

September 11, 2023

VIA ELECTRONIC MAIL

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The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1786-P
P.O. Box 8010
Baltimore, MD 21244-1810

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)¹, I am pleased to submit the following comments on the “Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction” published in the Federal Register on July 31, 2023. Our comments will address the following issues within the proposed rule: 1) Ambulatory Surgical Center Payment Updates; 2) Updated APC Classifications; and 3) HCPCS C9751

I. Ambulatory Surgical Center Payment Update

¹ The AAO-HNS is the world’s largest organization representing specialists who treat the ear, nose, throat, and related structures of the head and neck. The Academy represents approximately 12,000 otolaryngologist-head and neck surgeons who diagnose and treat disorders of those areas.

Considering the COVID-19 public health emergency, **the Academy is supportive of the decision to extend the use of the hospital market basket update for an additional two years, through CY 2025.** This effort will allow Ambulatory Surgery Centers the opportunity to continue to meet their metrics as they rebound from the impacts of the pandemic.

II. Updated APC Classifications

The Academy appreciates the opportunity to review and comment on the changes to the APC classifications for the HCPCS codes that pertain to our specialty. We are pleased to see acknowledgement of the level of work, expertise and resources required to effectively carry out these procedures reflected in their APC classification.

Specifically, **we are supportive of 3X016 and 3X017 (Posterior Nasal Nerve Ablation) being categorized as “device intensive”** and thank the Agency for their effort to ensure these codes are reimbursed adequately across all potential settings.

We are grateful to the Agency for the reassignment of 42975 (Drug Induced Sleep Endoscopy Evaluation) from APC 5151 to 5153, as this classification better approximates the cost of performing this service. Further, we support the proposal to place 0652T and 0653T (Transnasal EGD Procedures) into APC 5302 and 0654T (Transnasal EGD Procedures with catheter) into 5303 Procedures. We are appreciative of CMS’ commitment to the proper evaluation and placement of these codes into an appropriate APC.

III. C9751 – Bronchoscopy with Transbronchial Ablation of Lesion(s) by Microwave Energy

For 2024, CMS proposes to continue to assign C9751 to APC 1562. The Academy supports this assignment and appreciates the agency’s recognition of the unique circumstances regarding the use of this code. To date, this code has been largely underutilized, likely due to the pandemic and patients not seeking respiratory and upper airway services out of concern for contracting COVID-19 during the first two years. We agree that there is inadequate data due to the low volume to conclusively support a final resolution, making an arbitrary change to the APC status at this time unwise. **We support the use of the 2019 data at this time to determine appropriate APC classification for C9751.**

IV. Conclusion

The American Academy of Otolaryngology-Head and Neck Surgery appreciates the opportunity to provide comments and recommendations

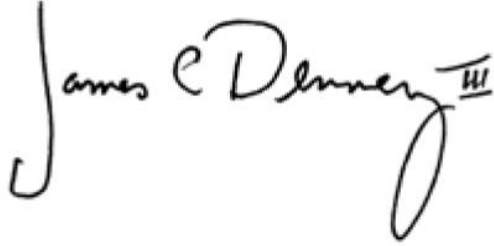
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regarding these important policies on behalf of our members. We look forward to working with CMS as it continues its efforts to improve patient access to quality care. If you have any questions or require further information, please contact healthpolicy@entnet.org.

A handwritten signature in black ink that reads "James C. Denny III". The signature is written in a cursive style with a large initial "J" and a stylized "D".

James C. Denny III, MD
Executive Vice President and CEO

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