
ISSUE

CMS Cuts Threaten Medicare Patient Access to Cardiac Ablation Services

In a proposed rule issued July 7, 2022, the Centers for Medicare & Medicaid Services (CMS) recommended a second year of devastating cuts for cardiac ablation services. This family of procedures (five distinct services) will be cut by upwards of 40% over 2 years. These services are performed solely by a very small subset of highly trained physicians who are certified in the cardiovascular subspecialty of electrophysiology (EP), and the cuts are likely to discourage trainees from entering the specialty. The proposed reimbursement for physicians performing ablations needs to be reconsidered to circumvent the threat of limited access to care for these important cost-effective services by thousands of Medicare beneficiaries, especially in underserved communities in this country.

BACKGROUND

Cardiac Ablation is a Patient-Critical, Life-Saving, Cost-Effective Treatment for Medicare Beneficiaries

Atrial Fibrillation (AF) is the most common of all cardiac arrhythmias and occurs predominantly in the elderly and often goes undiagnosed. Patients with AF often report a markedly reduced quality of life and may suffer catastrophic consequences. The increasing prevalence and the morbidity/mortality associated with AF warrants an aggressive approach to its treatment, particularly, the use of cardiac ablation which stops errant electrical signals from firing. Ablation treatment has clearly shown long-term cost savings, in addition to significantly enhancing and extending patients' lives. In one 3-year study, hospital admissions for patients treated with ablation were reduced by an astounding 64%. Emergency Department visits were also reduced by over 50% when patients were treated with ablation. Over a 3-year span pre- and post-ablation, there was a total savings on the cost of AF management of \$850 per patient per month (ppm) at one year and \$546 ppm at 3 years because of the savings described.¹

Steep Reductions to Cardiac Ablation Services Will Result in Increased Health Disparities

The payment cuts for these ablation services that CMS is proposing will profoundly impact the field of electrophysiology. In the U.S., there are approximately 3000 physicians certified in EP, while the number of patients with AF is expected to double from 6 million to 12 million by 2030. Due to the high-intensity and risk of ablation procedures, an additional two-years of EP training is required, in addition to 10 years of medical training for cardiology and internal medicine. EP fellowships are already facing unfilled training slots. The steep reductions, if implemented, will present another barrier to meeting the growing demand for these cost-effective and life-enhancing procedures.

Cardiac rhythm disorders such as AF disproportionately result in worse outcomes for certain racial/ethnic minorities, particularly Blacks, Hispanics, and Asians, as well as underserved communities where health disparities already exist. The ablation cuts CMS is proposing would not only exacerbate existing shortcomings in treatment access, but also directly risk the health of Medicare patients. Drastic payment cuts run counter to the Administration's efforts to protect our nation's most vulnerable patients, especially those already facing health inequities.

CMS' Flawed Proposal Ignores the Complexity, Risk and Skills Required for Cardiac Ablation

The law requires physician work to be valued based on both time and intensity. For these services CMS relied on a fatally flawed comparison to the intra-service time of a completely unrelated medical service (lower limb revascularization) alone to set payments. CMS does not provide any clinical rationale for the comparison and relies solely on time likeness but not medical service similarity. The risk of working on an isolated area of the leg versus ablating tissue in a beating heart (with adjacent vital structures) are simply incomparable from a clinical or patient perspective. By doing so, CMS failed to recognize the full scope of physician work, ignoring important considerations such as intensity and complexity, and necessary skill that results from a resource-based approach. The CMS approach is not supported by medicine, and Congress has not mandated this change.

RECOMMENDED ACTION

CMS must revise its decision to implement these unfair, unwarranted, and unsubstantiated reductions and restore fair payments to be more consistent with 2021 reimbursement. We urge Congress to weigh in with CMS about ignoring intensity and risk to instead use time as the predominant determinant of reimbursement. Doing so has created unreasonably high reimbursement reductions for cardiac ablation treatment. Congressional input is needed to urge CMS to reverse this decision that could negatively impact the care received by Medicare beneficiaries. By increasing overall Medicare cost and disparities, as well as potentially decreasing the supply of the highly trained certified physicians who provide these valuable treatments, CMS is jeopardizing access to very important lifesaving treatment for decades.

¹ Field ME, Gold MR, Rahman M, Goldstein L, Maccioni S, Srivastava A, Khanna R, Piccini JP, Friedman DJ. Healthcare utilization and cost in patients with atrial fibrillation and heart failure undergoing catheter ablation. *J Cardiovasc Electrophysiol.* 2020 Dec;31(12):3166-3175. doi: 10.1111/jce.14774. Epub 2020 Oct 20. PMID: 33022815; PMCID: PMC7821325.