July 11, 2017

The Honorable Seema Verma

Administrator

Centers for Medicare & Medicaid Services   
U.S. Department of Health and Human Services

Hubert H. Humphrey Building, Room 445–G

200 Independence Avenue, SW

Washington, DC 20201

Re: Patient Protection and Affordable Care Act: Reducing Regulatory Burdens & Improving Health Care Choices to Empower Patients (CMS-9928-NC)

Dear Administrator Verma:

The Society of Nuclear Medicine and Molecular Imaging (SNMMI) represents over 17,000 medical professionals and our core purpose is to improve human health by advancing nuclear medicine, molecular imaging and radionuclide therapy. We appreciate the opportunity to respond to this Request for Information from the Centers for Medicare and Medicaid Services (CMS) that was published at:

<https://www.federalregister.gov/documents/2017/06/12/2017-12130/reducing-regulatory-burdens-imposed-by-the-patient-protection-and-affordable-care-act-and-improving#addresses>

We suggest the following changes to the Medicare program to make it more efficient and to reduce the regulatory burden on providers and patients while improving health care choices:

**Withdraw CMS’s national coverage policies that prospectively ban expanded coverage of positron emission tomography**

Without due consideration of the evidence for coverage, CMS is banning expanded coverage. In situations where there is no national coverage decision based on evidence, local Medicare Administrative Contractors (MACs) should be allowed to make independent coverage decisions.

This restriction should be withdrawn.

**Delay and/or modify the mandate that AUCs be consulted prior to the ordering of advanced imaging tests**

SNMMI supports the use of AUCs and clinical decision support software where appropriate and feasible. AUCs provide further guidance to clinical care and improve quality and outcomes. Mandating their use in each and every case is, however, an unnecessary burden. Professional discretion should be allowed. The CBO estimated that this requirement will save Medicare about $20 million a year but we believe that it will cost the profession even more than it saves Medicare. We also fear that because of the administrative difficulties with this program, many medically necessary procedures will not be ordered, harming patient care. Please delay and/or modify this mandate until it is proven that this review process is administratively workable and that the benefits of this mandate exceed the costs. It may not be appropriate to mandate the use of AUCs for each and every patient in each and every situation.

**Use specialty-specific quality measures and do not lump dis-similar specialties into one group**

Nuclear medicine and molecular imaging have been lumped in with radiology in Medicare’s quality measures. This is inappropriate because these significantly disparate specialties have vastly different training programs and perform significantly different procedures. The current quality measures included in the MIPS scoring include only technical parameters. No clinically-driven quality measures are included for reporting in nuclear medicine. The closest measures are under radiology and are based on technical parameters that are not appropriately extended to nuclear medicine. Our specialty provides both **diagnostic** and **therapeutic** tools critical to improve patient care. These are not currently covered appropriately in the MIPS program. SNMMI is fully committed to personalized medicine and patient-centered care and, as a patient advocacy group/society, we feel that the new Quality Payment Program (QPP) program would definitely improve quality and value if it included **clinical** quality measures and quality measures that are **specialty**-specific to nuclear medicine and molecular imaging. We believe that this would facilitate the proper use of AUC tools even if it is not through a formal CDS process.

**Reward Expertise**

Quality and value in healthcare are closely related to expertise. Expert reads and therapeutic interventions lead to better outcomes and lower costs, fewer unnecessary procedures and fewer unnecessary follow-up studies. The examples are numerous (fewer heart catheterizations, fewer complications, fewer unnecessary biopsies all because of interpretations by those with greater expertise). We recommend that CMS change its reimbursement scheme to include a slightly higher reimbursement/bonus or a higher MIPS score for exams read by a physician with advanced training and expertise in nuclear medicine and molecular imaging.

**Summary**

Thank you for seeking our recommendations. We would welcome the opportunity to discuss them further with you. The contact person on this issue at SNMMI is Wayne Powell, Director of Health Policy and Regulatory Affairs and he may be reached at either 703.326.1182 or [wpowell@snmmi.org](mailto:wpowell@snmmi.org).

Sincerely,



Bennett S. Greenspan, MD, MS, FACNM, FACR

President