

December 23, 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 2015; Final Rule CMS-1612-FC**

Dear Administrator Tavenner:

We are writing in response to the Calendar Year (CY) 2014 Medicare Physician Fee Schedule (MPFS) Final Rule, published November 13, 2014, in the *Federal Register* Vol. 79 No. 219 p. 67548. 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)
- Off-Campus Provider-Based Departments
- Modifying the Process for Establishing Values for Codes
- Physician Quality Reporting System (PQRS)
  - Increase the Number of PQRS Measures
  - Expand the Definition of Quality
  - Transitional Phase
- Value-Based Modifier (VBM) Program

### **Sustainable Growth Rate (SGR)**

Absent Congressional action by April 1, 2014, CMS will enact a minus 20.9 percent update in payment rates for physician-related services. SNMMI is deeply concerned with the implementation of such an action regarding its impact on patient access to care. SNMMI appreciates CMS's efforts to work on the administrative aspects of the SGR as well as their continued work to monitor Congress and implement any possible fixes quickly.

### **Off-Campus Provider-Based Departments**

In our comment letter regarding the CY 2015 MPFS Proposed Rule, SNMMI asserted that CMS's plan to require the reporting of a HCPCS modifier for off-campus provider-based departments would have created a needless

administrative burden. In response to public comments, CMS has decided to delete the current POS code 22 rather than finalize a HCPCS modifier in the CY 2015 MPFS Final Rule. **SNMMI would like to thank CMS for acknowledging public comments submitted on this issue and for preventing an unnecessary administrative burden.**

### **Modifying the Process for Establishing Values for Codes**

SNMMI is disappointed that CMS did not implement the American Medical Association's (AMA) proposed timeline for establishing the values for new, revised and potentially misvalued codes. SNMMI believes that the AMA's proposed timeline would create a process that would allow greater transparency, while ensuring minimal disruption in the description and valuation of new technology. Conversely, CMS's revised timeline will mean physicians must submit recommendations no later than January 15 for the following year, which will severely limit recommendations from the Relative Value Scale Update Committee (RUC) and CPT Editorial Panel. Additionally, CMS has created numerous G codes, representing last year's CPT codes and descriptions during this transition period, this creation of G HCPCS codes greatly increased the administrative burden. **SNMMI respectfully requests that CMS reconsider and implement the AMA's proposed timeline revisions in the CY 2016 MPFS Rule.**

### **Physician Quality Reporting System (PQRS)**

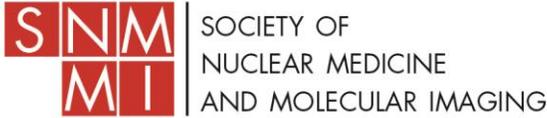
SNMMI appreciates CMS's efforts in the CY 2015 Proposed Rule to establish a more cost-effective and high quality healthcare system. SNMMI acknowledges the positive role that assessing clinical quality measures (CQMs), reported on by eligible professionals (EP), will have on reaching this goal. **Accordingly, 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.**

#### *Increase the Number of PQRS Measures*

SNMMI knows that EPs often struggle to find measures applicable to their discipline. Supporting organizations to develop measures will expand the quantity as well as the variety of reportable measures and bolster their quality as well. **Therefore, SNMMI respectfully requests that CMS provide specialty organizations with support to develop meaningful measures.**

#### *Expand the definition of quality*

SNMMI believes that CMS's continued "check box" approach to quality fails to capture meaningful quality improvement activities. Various accrediting entities certify that nuclear medicine laboratories meet minimal requirements for providing high quality care. Additionally, many laboratories participate in SNMMI's Quality Assurance Patient Simulator Program (Phantom), which provides qualitative and quantitative data of the care patients receive by measuring imaging technique and diagnosis in practice. **For those reasons, we ask that CMS recognize prevailing quality improvement endeavors such as laboratory accreditation.**



### *Transitional Phase*

SNMMI remains concerned with the growing reporting requirements. The crosscutting measures are of particular concern, since they exist as part of and separate from the PQRS. **SNMMI suggests removing PQRS's distinct crosscutting measures from the reporting requirements as they only complicate an already complex process.** However, we are content that the rule's mechanism for avoiding payment adjustments provides EPs with the opportunity to participate in PQRS. **We ask that CMS remain cognizant that many specialties, such as nuclear medicine, only have one applicable universal measure. To that end, please continue providing a mechanism to avoid payment adjustments.**

### **Value-Based Payment Modifier (VBM) Program**

SNMMI commends CMS's efforts on uniting the quality programs under the Value-Based Payment Modifier (VBM) Program. However, SNMMI has some concern with the ambiguity of the information for a program that can potentially result in a -4 percent adjustment. **Due to the potentially large negative impact of the VBM, coupled with a possible -2 percent adjustment from the PQRS, we ask that CMS provide exact information on the program's tiering calculation as it relates to the cost composite score.**

SNMMI upholds its support of high quality and low-cost healthcare services and appreciate the role of the VBM. **Considering that the VBM is based on the PQRS, we believe CMS should explore options to alleviate the financial burden to physicians with difficulty reporting even one measure.**

SNMMI appreciates the opportunity to comment on this CY 2015 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](mailto:sbunning@snmmi.org) or by phone at 703-326-1182.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Gary L. Dillehay', written in a cursive style.

Gary L. Dillehay, MD, FACNM, FACR  
Immediate Past President, SNMMI