Congress of the United States
Washington, DC 20515

September 27, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S Department of Health and Human Services
Baltimore, MD 21244-8013

Dear Administrator Verma:

We write to you as co-chairs of the Congressional Heart & Stroke Coalition on behalf of patients suspected of having coronary artery disease (CAD) and those who have had a heart attack. These patients can be examined using various modalities with the goal of diagnosing disease, identifying those at risk for a major cardiovascular event, and guiding medical management of disease. Patients benefit when cardiologists can choose from a full range of diagnostic tools, including myocardial positron emission tomography (PET).

In order to ensure patient access to myocardial cardiac PET is not compromised as a result of Medicare payment policies, we ask the Centers for Medicare and Medicaid Services (CMS) to work with stakeholders to ensure the accuracy of equipment and practice costs, including appropriate utilization assumptions, when calculating cardiac PET reimbursement rates. Until such time, we ask CMS to reconsider the proposed payment reductions in the 2020 Medicare Physician Fee Schedule and set rates using 2018 paid claims data until additional information is collected.

A cardiac PET scan uses a specialized dye, or radionuclides, to produce pictures of the heart. This non-invasive diagnostic test, which exposes patients to lower doses of radiation than other tests, is a highly accurate way to diagnose CAD and to detect areas of the heart that are not receiving adequate blood supply. PET scans also distinguish between dead and injured heart tissue. Cardiac PET is highly regarded for its ability to identify microvascular heart disease in women — a population suffering most but under-diagnosed for heart disease — as well as rare and potentially fatal cardiovascular diseases that are otherwise difficult to diagnose.

The high predictive capability of PET allows a physician to determine the next steps that should take place with a patient's treatment, including whether a patient would benefit from a procedure or surgery that would restore blood flow and save injured but viable heart muscle. Ultimately, the precision of PET tests to accurately diagnose patients means fewer unnecessary tests and procedures and ultimately cost savings to the patient and CMS.

As proposed, the reimbursement for PET multiple perfusion services would be reduced by approximately 72 percent next year. Related services also face significant cuts. Immediate reductions as currently proposed would be profoundly disruptive to physician practices, where

the majority of cardiac PET is provided, and inhibit access to this important diagnostic technology for current and future Medicare beneficiaries, particularly in rural and underserved areas. Considering that nearly half of all U.S. adults have some type of cardiovascular disease, it is critical that Medicare's payment policies are not disruptive to patients in need of timely access to the most appropriate cardiovascular care.

Thank you in advance for your consideration of our request that a more accurate accounting of costs for PET services, based on paid claims data, occur before finalizing new payment rates.

Sincerely,

CHRISTOPHER H. SMITH
Co-Chair, Heart & Stroke Coalition

JOYCE BEATTY
Co-Chair, Heart & Stroke Coalition