



Via MEARIS Portal, revised on 8/9/2023 per CMS Panel Facilitators' request
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

Ms. Brooks-LaSure,

I represent American Kidney Stone Management (AKSM), one of the leading providers of lithotripsy services, partnering with approximately 1500 physicians in the United States. Urologist ownership gives AKSM a unique understanding of the industry, as well as a focus on the health of the patients they serve. I am writing to alert CMS to the negative impact that inequitable stone treatment reimbursement rates have had on US calculi patients. The 2018 change to Medicare reimbursement rates of stone treatment modalities seems to favor ureteroscopy (URS) vs the similarly effective, yet much less invasive lithotripsy (ESWL). Today, a little over 5 years since the ruling, we are starting to see the alarming consequences of that decision.

Statistically speaking, URS and ESWL have similarly high success rates, both procedures are recommended by the American Urological Association, and the ultimate deciding factor in choosing the right treatment should come down to the individual patient health and their preference. Urologists would go over the “pros and cons” of each approach, highlighting such factors as the use of anesthesia, downtime after procedure, pain level and its management, when discussing treatment options with their patient. The shared decision-making process is an important aspect of any treatment, and kidney stones patients are no exception.

The 2018 reimbursement rate change was the beginning stage of sending the two modalities in completely opposite directions: slightly bumping the URS reimbursement rate and at the same time reducing the ESWL rate by a massive 21%. Only five years later, the now heavily incentivized URS is towering over ESWL in statistical comparison of case volumes (2022 combined cases: ESWL: 39% vs URS: 61%.) In addition, urologists are often unable to recommend their patient gets a lithotripsy treatment due to many surgery centers no longer offering that procedure. That’s due to a further reduction of ESWL reimbursement rate in an ASC setting. The ESWL procedure requires no more time, effort or electricity to be completed in a surgery center than it does in a hospital building. The patient experiences the same non-invasive, virtually no down-time procedure regardless of the physical location of the treatment. And yet, the 2023 ESWL reimbursement rate in a hospital is \$3205.12, while the same treatment in an ASC is not even half of that, \$1496.56. The latter amount has been set so low, it is simply not enough to cover the logistics of the operation, not to mention any profit margin. No wonder ASCs are moving away from offering ESWL treatments. Meanwhile, stone patients default to URS, leaving our society with more unplanned ER admissions, increased volume of infections, and a growing opiate epidemic.

As a medical professional, lithotripsy provider, and taxpayer I urge you to reconsider the Medicare reimbursement rate for the SWL procedure. The current approach is wasteful, causing Medicare beneficiaries financial struggles. What’s worse, kidney stone sufferers (10% of our society) are basically forced to receive URS, given its financial incentive over ESWL reimbursement rate. ESWL, like URS belongs in APC 5375. This solution would be beneficial to the health of American kidney stone patients, and their pockets.

Regards,
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