December 23, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-1715-F
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-1715-F; CY 2020 Revisions to Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

The American College of Cardiology (ACC), American Society of Nuclear Cardiology (ASNC), and Society of Nuclear Medical and Molecular Imaging (SNMMI) appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) final rule on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year (CY) 2020, published in the November 15, 2019 Federal Register (Vol. 84, No. 221 FR, pages 62568-63563). While the rule already finalized decisions for 2020, the societies wanted to provide an update and clarifying information for future rulemaking on one item of joint interest—payment for myocardial positron emission tomography (PET) services—through the formal comment channel.

2020 Direct Practice Expense (PE) Inputs

In implementing work and PE inputs for a family of newly (re)defined myocardial PET services, CMS proposed technical component (TC) relative value units (RVUs) that represented significant reductions from carrier-based TC pricing. On behalf of patients and clinicians, societies outlined concerns with the underlying PE inputs that produced the TC RVUs and provided documents and rationales to support those concerns. The societies thank the Agency for being responsive and receptive to those concerns, ultimately choosing to revert TC payment to contractor pricing for CY 2020 while additional effort is made to ensure the new valuations for TC RVUs accurately reflect the technical inputs.

As part of comments on the proposed rule, societies and other stakeholders submitted invoices and pricing information to CMS to both support the request for a delay of the proposed TC RVUs and to inform future rulemaking. Though many stakeholders were
responsive during the proposed rule period, efforts to collect additional pricing information in the form of invoices or other contextual information continue. Should information be submitted that will further ensure accuracy, it will be submitted for consideration by the annual February 10th deadline for consideration in future rulemaking. The societies will also pursue a separate meeting to explain any additional input information and seek/provide other feedback. It is societies’ goal to ensure CMS has all the information it needs to directly propose modified inputs in future rulemaking rather than identifying these codes as potentially misvalued for additional review by the RUC since the RUC has already considered the inputs and outstanding questions are mostly related to input pricing.

**Ongoing Refinement**

In addition to delaying adoption of active pricing while more accurate inputs are developed, CMS also summarized changes to input pricing made in response to the information submitted so far. Most of these are reasonable at the current time, based on the available information. In some instances, though, it seems CMS may have misunderstood which invoices go with which inputs. More explanation is provided here to clarify those inputs.

*PET Infusion Cart*

The societies appreciate CMS revising the pricing for the infusion cart, ER109, to $74,225.47 based on invoices submitted during the proposed rule comment period. The infusion cart price had inadvertently been set using an invoice submitted for a PET Generator at $47,052.80. Many invoices were submitted for the cost of renting a cart, but it is correct to rely on the ones submitted for purchase of the cart with the pricing CMS finalized.

*PET Generator (Rubidium)*

CMS took the above referenced PET Generator invoice to create a new equipment input, ER114, named “PET Generator (Rubidium). With the emphasis on identifying and correcting flawed and underpriced inputs, societies failed to alert CMS that the costs for the purchase of the PET Generator are captured elsewhere when offices bill Healthcare Common Procedure Coding System (HCPCS) supply code A9555, *Rubidium rb-82, diagnostic, per study dose, up to 60 millicuries*. While some commenters highlighted the costs of the PET Generator, the societies do not believe those stakeholders realized those costs are separately billed. As such, the societies recommend CMS remove equipment item ER114 to avoid incorrect duplication.

*Germanium Rod Source*

Members have alerted the societies to a piece of equipment ER044 that was inadvertently omitted from the PET-only CPT codes 78459, 78491, 78492, 78432. This is a germanium rod source that has a one-year life and is necessary for the PET refurbished equipment.
The amount of time would be equal to the time of the PET scanner, as it would follow the same formula. The societies request CMS add this piece of equipment as it is already in the system. Queries indicate the cost of ER044 has not changed over time, with members confirming the cost is between $1,500-$2,000 for this yearly. The current CMS price of ER044 $1,589.08 is compatible with that pricing information.

**Indirect Practice Expense**

A recurring theme of feedback from practices and in comments to CMS was the notion that certain infrastructure costs related to placement of equipment in a building should be included in the pricing of myocardial PET. It was helpful for CMS to clarify that such costs are indirect PE and accounted for elsewhere in the PE methodology. Since those costs will otherwise go uncompensated under the current formula, the societies are considering whether a supplemental indirect PE survey would be the correct way to capture these costs. CMS guidance on the necessary steps to undertake such an action would be helpful and a topic of discussion at an expected meeting. One step that would be helpful is for CMS to calculate the PE RVUs based on inputs as they were set in the final rule with the above revisions for discussion at the previously referenced meeting. This could help stakeholders assess the priority level of a supplemental survey.

**Conclusion**

Thank you for consideration of these comments. The societies appreciate the Agencies efforts and anticipate ongoing engagement as ensure myocardial PET pricing is accurate going forward.

Sincerely,

Rob Beanlands, MD  
ASNC President

Vasken Dilsizian, MD  
SNMMNI President

Richard Kovacs, MD, FACC  
ACC President