

CHALLENGE:

Tower submitted an MSA to CMS with a proposed allocation of \$169,144 but received a counter-higher for \$198,308. Three causes of the counter-higher were identified:

- CMS used a 23-year life expectancy to calculate the cost of the medication Primidone. Difference = \$864.00
- The cost for the two Spinal Cord Stimulator replacements was increased from \$54,044.16 to \$65,114.67 per replacement. Difference = \$22,141.02
- CMS added the medication Imipramine 25mg. Difference = \$1,656.00

CMS Re-Review Case Study

SOLUTION:

Within 48 hours of receipt of the MSA counter-higher, Tower prepared and submitted a re-review to CMS requesting:

- A recalculation for the cost of the medication Primidone based on the correct life expectancy, which was 21 (not 23) years.
- The repricing of the spinal cord stimulator replacements according to the state fee schedule (CMS had used an incorrect locality adjustment).
- The removal of the medication Imipramine as its use to treat insomnia is not a FDA approved use or medically accepted indication for Medicare-coverage.

RESULTS: \$29,164 in Savings

CMS responded within 14 days and agreed with all of Tower's re-review arguments, thus recalculated the pricing for Primidone, repriced the spinal cord stimulator replacement and removed Imipramine from the MSA resulting in CMS approving Tower's initial MSA proposal.

With historical benchmarks and CMS performance data, Tower can easily discern when we have a basis to challenge CMS via re-review submission, and we know what clinical, statutory and pricing documentation to provide to support our request. This has resulted in Tower's 71% re-review success rate.

