](#) letting CMS know why these cuts would be so damaging to patients and the providers who take care of them (see also: Table 1).

Physicians, care providers, advocates, and other stakeholders

Table 1. Professional societies and coalitions involved in efforts to eliminate reductions in reimbursement planned for the 2022 PFS Proposed Rule. Contact your professional society and learn more about the Cardiovascular Coalition in order to encourage advocacy surrounding this issue.

Coalitions	Contact Info/Learn More
CardioVascular Coalition (CVC)	Visit https://cardiovascularcoalition.com/take-action/
Society	
American Vein & Lymphatic Society (AVLS)	Visit https://www.myavls.org/vein-care-and-the-2022-medicare-cuts.html , Telephone: (510) 346-6800, Email: info@myavls.org
American Venous Forum (AVF)	Visit https://www.veinforum.org/avf-advocacy-in-action/ , Telephone: 855-VENOUS1, Email: info@veinforum.org
Outpatient Endovascular Interventional Society (OEIS)	Visit https://oeisociety.com/oeis-advocacy/ , Telephone: (888) 548-6347, Email: admin@oeisociety.org
Society of Interventional Radiology (SIR)	Visit https://www.sirweb.org/advocacy/
Society for Vascular Surgery (SVS)	Visit https://vascular.org/news-advocacy/ advocacy and contact Moe at mmalek@vascularsociety.org

in the vascular care community have been working tirelessly to improve awareness and prevention of peripheral artery disease with the goal of securing patient access to high-quality,



Figure 3.

cost-effective interventional treatment, especially in America's communities of color where higher amputation rates and inequities already exist. We have become far too accustomed to defending against egregious and unfair cuts to revascularization services, but we must remain vigilant. We must work together to advance patient access to care for peripheral artery disease, and in order to do that, we must insist that CMS not finalize the clinical labor policy in the 2022 PFS Final Rule.

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Figure 4. Save a Limb Team during PAD Awareness Month.



Figure 5A–B. The Tyler Cardiac and Endovascular Center, Vein Center of East Texas, in Tyler, Texas.



Figure 6. Toe gangrene.



Figure 7. Plantar posterior tibial artery percutaneous transluminal angioplasty.



Figure 8. Rendezvous Technique, left to right: Retrograde posterior tibial arterial access, Rendezvous technique, and final result.