September 10, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-P
Mail Stop C4–26–05
Baltimore, MD 21244-1850

Submitted electronically via regulations.gov

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program [CMS–1693–P]

Dear Ms. Verma:

Thank you for the opportunity to comment on the Proposed 2019 Medicare Physician Fee Schedule Rule. The Society of Nuclear Medicine and Molecular Imaging’s (SNMMI) more than 15,000 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 and Medicaid Services (CMS) in further refining the MPFS.

We offer comments and recommendations on the following topics addressed in this Proposed Rule:

- Proposed Valuation of Specific Codes for CY 2019
- Recognizing the Resource Costs for Different Types of E/M Visits
- Reducing Documentation Requirements for E&M Codes
- Appropriate Use Criteria

Proposed Valuation of Specific Codes for CY 2019
Two potentially misvalued nuclear medicine procedures were identified by screens showing that they had negative intraservice work per unit of time (IWPUT). The RUC reviewed both and made recommendations that CMS is proposing to accept.

First, in subsection “(17) Radioactive Tracer (CPT Code 38792)” (Injection procedure; radioactive tracer for identification of sentinel node). We appreciate and support CMS’s proposal to accept the RUC-recommended work value of 0.65. We also agree with and support the changes CMS proposes in clinical labor time and the standardized equipment time formulas (p. 3573).

Second, in subsection 44 CMS reviews “(45) Dual-Energy X-Ray Absorptiometry (CPT Code 77081) CPT code 77081 (Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)). CMS proposes to accept the RUC-recommended work RVU of 0.20 for CPT code 77081 and SNMMI supports this proposal.

Reducing Documentation Requirements for E&M Codes

We appreciate and support CMS’s proposal to reduce paperwork requirements for visit codes. We like most medical groups have some concerns about how this policy will be implemented. Therefore we, and most medical societies expressed those concerns in an August 27, 2018 letter to CMS.

Appropriate Use Criteria (AUC)

CMS is proposing to implement the Medicare Appropriate Use Criteria (AUC) Program for Advanced Diagnostic Imaging in 2020. As a qualified provider-led entity (Q-PLE), we are working to ensure that we have the most useful array of evidence-based Appropriate Use Criteria for nuclear medicine in place for the use of referring physicians. We are also working with qualified decision support mechanisms for the proper implementation of these criteria.
Conclusion

SNMMI appreciates the opportunity to comment on the MPFS CY 2018 Proposed 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 Wayne Powell, Director of Health Policy and Regulatory Affairs at wpowell@snmmi.org or (703) 326-1182.

Respectfully Submitted,

Satoshi Minoshima, MD, PhD
President

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