

August 2, 2024

Advisory Panel on Hospital Outpatient Payment  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS–1826–N

**RE: CMS-1826-N: Announcement of the Advisory Panel on Hospital Outpatient Payment Meeting- August 26-27, 2024**

Dear Advisory Panel on Hospital Outpatient Payment:

Johnson & Johnson (“J&J”) is pleased to submit the following comments and recommendations in response to the notice above published in the Federal Register by the Centers for Medicare & Medicaid Services (CMS, or the Agency) on July 15, 2024. At Johnson & Johnson, we are driven by a passion to achieve the best version of health for everyone, everywhere, for as long as possible. Focusing exclusively on transformational healthcare innovation allows us to move with purpose and speed to tackle the world’s toughest health challenges.

**J&J Recommendations for the Panel:**

CMS has developed a process for identifying and applying complexity adjustments to certain combinations of codes as part of the comprehensive APC policy. The complexity adjustment is an important tool to help ensure adequate payment for qualifying procedure combinations to protect patient access to appropriate treatments.

In the CY 2025 Outpatient Prospective Payment System (OPPS) Proposed Rule, CMS did not include coronary intravascular lithotripsy (IVL) when analyzing code combinations for a complexity adjustment. Coronary IVL is utilized to break up calcium plaque in percutaneous coronary intervention (PCI) procedures. It is currently described by add-on CPT code +92972 (Percutaneous transluminal coronary lithotripsy). As an add-on code, coronary IVL is always performed in conjunction with various primary PCI procedures designated as J1 services.

J&J is concerned that CMS did not include coronary IVL when analyzing code combinations for a complexity adjustment in the CY 2025 OPPS proposed rule. This is inconsistent with CMS’ existing policy of evaluating “all add-on codes that can be appropriately reported in combination with a base code that describes a primary “J1” service” established in the CY 2016 OPPS Final Rule.<sup>1</sup>

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<sup>1</sup> FR Vol. 80 70331

We urge the Panel to recommend that CMS update the analysis in Addendum J for complexity adjustments related to coronary IVL for CY 2025, including the following parameters:

- In the CY 2023 claims data used for CY 2025 rate setting, coronary IVL was described by the add-on CPT code +0715T (Percutaneous transluminal coronary lithotripsy) during CY 2023, which are the claims used for CY 2025 rate setting. This is the predecessor CPT code that CMS should utilize when conducting the revised complexity adjustment analysis;
- The most common primary J1 services where coronary IVL is utilized that could be eligible for a complexity adjustment include seven percutaneous coronary procedure combinations: Angioplasty (92920), stent placement (92928, C9600), atherectomy (92924), chronic total occlusion (92943) and bypass grafts (92937, C9604);
- CMS should utilize CPT code +92972 to trigger qualifying complexity adjustments for CY 2025 OPPTS.

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Johnson & Johnson appreciates the opportunity to address the Advisory Panel on Hospital Outpatient Payment and commends the Panel on its efforts to evaluate and improve the APC groups under the hospital outpatient prospective payment system. Please feel free to contact the J&J Payment and Delivery Team if there is any further information we can provide or if the Agency has additional questions about the topics discussed in our comments.

Sincerely,

Chandra N. Branham, JD  
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Johnson & Johnson Worldwide Government Affairs & Policy