



May 10, 2024

Ryan Howe, PhD, Director  
Gift Tee, Deputy Director  
Hospital and Ambulatory Policy Group  
Centers for Medicare & Medicaid Services  
Center for Medicare  
7500 Security Blvd.  
Baltimore, MD 21244

Re: Cardiac Catheter Ablation Services Added to the Covered Procedures List CY 2025

Dear Dr. Howe and Mr. Tee:

The Heart Rhythm Society (HRS) and the American College of Cardiology (ACC) would like to kindly request a meeting with your team regarding the possibility of adding codes for cardiac catheter ablation services to the Ambulatory Surgical Center (ASC) Covered Procedures List (CPL) in calendar year (CY) 2025. **It is our position that cardiac catheter ablations can be safely performed in the ASC setting in appropriately selected patients as adjudicated by physician judgment (with case selection determined by physician factors, facility considerations, and patient social-support factors/co-existing clinical conditions).**

Cardiac catheter ablation procedures are already being covered in the ASC setting by many private payors. Experience-based data from those procedures and from pandemic-era practices demonstrate sites' ability to provide these services safely in the ASC setting. In this context we strongly support the use of registries and quality measures to track outcomes in real time and help guide future decision making. As such, HRS and ACC encourage CMS to add the cardiac catheter ablation codes to the ASC CPL in the CY 2025 Hospital Outpatient Prospective Payment System (OPPS) national proposed rulemaking (NPRM) to allow public discourse and solicit additional feedback from other stakeholders.

The professional societies previously shared via email communication in 2023 that we had heard from our members and external stakeholders that there was an increasing level of interest in adding codes for cardiac catheter ablation services to the ASC CPL. Other stakeholders met with your team to share data to encourage CMS to add the services to the ASC CPL for CY 2024 and CY 2025.

Stakeholders shared favorable outcomes data acquired during the COVID-19 public health emergency with CMS's Hospitals Without Walls Program, and other favorable clinical data obtained from around the world. In response, prior CMS statements (including in 2023) focused on concerns surrounding cardiac catheter ablation codes not being "surgical" or not being included in the surgical section of CPT codes. We believe cardiac ablations are transcatheter percutaneous procedures that should be treated in a similar fashion as other cardiovascular procedures that are already on the ASC

CPL (e.g., percutaneous coronary intervention, cardiac implantable electronic device implant procedures, or lower extremity revascularization).

In 2023, HRS and ACC established a joint workgroup to develop: A) A survey to assess the current clinical landscape of ablation in the ASC setting, B) A strategy that aligns with patient and physician needs, C) A document to inform our members in this space. The survey revealed the following: 1) Cardiac catheter ablation procedures have increasingly moved toward same-day discharge, 2) Cardiac catheter ablations are increasingly being performed in the ASC setting to address patient access issues. The results of this survey have been [published in the medical journal \*Heart Rhythm\*](#). Since the COVID-19 PHE, there has been a significant shift in the performance of cardiac catheter ablation procedures in a same-day discharge context.

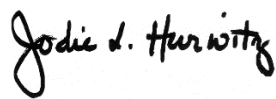
HRS/ACC are completing an analysis and preparing a manuscript on same-day discharge for cardiac catheter ablation procedures. Our analysis of both claims and clinical data have suggested that cardiac catheter ablation procedures (often performed with same-day discharge) have lower complication rates versus other cardiac procedures already included in the ASC CPL (i.e. percutaneous coronary intervention, cardiac implantable electronic device procedures). Moreover, by reducing required hospital resources with reduced length of stay with same-day discharge, patient access is improved, with a net financial benefit to patients and overall healthcare spend. In the coming months, we anticipate a pivot to guidance document development for performance of cardiac catheter ablations in the ASC setting.

In conclusion, while advocating for patient access, HRS and ACC are first and foremost focused on patient safety. It is our position that cardiac catheter ablations can be safely performed in the ASC setting in appropriately selected patients as adjudicated by physician judgment (with case selection determined by physician factors, facility considerations, and patient social factors/co-morbidities). We understand that performance of cardiac catheter ablations in the ASC setting absolutely requires safeguards and well validated protocols for timely management of complications (albeit rare). In this context we strongly support the use of registries and quality measures to track outcomes in real time and help guide future decision making.

HRS and ACC encourage CMS to add the cardiac catheter ablation codes to the ASC CPL in the Proposed Rule for CY2025 and would welcome any dialogue to help guide CMS' decision making. We look forward to the opportunity to offer additional thoughts formally in written comments during the rulemaking process should these services be in the CY 2025 OPPS NPRM.

We look forward to a response from your team to further discuss this matter. Please contact Lisa Miller at [LMiller@hrsonline.org](mailto:LMiller@hrsonline.org) to arrange the requested meeting where we can expand on our thoughts and speak to any questions or concerns. Thank you for your consideration of this request.

Sincerely,



Jodie L. Hurwitz, MD, FHRS  
President, Heart Rhythm Society



Cathleen Biga, MSN, FACC  
President, American College of Cardiology