



Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services,
7500 Security Boulevard,
Baltimore, MD 21244-1850

September 6, 2016

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (HER) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value- Based Purchasing Program; Proposed Rule. [CMS1656-P] RIN 0939-AS82

Dear Administrator Slavitt:

On behalf of the American Society of Nuclear Cardiology, I am pleased to provide comments on the 2017 Hospital Outpatient Prospective Payment System Proposed Rule. 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 within the nuclear cardiology field, and is a major advocate for furthering research and excellence in nuclear cardiology and cardiovascular computed tomography.

As the professional society whose members are at the forefront of the delivery of cardiac imaging care to Medicare beneficiaries, ASNC appreciates CMS' consideration of comments from our members and a variety of stakeholders who work to improve patient care and guarantee continued quality and access to the Medicare population. In the 2017 Proposed Rule our comments follow on these items:

- **Payment for Certain Items and Service Furnished by Certain Off-Campus Departments of a Provider: § 603 of the Bipartisan Budget Act of 2015**
- **Consolidation of Radiology/Imaging APCs**
- **CPT Code 78459-Cardiac PET**
- **Payment Modifier for X-Ray Films**
- **Q9969 Code**

PAYMENT FOR CERTAIN ITEMS AND SERVICE FURNISHED BY CERTAIN OFF-CAMPUS DEPARTMENTS OF A PROVIDER: § 603 OF THE BIPARTISAN BUDGET ACT OF 2015

§603 of the Bipartisan Budget Act of 2015 requires that items and services furnished in off campus provider-based departments (PBDs) will not be covered by OPSS payment beginning January 1, 2017 and those items and services will be paid under an “applicable payment system.” CMS proposed that, for purposes of 2017, the applicable payment system under which services provided in PBDs will be paid is the Medicare Physician Fee Schedule. Physicians who provide services in PBDs would be paid based on the professional claim and would be paid the non-facility rate.

The impetus for §603 of the Bipartisan Budget Act was Congressional concern about a reported trend towards hospital acquisition of physician practices and the subsequent higher payment amount due to the manner in which Medicare paid for services billed under the OPSS.

ASNC appreciates that Congressional action was aimed at altering incentives and prohibiting free-standing physicians’ offices billing under the Medicare Physician Fee Schedule from associating with hospitals and gaining payment incentives billing under the OPSS after integration had taken place. However, ASNC urges CMS to recognize as it implements §603 that the reason physician’s offices began to explore alternative avenues to recover costs was that drastic cuts were made to services provided under the Physician Fee Schedule and those codes have not recovered their value.

For example, in 2010, myocardial perfusion imaging/SPECT studies including wall motion and ejection fraction were reviewed and combined. Codes 78464, 78478, & 78480 were bundled to be reported under the code 78451 (MPI image SPECT, single, with wall motion and ejection fraction) and 78465, 78478, & 78480 were bundled to be reported under the code 78452 (MPI image SPECT, multiple, with wall motion and ejection fraction). In bundling codes that were billed together most of the time, CMS substantially reduced the payment for myocardial perfusion imaging by reducing both the physician work value and the practice expense value. The result was a 36 % cut in payment for SPECT MPI multiple studies and a 42% cut in single studies for a single year-2010. This change alone resulted in more than one-third of the projected payment cut to cardiology.

Finally, ASNC understands that if an excepted off-campus PBD furnished and billed a specific service within a clinical family of services prior to November 2, 2015, such clinical family of services would be excepted moving forward but a further expansion of services (outside of clinical families billed prior to Nov. 2, 2015) would not be excepted. However, ASNC requests clarification on whether a clinician in an excepted off-campus PBD could retain excepted status if he or she were to upgrade office equipment and whether an office that moves its floor/ location but stays at the same address (with the possible exception of floor number) would also retain excepted status.

CONSOLIDATION OF RADIOLOGY/IMAGING APCs

In the rule CMS proposes restructuring the current 17 radiology/ imaging APCs down to eight APCs for 2017. However, CMS notes that “nuclear medicine services APCs are not included in this proposal.” ASNC agrees with the decision to exclude nuclear medicine services and thanks CMS for keeping nuclear medicine APCs separate as it makes clinical sense and is appropriate in terms of resource inputs.

CPT CODE 78459-CARDIAC PET

In 2016, CMS reviewed the structure and composition of the Ambulatory Payment Classifications (APCs) in an effort to ensure that each grouping appropriately reflected the costs and clinical characteristics of the procedures within each APC. To that end, CMS finalized a restructure of the nuclear medicine APCs to ameliorate what CMS believed was excessive granularity and an absence of any significant difference in delivery of services. CMS proposed 3 nuclear medicine APCs: Level 1 through Level 3 Nuclear Medicine and Related Services (5591-5593) and added a fourth APC (APC 5594) according to the HOP Panel’s recommendation. CMS assigned all of the PET scan services to this APC.

In the CY2017 proposed rule, CMS proposed assigning 78459- Myocardial Imaging, Positron Emission Tomography (PET), Metabolic Evaluation to APC 5593- Level 3 Nuclear Medicine and Related Services. ASNC asks that CMS reassign 78459 to APC 5594- Level 4 Nuclear Medicine and Related services as it more appropriately reflects resource inputs and technological requirements that are used in the delivery of PET services.

PAYMENT MODIFIER FOR X-RAY FILMS

CMS proposed that effective 2017 and onward, the payment for imaging services that are X-rays taken using film, including the X-ray component of a packaged service, that would otherwise be paid under OPSS shall be reduced by 20%. In addition, payments for imaging services that are X-rays taken using computed radiography furnished during CY2018, 2019,2020, 2021, 2022 that would be otherwise payable under OPSS will be reduced by 7 % and after 2023 will be reduced by 10%. CMS would implement this policy by requiring a modifier on pertinent services provided after January 1, 2017.

ASNC supports CMS’ continuing efforts to encourage clinicians to move from film to digital images. However, we ask CMS to clarify some issues in the proposed rule to make sure our members understand what is required to avoid unjustified payment consequences. ASNC asks CMS to clarify what should be done when a site that uses both film and digital is billing. Is it the case that a site that uses ONLY film and have no back up or PACS are the ones who must report using the modifier? Would a site that uses both film and digital be subject to the penalty as well? ASNC would appreciate further delineation on this point in the final rule.

Q9969 CODE

CMS finalized a policy in CY2013 to provide an additional \$10 dollar 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 CY2017. We urge CMS to continue the use of the Q9969 code into future years as the conversion to alternative methods of producing Tc-99m without HEU moves ahead.

CONCLUSION

ASNC appreciates the opportunity to comment on the HOPPS CY2017 Proposed Rule to CMS. As always, ASNC welcomes discussion of questions or concerns regarding any of the above comments. Please contact Georgia Hearn, Senior Specialist, Regulatory Affairs at ghearn@asnc.org or by phone 301-215-7575ext207 for additional information.

Respectfully Submitted,
Brian Abbott, MD

A handwritten signature in black ink, appearing to read "B. Abbott", with a stylized flourish at the end.

President, American Society of Nuclear Cardiology