

## STS Headquarters

633 N Saint Clair St, Suite 2100  
Chicago, IL 60611-3658  
(312) 202-5800  
sts@sts.org



## Washington Office

20 F St NW, Suite 310 C  
Washington, DC 20001-6702  
(202) 787-1230  
advocacy@sts.org

July 6, 2020

Seema Verma, MPH  
Administrator  
Centers for Medicare & Medicaid Services (CMS)  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

### **Re: Fiscal Year 2021 Inpatient Prospective Payment System Proposed Rule**

Dear Administrator Verma,

On behalf of The Society of Thoracic Surgeons (STS), I write to provide comments on the Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS) Proposed Rule. Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,500 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest.

### **5. Major Diagnostic Category (MDC) 5 (Diseases and Disorders of the Circulatory System)**

#### **a. Left Atrial Appendage Closure (LAAC)**

Currently, the Medicare Severity Diagnosis Related Group (MS-DRG) assignments for LAAC procedures are based on surgical approach: open approach, percutaneous approach, or percutaneous endoscopic approach. CMS has proposed reclassifying the open LAAC International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10) procedure codes to consolidate all LAAC procedures under MS-DRGs 273 and 274. **STS agrees that CMS should reassign the open approach left atrial appendage codes (02L70CK, 02L70DK, 02L70ZK) from MS-DRGs 250 and 251 to MS-DRGs 273 and 274, which is more representative of the average costs and average length of stay associated with these procedures compared to the procedures that are included in MS-DRGs 250 and 251.**

#### **b. Endovascular Cardiac Valve Replacement and Supplement Procedures**

Although the CMS received a request to consolidate the severity level split of MS-DRGs 266 and 267, STS believes the CMS data analysis demonstrates there is sufficient difference with and without the Major Complication or Comorbidity (MCC) that a two-way split is appropriate. **STS agrees with CMS that the two-way split structure for MS-DRGs 266 and 267 should be**

**maintained for the endovascular cardiac valve replacement and supplement procedures for FY 2021.**

## **10. Review of Procedure Codes in MS-DRGs 981 Through 983 and 987 Through 989**

### **b. Chest Wall Deformity with Supplementation**

CMS received a request to reassign cases reporting a principal diagnosis of acquired deformity of chest and rib with a procedure involving the placement of a biological or synthetic material that supports or strengthens the body part from MS-DRGs 981-983 and 987-989 to MS-DRGs 515, 516, and 517 in MDC 08. CMS clinical advisors believe that it is clinically appropriate for the three ICD-10-Procedure Coding System (ICD-10-PCS) codes describing procedures to supplement or reinforce the chest wall with biologic or synthetic material to group to the same MS-DRGs as the principal diagnoses. As such, CMS proposed adding the following ICD-10-PCS procedure codes 0WU807Z (Supplement chest wall with autologous tissue substitute, open approach), 0WU80JZ (Supplement chest wall with synthetic substitute, open approach) and 0WU80KZ (Supplement chest wall with nonautologous tissue substitute, open approach) to MDC 08 in MS-DRGs 515, 516, and 517. Under this proposal, cases reporting procedure codes 0WU807Z or 0WU80KZ in conjunction with a principal diagnosis code from MDC 08, including diagnosis code M95.4, would group to MS-DRGs 515, 516, and 517. **STS agrees with CMS that it would be appropriate to assign ICD-10-PCS procedure codes 0WU807Z, 0WU80JZ, and 0WU80KZ to MS-DRGs 515, 516, and 517 in MDC 08, which includes principal diagnosis M95.4 (Acquired deformity of chest and rib), instead of MS-DRGs 981-983 and 987-989. This reassignment would allow the procedures to be assigned to the appropriate MS-DRG when reported with the principal diagnosis code instead of one of the unrelated operating room procedure MS-DRGs.**

### **c. Non-Operating Room (Non-O.R.) Procedures to Operating Room (O.R.) Procedures**

#### **(1) Percutaneous/Endoscopic Biopsy of Mediastinum**

- a. CMS received a request to reassign 0WBC4ZX (Excision of mediastinum, percutaneous endoscopic approach, diagnostic) as an O.R. procedure since the procedure is performed in the operating room under general anesthesia, requires an incision through the chest wall and the insertion of a mediastinoscope in the space between the lungs, and involves removal of a tissue sample. In response, CMS proposed to add codes 0WBC3ZX (Excision of mediastinum, percutaneous approach, diagnostic) and 0WBC4ZX (Excision of mediastinum, percutaneous endoscopic approach, diagnostic) to the O.R. procedures list for FY 2021. **STS agrees with CMS that it would be appropriate to designate ICD-10-PCS procedure codes 0WBC3ZX and 0WBC4ZX as O.R. procedures for FY 2021.**
- b. Codes 0WBC0ZX (Excision of mediastinum, open approach, diagnostic), 0WBC0ZZ (Excision of mediastinum, open approach), 0WBC3ZZ (Excision of mediastinum, percutaneous approach), and 0WBC4ZZ (Excision of mediastinum, percutaneous endoscopic approach) are currently designated as O.R. procedures and are assigned to several MS-DRGs across many MDCs for FY 2020. CMS clinical advisors recommended

that these procedure codes be reassigned from their current MS-DRG assignments 163 (Major Chest Procedures with MCC), 164 (Major Chest Procedures with Complication or Comorbidity [CC]) and 165 (Major Chest Procedures without CC/MCC) in MDC 04 (Diseases and Disorders of the Respiratory System). CMS proposed to reassign procedure codes 0WBC0ZZ, 0WBC3ZZ, and 0WBC4ZZ to MS-DRGs 166 (Other Respiratory System O.R. Procedures with MCC), 167 (Other Respiratory System O.R. Procedures with CC) and 168 (Other Respiratory System O.R. Procedures without CC/MCC).

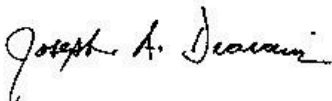
**STS disagrees with the CMS proposal to reassign codes 0WBC0ZZ (open excision), 0WBC3ZZ (percutaneous excision), and 0WBC4ZZ (percutaneous endoscopic excision) from MS-DRGs 163, 164 and 165 to MS-DRGs 166, 167 and 168.** The open, percutaneous and endoscopic therapeutic mediastinal excisions should remain distinct from the diagnostic mediastinal procedures. While the approaches of the procedures are the same, the time, risk and resource utilization is different for the therapeutic and diagnostic procedures. The diagnostic procedures require only a small mediastinal resection, more specifically an incisional biopsy, for diagnostic purposes while the therapeutic mediastinal resection involves the complete resection of large tumors, cysts or masses that may be malignant or benign juxtaposed to critical mediastinal structures. The therapeutic mediastinal resections will often require more time in the O.R., slightly longer lengths of stay, and more post-operative care due to the invasive nature of the procedures.

**(2) Percutaneous Endoscopic Chemical Pleurodesis**

CMS received a request to reassign 3E0L4GC (Introduction of other therapeutic substance into pleural cavity, percutaneous endoscopic approach) as an O.R. procedure. CMS responded by proposing to change the designation of code 3E0L4GC to an O.R. procedure. **STS agrees with CMS that it would be appropriate to designate ICD-10-PCS procedure codes 3E0L4GC (Introduction of other therapeutic substance into pleural cavity, percutaneous endoscopic approach) as O.R. procedures for FY 2021.**

Thank you for the opportunity to provide these comments. Please contact Courtney Yohe Savage, Director of Government Relations, at cyohe@sts.org or 202-787-1222 should you need additional information or clarification.

Sincerely,



Joseph A. Dearani, MD  
President