

September 17, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20001

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Request for Information on Rural Emergency Hospitals

Dear Administrator Brooks-LaSure:

On behalf of the American Society of Nuclear Cardiology (ASNC), I appreciate the opportunity to provide comment on the CY 2022 Hospital Outpatient Prospective Payment System (OPPS) proposed rule, published in the *Federal Register* on Wednesday August 4, 2021 (86 Fed. Reg. 42018).

ASNC is a 4,500 member professional medical society, which provides a variety of continuing medical education programs related to nuclear cardiology and cardiovascular computed tomography, develops standards and guidelines for training and practice, promotes accreditation and certification with the nuclear cardiology field, and is a major advocate for furthering research and excellence in nuclear cardiology and cardiovascular computed tomography.

ASNC offers comment on the following:

- Use of CY2019 Claims Data for CY2022 for OPPS and ASC Ratesetting
- Cardiac Positron Emission Tomography (PET)/Computed Tomography (CT) Studies Temporary Policies for the Public Health Emergency (PHE) for COVID-19
- Temporary Policies for the PHE for COVID-19
- Q9969 Code for Non-HEU Sourced Radioisotopes

USE OF CY2019 CLAIMS DATA FOR CY2022 FOR OPPS AND ASC RATESETTING

ASNC supports CMS' proposal to use CY2019 claims for OPPS and ASC ratesetting for CY2022. CMS notes there were 20 percent fewer claims in 2020 when compared to the prior year data. Many hospitals halted the provision of elective services altogether in Spring 2020 and had varying levels of success in fully resuming elective procedures before year end 2020. We agree that CY2019 data represents the best available data to accurately reflect estimates of the costs associated with furnishing outpatient services.

We agree that disruptions caused by the COVID-19 pandemic in 2020 would make data from that calendar year inaccurate and would not be a reliable estimation of expected outpatient hospital services and costs for CY2022.

CARDIAC POSITRON EMISSION TOMOGRAPHY (PET)/ COMPUTED TOMOGRAPHY (CT) STUDIES

In the CY2022 OPPS proposed rule CMS proposes to continue the assignment of CPT code 78431 to APC 1522 (New Technology-Level 22) and CPT Codes 78432 and 78433 to APC 1523 (New Technology – Level 23). ASNC believes these APC placements accurately reflect the costs associated with providing PET/CT services. PET and PET/CT perfusion are the gold standard for the diagnosis of microvascular disease and can be helpful in the diagnosis and therapeutic management of cardiac sarcoid.

ASNC supports the use of 2019 claims to determine payment rates for CY2022 and the proposal to continue to place the PET/CT codes in APC 1522 and 1523, respectively. As CMS notes, these codes were not effective until January 1, 2020; therefore, no claims would be available in the 2019 data. We are aware of members currently providing these services to Medicare beneficiaries and expect that CMS will see claims data in subsequent years' data.

TEMPORARY POLICIES FOR THE PHE FOR COVID-19

In response to the COVID-19 PHE, CMS issued a number of waivers and conducted emergency rulemaking to enact temporary policies aimed at easing provider burden associated with the COVID-19 response.

CMS should keep HCPCS code C9803 (Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2)(coronavirus disease[covid-19]) beyond the expiration of the COVID-19 pandemic and make the code permanent. While our physicians are hopeful the rates of COVID-19 infection and the need for significant specimen collection will subside with further vaccination efforts, it is likely the demand for COVID-19 tests will remain in place even if the public health emergency subsides. We appreciate CMS' rapid response to the pandemic and emergency rulemaking efforts and are pleased to see the agency considering what policies may be beneficial beyond the public health emergency.

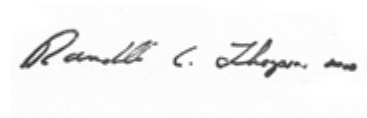
Q9969 CODE FOR NON-HEU SOURCED RADIOISOTOPES

CMS finalized a policy in CY2013 to provide an additional \$10 payment for the marginal cost of radioisotopes produced by non-highly enriched uranium (HEU) sources. ASNC is pleased that CMS continues the Q9969 code for CY2022. We urge CMS to continue the use of the Q9969 code to encourage the transition to using non-HEU sources in the production of Mo-99.

CONCLUSION

ASNC appreciates the opportunity to comment on the OPPS CY2022 Proposed Rule. As always, ASNC welcomes discussion of questions or concerns regarding any of the above comments. Please contact Georgia Lawrence, Director, Regulatory Affairs at glawrence@asnc.org.

Sincerely,

A handwritten signature in dark ink, reading "Randall C. Thompson, MD". The signature is written in a cursive style and is positioned above a thin horizontal line.

Randall Thompson, MD
President,
American Society of Nuclear Cardiology