**Myocardial PET Scan Talking Points**

**What is the issue?**

Included in the proposed 2020 Medicare Physician Fee Schedule are significant cuts to the myocardial PET (positron emission tomography) scans in the physician office setting. We anticipate these cuts to be as much as 80% of what is currently reimbursed.

**What is a PET Scan?**

A PET scan can show areas of heart tissue that are not getting enough blood flow, as well as blocked or clogged arteries. PET is an important test in a cardiologist’s imaging arsenal for diagnosing cardiovascular disease, identifying those most at risk for a major cardiovascular event, and guiding medical management of disease.

**Why are PET scans so important to patient care?**

* These tests help doctors locate heart blockages, understand damage from heart attacks, determine if heart procedures such as a bypass are working, or if interventional procedures are needed.
* PET scans work on all body types, including patients with mobility concerns. These tests are ideal for patients unable to undergo physical activity required for a traditional stress test (running on a treadmill).
* PET is particularly effective for women and patients with inconclusive prior studies.
* PET scans can be performed in ways that minimize radiation exposure.

**Why are these cuts a concern?**

These cuts are significant, sudden, and would disrupt patient care. Due to the high purchase and operation costs of these machines, there are relatively few in most geographic areas. These cuts will impact patient access, as it will be significantly harder to purchase and maintain the machinery to perform a PET scan. Only the largest, and generally more urban, major health centers will be able to afford this equipment. With these cuts in place, many clinics and health centers will have difficulty maintaining staffing and operations at normal levels.

Additionally, many practices are forced to take out large loans to finance PET scan equipment. This will disincentivize any practice from investing in PET scan imaging and future innovative PET technology.

**Why was this test cut?**

* This test was flagged for review due to utilization growth. Growth occurred because of the test’s enhanced clinical utility and increasing use as a frontline test, meaning it is more frequently used by doctors to understand a patient’s heart function.
* Medicare reimbursement is based on CPT codes, and each code has a corresponding monetary reimbursement value. CMS reviews the fee schedule annually to adjustment reimbursement as they see necessary.
* This year, new CPT codes were created for PET. CMS reviewed cost inputs for PET, however there were gaps/errors in the data they used, resulting in these massive cuts.

**What is the timeline?**

Comments to CMS on the Fee Schedule close 9/27 and the final rule is typically issued by 11/2.

**What can Congress do?**

Congress can encourage CMS to postpone implementation of proposed PET pricing and continue current levels while working with stakeholders to conduct more complete analysis. We encourage members of Congress to contact CMS directly to voice their concerns.