SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

January 27, 2014

Marilyn B. Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2014; Final Rule CMS-1600-FC

Dear Administrator Tavenner:

We are writing in response to the Calendar Year (CY) 2014 Medicare Physician Fee Schedule (MPFS) Final Rule, published December 10, 2013 *Federal Register* Vol. 78 No. 237 p. 74230. The Society of Nuclear Medicine and Molecular Imaging's (SNMMI) more than 18,000 members set the standard for molecular imaging and nuclear medicine practice by creating guidelines, sharing information through journals and meetings, and leading advocacy on key issues that affect molecular imaging and therapy research and practice. We appreciate the opportunity to provide comments to assist the Centers for Medicare & Medicaid Services (CMS) in further refining the MPFS.

We offer comments and recommendations on the following topics addressed in this proposed rule:

- Sustainable Growth Rate (SGR)
- Finalized CY 2013 Interim Codes
- Using OPPS & ASC Rates in Developing PE RVUs
- Collecting Data on Services Furnished in Off-Campus Provider-Based Departments
- New Equipment Inputs – SPECT/CT
- Physician Quality Reporting System (PQRS)
    - Appropriateness of Outcomes-Based Measures
    - Increase the Number of PQRS Measures
    - Transitional Phase

Sustainable Growth Rate – SGR

On December 26, President Obama signed the bipartisan budget agreement H. J. Res 59, Continuing Appropriations Resolution, 2014, into law. This budget included a three month Sustainable Growth Rate (SGR) patch, which will postpone a nearly 24% cut in Medicare pay for physicians from January 1 until April 1. **SNMMI appreciates Congress's actions and CMS's efforts to quickly implement these**

new changes. However, SNMMI remains deeply concerned with any possible cuts to imaging in the future and how it would impact patient access to care.

Finalized CY 2013 Interim Codes

Previously, the AMA CPT panel published the 2013 CPT codes with new and revised services for the thyroid and parathyroid families; 78012, 78013, 78014, 78070, 78071 and 78072. In the CY 2013 Final Rule, CMS accepted these codes and the RUC values as interim final. In the CY 2014 Final Rule, these thyroid and parathyroid family codes were all finalized. **SNMMI appreciates CMS accepting the AMA RUC Physician Work recommendations for these services and for finalizing the codes and values.**

Using OPPS & ASC Rates in Developing PE RVUs

CMS typically establishes two separate PE RVUs for services that can be furnished in either a nonfacility or facility setting. However, the PFS PE RVUs rely heavily on the voluntary submission of information by individuals furnishing the service and who are paid at least in part based on the data provided. Due to the difficulty of validating this information as well as accuracy issues with the data used in the PFS PE methodology, CMS proposed limiting the nonfacility PE RVUs for individual codes so that the total nonfacility PFS payment amount would not exceed the total combined amount that Medicare would pay for the same code in the facility setting.

SNMMI, along with an overwhelmingly majority of commenters, objected to the proposed policy. As a result, CMS decided to not finalize this proposed policy in the CY 2014 Final Rule. **SNMMI thanks CMS for delaying the implementation of policy. However, we remain concerned that CMS will continue to develop a revised proposal and implement this policy in 2015. SNMMI strongly objects to any such proposals, as the two payment systems and costs should not be compared. They are completely different systems and methodologies and any comparisons are inappropriate.**

Collecting Data on Services Furnished in Off-Campus Provider-Based Departments

In the CY 2014 Proposed Rule, CMS was considering collecting information to better understand the growing trend toward hospital acquisition of physician offices and subsequent treatment of those locations as off-campus provider-based outpatient departments. CMS believed that collecting this information would allow them to analyze the frequency, type, and payment of service furnished in off-campus provider-based hospital departments. While CMS did not finalize plans for data collection, they continue to consider different approaches as they move forward.

CMS stated that "…other commenters believed that a HCPCS modifier would more clearly identify specific services provided and would provide better information about the type and level of care furnished…others recommended that CMS should consider the establishment of a new Place of Service (POS) code since they believed it would be less administratively burdensome than attaching a modifier to each service on the claim that was furnished in an off-campus provider-based department." **SNMMI**

asks that CMS move cautiously as they develop a plan for data collection. Concrete data that is vetted by the public is needed before these approaches should be considered for implementation.

New Equipment Inputs – SPECT/CT

In addendum B of the CY 2014 Proposed Rule, CMS listed CPT 78072 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization, as carrier priced. On July 19, 2013, SNMMI supplied four paid invoices as requested by CMS to assist in setting RVUs for these new services.

In the CY 2014 final rule, CMS stated "In establishing interim final direct PE inputs for CY 2013, we were unable to price the new equipment item "gamma camera system, single-dual head SPECT/CT" for CPT code 78072 (Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization)) since we did not receive any paid invoices. Because the cost of the item that we were unable to price is disproportionately large relative to the costs reflected by remainder of the recommended direct PE inputs, we contractor priced the technical component of the code for CY 2013, on an interim basis, until the newly recommended equipment item could be appropriately priced."

"Out of the four invoices we received, we were only able to use one of them to price the equipment because the other three included training and other costs as part of the overall equipment price. Since training and these other costs are not considered part of the price of the equipment in the current PE methodology, we are unable to use invoices when these items are not separately priced on the invoice. Based on the invoice that met our criteria, this equipment is priced at $600,272. We are assigning 92 minutes based on our standard allocation for highly technical equipment, to include "prepare room, prepare and position patient, administer radiopharmaceutical, acquire images, complete diagnostic forms, and clean room." After reviewing the comments received, we are establishing interim final direct PE inputs for CPT code 78082 and, rather than contractor price the code as we did in 2013, we are pricing this code under the PFS on an interim final basis for CY 2014."

SNMMI would like to thank CMS for establishing PE inputs rather than contractor pricing as cost information is widely available for SPECT/CT equipment. However, we disagree with CMS's decision to discard invoices for SPECT/CT equipment simply because they do not have the line item detail for items they do not consider equipment. Rather, CMS should work closely with the societies that submitted invoices. Through a collaborative effort with society staff, CMS could better utilize all available invoices by obtaining an average cost and removing any minimal soft or questionable costs. CMS's decision to select only the lowest cost invoice is not representative of the true costs of the SPECT/CT equipment and, as a result, is undervaluing the cost of this service. **SNMMI and ACR respectfully request a call or meeting to help CMS better utilize all invoices submitted for a balanced equipment cost.**

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Physician Quality Reporting System (PQRS)

SNMMI appreciates CMS's efforts in the CY2014 Proposed Rule to establish a more cost-effective and high quality healthcare system. SNMMI acknowledges the positive role that assessing clinical quality measures (CQMs), reported on by eligible professionals (EP), will have on reaching this goal. **Accordingly, SNMMI supports the enhancement of the PQRS program.** Additionally, we would like to provide additional long-term suggestions to help CMS reach its goal of increasing the level of participating EPs in the PQRS program.

Appropriateness of Outcomes-Based Measures

CMS's emphasis on outcomes-based measures is necessary to advance value-based healthcare. The consequence of its acute focus on realizing this goal is misjudging which EPs have quantifiable endpoints. Nuclear medicine physicians, as well as others practicing diagnostic medicine, are information brokers whose data changes patients' clinical management. This endpoint is distinguishable from EPs that can measure the response of therapeutic interventions they recommend or provide. **SNMMI asks CMS to take the aforementioned into account and allow for the development of process-based measures for the diagnostic medicine community.**

Increase the Number of PQRS Measures

There are currently over 200 clinical quality measures (CQM) and 22 measures groups. While the volume of measures is expected to increase, many EPs struggle to find measures applicable to their discipline. Supporting organizations to develop CQMs will not only expand the quantity and variety of reportable measures, it will bolster their quality as well. This will help CMS capture more data to drive a more effective, quality program. **Therefore, SNMMI respectfully requests that CMS provide specialty organizations with support to develop CQMs.**

Transitional Phase

SNMMI remains concerned of the rule's drastic change in reporting requirements. However, we are optimistic that the rule's mechanism for avoiding payment adjustments provides EPs with the opportunity to participate in PQRS while acclimating to any additional responsibilities. **SNMMI asks CMS to remain cognizant that many specialties, such as Nuclear Medicine, only have one applicable universal measure. Please continue providing a mechanism that acknowledges the minority of EPs, until such time that non outcomes-based measures are developed where appropriate.**

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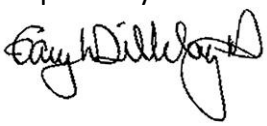
SNMMI appreciates the opportunity to comment on this CY2014 MPFS Final Rule to the CMS. As always, SNMMI is ready to discuss any of its comments or meet with CMS on the above issues. In this regard, please contact Susan Bunning, Vice President, Government Affairs, by email at sbunning@snmmi.org or by phone at 703-326-1182.

Respectfully Submitted,



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