



MultiCare Health System

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August 19, 2024

Ross Valore, Executive Director
Certificate of Need Program
Washington State Department of Health
111 Israel Road SE
Tumwater, WA 98501

Re: Certificate of Need Rules Rulemaking for Percutaneous Coronary Interventions

Dear Mr. Valore:

MultiCare Health System ("MultiCare") appreciates the opportunity to provide comments on the proposed rulemaking pursuant to the CR-101 filed on January 16, 2024, under WSR 24-03-083, opening WAC sections 246-310-700 through 246-310-755 to consider updates to PCI rules. This comment letter is to provide feedback regarding how to define PCIs, as requested by the Certificate of Need program ("Department") in its recent August 6th PCI rulemaking workshop.

Overall, MultiCare is supportive of preserving the current general definition of PCIs found in WAC 246-310-705(4):

"Percutaneous coronary interventions" (PCI) means invasive but nonsurgical mechanical procedures and devices that are used by cardiologists for the revascularization of obstructed coronary arteries.

For purposes of the need forecasting methodology detailed in WAC 246-310-745, we recommend the following PCI definitions:

- The Centers for Medicare and Medicaid Services ("CMS"). CMS defines PCIs by Diagnosis Related Groups ("DRGs"), International Classification of Diseases 10th Revision Procedure Coding System ("ICD-10-PCS") codes, Current Procedural Terminology® ("CPT") codes, and Healthcare Common Procedure Coding System ("HCPCS") codes. DRGs and ICD-10-PCS are principally used for defining inpatient PCIs. CPT and HCPCS procedure codes are more often used for outpatient PCIs. The effective CMS definitions for PCIs during the applicable Base year are to be used.
- The Foundation for Health Care Quality Care Outcomes Assessment Program ("COAP"). COAP defines a PCI as the placement of an angioplasty guide wire, balloon or other device (e.g., stent, atherectomy, brachytherapy, or thrombectomy catheter) into a native coronary artery or coronary artery bypass for the purpose of mechanical coronary revascularization.

To operationalize the CMS definition category described above, please see Table 1 below for a list of links that identify the applicable DRG, ICD-10-PCS, CPT, and HCPCS codes for inpatient and outpatient PCIs.

Table 1.

Inpatient	Before Fiscal Year 2024	DRGs 246-247	See ICD-10-PCS associated with these DRGs at https://www.cms.gov/icd10m/FY2023-version40.1-fullcode-cms/fullcode_cms/P0130.html
		DRGs 248-249	See ICD-10-PCS associated with these DRGs at https://www.cms.gov/icd10m/FY2023-version40.1-fullcode-cms/fullcode_cms/P0131.html
		DRGs 250-251	See ICD-10-PCS associated with these DRGs at https://www.cms.gov/icd10m/FY2023-version40.1-fullcode-cms/fullcode_cms/P0132.html
	Fiscal Year 2024	DRGs 321-322	See ICD-10-PCS associated with these DRGs at https://www.cms.gov/icd10m/FY2024-version41.1-fullcode-cms/fullcode_cms/P0133.html
		DRGs 250-251	See ICD-10-PCS associated with these DRGs at https://www.cms.gov/icd10m/FY2024-version41.1-fullcode-cms/fullcode_cms/P0134.html
Future changes to DRG definition (and corresponding ICD-10-PCS) should refer to CMS' definition of PCIs.			
Outpatient	CPT/HCPCS codes posted on CMS' website.		See CPT/HCPCS codes identified at https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57479

Please let us know if there are any questions regarding these written comments and proposals. We can be reached at:

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Sincerely,



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