



Via MEARIS Portal on 7/28/2023 , *Revised by Request of CMS Panel Facilitators 8/9/2023
Centers for Medicare & Medicaid Services
Ms. Chiquita Brooks-LaSure, Administrator
7500 Security Boulevard, Baltimore, MD 21244

RE: Lithotripsy Procedures and the Impact of APC Configurations 5374 & 5375

Dear Ms. Brooks-LaSure,

United Medical Systems (UMS) provides advanced mobile medical services to hospitals, surgery centers and offices across the country. Twenty years ago, UMS introduced the concept of mobile Shock Wave Lithotripsy (SWL), which offers facilities the appearance of a full-time, in-house program, without incurring the financial burden of a fixed program. Partnering with medical facilities for over two decades, UMS has developed additional urological services, most recently adding ureteroscopy with lithotripsy (URS) to our service offering. Having extensive experience with both URS and SWL as kidney stone treatment modalities, I am writing this letter to suggest a review of the current Medicare reimbursement rate for the SWL procedure.

In the past 10-15 years, it was thought that URS gave better results than SWL in similarly situated patients. Recent data, however, has shown that's not necessarily the case. In fact, the unplanned admission rate post-URS is significantly higher than the unplanned admission rate after SWL. The complication rate is also higher in URS. For these reasons, SWL and URS remain clinically homogeneous options for the appropriate calculi sufferer. Yet, the Medicare reimbursement rates for the two procedures vary quite dramatically, affecting the reality of stone patients.

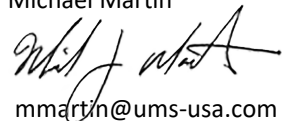
The recent CMS decisions increasing reimbursement rate for URS and decreasing that for SWL quickly translated to treatment trends visibly shifting. In 2018, where both URS and SWL reimbursement rates were identical, at \$3,705.77, 47% of patients underwent SWL and 53% URS. In 2022, though, the SWL reimbursement rate equaled \$3,140.04, while the URS reimbursement soared at \$4,505.89 at the hospital outpatient department. Not surprisingly, SWL in 2022 comprised only 39% of combined cases, URS at 61%. In addition, due to the record low reimbursement rate, many surgery centers (ASCs) no longer offer SWL to Medicare patients.

Even though SWL procedures can be safely performed in an ASC setting, the current reimbursement rate is set at \$1,496.56. Medicare will pay over twice that amount (\$3,205.12 in 2023) for the exact same procedure performed in a hospital. Why? From the standpoint of a seasoned mobile lithotripsy provider – the process of delivery, setup, and performing the procedure in a surgery center is no different from a hospital. Like in a hospital setting, patients receiving SWL in an ASC, tend to experience less pain (related to stenting), lower complication rates and fewer unplanned ER visits post treatment. Unfortunately, the current ASC rate does not even cover the fair market cost of providing the service, let alone cover overhead and a profit margin. That unfortunately means leaving stone patients with no choice, but the URS treatment route. Sadly, if you take into consideration patient preference, you will find the vast majority will lean towards the much less painful or invasive lithotripsy as their treatment modality.

What does all this mean? First, CMS is wasting a lot of money. Second, Medicare beneficiaries are suffering both financially and physically. For those reasons, please consider further review of the current reimbursement rates for SWL. Using your current rates and formula, few SWL procedures will be done in an ASC setting. Consider categorizing SWL back into APC 5375 with URS. This would allow stone patients unobstructed access to treatment options that are best for them.

Regards,

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