



9700 W. Bryn Mawr Ave., Suite 200 phone 847/737.6000
Rosemont, Illinois 60018 fax 847/754.4368
www.aapmr.org info@aapmr.org

September 27, 2019

President
Peter C. Esselman, MD

President-Elect
Michelle S. Gittler, MD

Vice President
Stuart M. Weinstein, MD

Secretary
Deborah A. Venesy, MD

Treasurer
Jonathan Finnoff, DO

Past President
Darryl L. Kaelin, MD

Members-at-Large
Amy J. Houtrow, MD, PhD, MPH
Kerrie M. Reed, MD
Robert J. Rinaldi, MD
Charlotte H. Smith, MD

**Strategic Coordinating
Committee Chairs**

Inclusion & Engagement
D.J. Kennedy, MD

Medical Education
Steven R. Flanagan, MD

Quality, Practice, Policy & Research
Scott R. Laker, MD

Specialty Brand Expansion
Andre Panagos, MD

**Ex-Officio Liaisons to
Board of Governors**
PM&R, Editor-in-Chief
Janna L. Friedly, MD

President, Physiatrist in Training Council
Justin Bishop, MD, MBA, MS

Executive Director & CEO
Thomas E. Stautzenbach, CAE

Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1717-P
P.O. Box 8013
Baltimore, MD 21244-1850

Re: CMS-1717-P Medicare Program; CY 2020 Proposed Changes to Hospital
Outpatient Prospective Payment and Ambulatory Surgical Center Payment
Systems and Quality Reporting Programs

Dear Administrator Verma:

On behalf of the more than 9,000 physiatrists of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), we appreciate the opportunity to submit comments to the Calendar Year (CY) 2020 Outpatient Prospective Payment System proposed rule. AAPM&R is the national medical specialty organization representing physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

Addendum B of the proposed rule details APC assignments of several new CPT codes effective January 1, 2020. AAPM&R appreciates CMS's consideration of the following comments with respect to these new codes, which describe injection and destruction of the genicular nerve branches (64XX0 and 64XX1) and injection and radiofrequency ablation of the nerves innervating the sacroiliac joint (6XX00 and 6XX01).



CPT Code	CPT Descriptor	Proposed APC
64XX0	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	5442
64XX1	Destruction by neurolytic agent, genicular nerve branches, including imaging guidance, when performed	5443
6XX00	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with imaging guidance (ie, fluoroscopy or computed tomography)	5442
6XX01	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	5431

AAPM&R supports CMS’s recommendation to assign the two new injection codes, 64XX0 and 6XX00, to APC 5442, described as Level 2 Nerve Injections. Further, we support CMS’s recommendation to assign the code for radiofrequency ablation of the nerves innervating the sacroiliac joint, 6XX01, to APC 5431, described as Level 1 Nerve Procedures. However, we disagree with CMS’s recommendation to assign the code for destruction of the genicular nerve branches, code 64XX1, to APC 5443, described as Level 3 Nerve Injections.

We believe there may be some confusion regarding the work performed for code 644X1. This procedure is not an injection. Rather, it describes the destruction of three nerve branches at three locations in the knee. This destruction is typically done via radiofrequency ablation, similar to the work done for the sacroiliac joint code, with one main distinction being that there are three ablated sites for the genicular code and four for the sacroiliac joint code. Further, we note that several other destruction codes, such as the facet joint destruction codes 64633 and 64635 are also appropriately assigned to APC 5431. ***AAPM&R therefore recommends the genicular destruction code, 64XX1, be assigned to APC 5431 for CY 2020.***

Thank you for the opportunity to comment on this important proposed rule. If the Academy can be of further assistance to you on this or any other rule, please contact Carolyn Millett at 847-737-6024 or by email at cmillett@aapmr.org for further information.



American Academy of
Physical Medicine and Rehabilitation

Sincerely,

A handwritten signature in black ink that reads "Annie D. Purcell D.O." with a stylized flourish at the end.

Annie Davidson Purcell, D.O.

Chair

Reimbursement and Policy Review Committee