Congress of the United States
Washington, DC 20515

September 27, 2019

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

Dear Administrator Verma:

Statistics show that nearly half of all U.S. adults have some type of cardiovascular disease. Using the right imaging technology based on a patient's symptoms, history and other health characteristics, cardiologists can accurately diagnose disease and determine the best intervention. Myocardial positron emission tomography (PET) is an important test in a cardiologist's imaging arsenal for diagnosing cardiovascular disease, identifying those most at risk for a major cardiovascular event, and guiding medical management of disease. Unfortunately, the proposed rule for the CY 2020 Physician Fee Schedule includes significant payment reductions for this key service. We ask you to work with stakeholders to improve the accuracy of equipment inputs when calculating PET reimbursement thereby mitigating cuts of the proposed magnitude.

Myocardial PET is a noninvasive nuclear study that provides information about both the blood supply to the heart muscle and the metabolic activity of the heart. PET uses radionuclides to produce pictures of the heart, but with less radiation exposure compared to other tests. These studies can outline the heart muscle that is not getting adequate blood flow because of the blockage in the arteries of the heart. These studies can also show the heart muscle that has been scarred or damaged from past heart attacks. With this information, cardiologists can decide which patients have the potential to benefit from revascularization. Myocardial PET is particularly helpful to guide management in individuals who are at highest risk of dying from coronary artery disease.

PET demonstrates high accuracy for diagnosis of myocardial ischemia and is particularly successful in diagnosing microvascular heart disease in women — a population suffering most but under-diagnosed for heart disease. PET is also useful to diagnose and direct treatment for patients with cardiac sarcoidosis, intra-cardiac and implantable device infections —diseases that typically are not properly diagnosed until the conditions become severe and life-threatening.

Under the proposed rule, Medicare fee-for-service reimbursement for PET multiple perfusion services would be reduced by roughly 72 percent next year. We are concerned these reductions will drive cardiac PET services out of physician offices, where the majority of cardiac PET is provided, and into hospitals which could limit patient access to this important imaging modality, particularly in rural and underserved areas, and increase beneficiary and health care system costs. Importantly, Medicare reimbursement that does not accurately account for equipment costs at the appropriate levels will severely stiflre-search for new and emerging applications of PET, including diagnosis and treatment guidance for patients with cardiac amyloidosis, a potentially fatal cardiomyopathy for which effective therapies now exist.

Physician practices depend on payment predictability and stability; immediate reductions of this scale could be disruptive. We urge you to delay these cuts and work with stakeholders to improve the accuracy of equipment inputs when calculating PET reimbursement, thereby mitigating cuts of the proposed magnitude.

We look forward to working with you to ensure the interests of Medicare beneficiaries are fully considered when revising payment rates for cardiac PET. Thank you in advance for your consideration.

Sincerely,

Mike Kelly
Member of Congress

Ron Kind
Member of Congress

Ron Estes
Member of Congress

Christopher H. Smith
Member of Congress

Kenny Marchant
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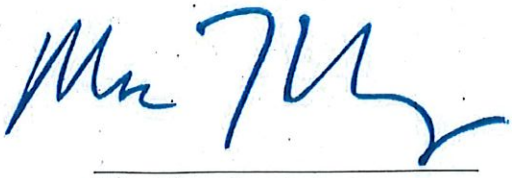

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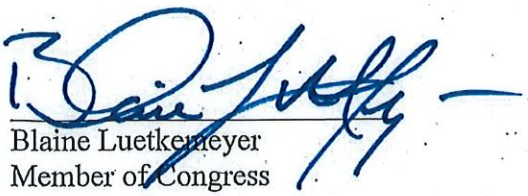

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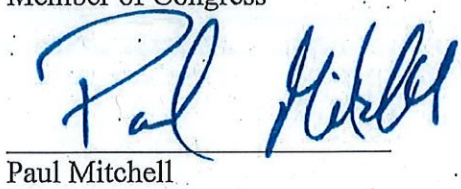

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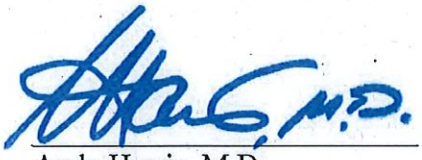

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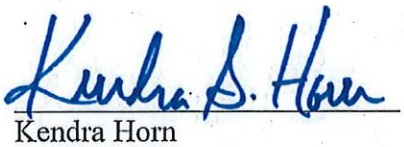

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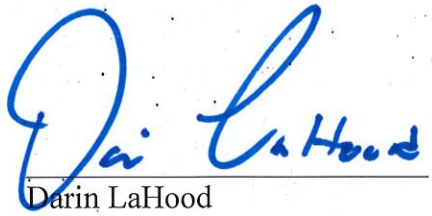

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