



*the* Pediatric & Congenital  
Electrophysiology Society

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## Pediatric and Congenital EP Society Executive Committee

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Chiquita Brooks-LaSure, MPP  
Administrator  
Centers for Medicare & Medicaid Services  
Attention: CMS-1751-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Re: 2022 CMS Proposed Reduction in Medicare & Medicaid Physician Fee Schedule for Cardiac Electrophysiology Procedures

Dear Administrator,

We, as the executive committee of the Pediatric and Congenital Electrophysiology Society (PACES), appreciate the opportunity to comment on the CY 2022 Medicare Physician Fee Schedule (MPFS) proposed rule. We are writing to express our deep concerns regarding the substantial reduction in reimbursement for valuable cardiac electrophysiology procedures, particularly as it relates to children and patients with congenital heart disease.

PACES is a non-profit organization comprised of individuals dedicated to improving the care of children, young adults, and patients with congenital heart disease with cardiac rhythm disturbances. We have been, and remain, the primary voice of physicians, nurses, and associated professionals who treat these disorders. We write this letter to formally strongly oppose the proposed reduction in Medicaid physician fee schedule for cardiac EP procedures.

Of particular concern are:

- The bundling of CPT® Codes 93653 + 93613 + 93621 for SVT ablation + 3D Mapping & LA pacing
- The reduction of work RVU for add-on code 93655 (additional SVT/VT)

As you know, this was proposed without any relative increase in the work values of the base codes to reflect the increased level of service.

Children with arrhythmias are a critically vulnerable population, and data have shown that ablations are safe and effective, and should be considered a 1<sup>st</sup> line treatment approach. It is cost-effective and dramatically reduces long term burden of care in the healthcare system. Additionally, adults with congenital heart disease are one of the fastest growing population segments in the paradigm of cardiac care in the United States. Ablations for supraventricular arrhythmias in this group are an indispensable facet of care shown to reduce morbidity and mortality.

These proposed cuts will have a multitude of negative downstream impacts and ultimately will lead to worsening care for these vulnerable patients. Lower reimbursement will:

- Result in longer procedure wait times for patients
- Result in longer travel distances for patients
- Result in patients not being offered ablation at all

Perhaps more importantly, SVT ablations in smaller hospitals and in underserved areas could become cost prohibitive to the patient as hospitals will do so at a financial loss if the proposed cuts are passed. Patients may be left without the care they deserve. This significantly limits access of this procedure to Medicaid beneficiaries.

Accordingly, we strongly urge CMS to reverse these cuts and take action to increase reimbursement to levels consistent with the actual costs.

Thank you for your consideration of these issues.

Sincerely,

The PACES Executive Committee



Elizabeth V. Saarel, MD  
PACES President



Jeffrey J. Kim, MD  
VP Administration