



American Society of Neuroradiology

September 30, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693P
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-1734-P

Dear Ms. Verma,

The American Society of Neuroradiology (ASNR) represents over 5,000 physicians specializing in the field of Neuroradiology. As the preeminent society concerned with diagnostic imaging and image-guided intervention of diseases of the brain, spine, and head and neck, we appreciate the opportunity to comment on the Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B to Payment Policies; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Payment for Office/Outpatient Evaluation and Management Services; Proposed Rule.

In this comment letter, we address the following:

- Payment for Evaluation and Management (E/M) services
- Work valuation for x-ray of the eye (CPT code 70030)
- Work valuation of CT brain (CPT codes 70450, 70460, and 70470)

Payment for Evaluation and Management (E/M) services

CMS proposes to move forward with the adoption of a new coding structure for the office/outpatient E/M codes recommended by the American Medical Association (AMA) and the associated increase in valuations of these E/M services. As a result, the conversion factor valuation of \$32.2605 would be significantly decreased from the current CF value of \$36.0896, largely related to the increased RVUs for office/outpatient evaluation and management services (E/M), which represent approximately 40% of allowed charges for the Medicare Physician Fee Schedule services.

CMS also proposes separate payment for HCPCS code GpC1X to provide payment for visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care



American Society of Neuroradiology

services that are part of ongoing care related to a patients' single, serious or complex chronic condition.

While the ASNR supports the adoption of the updated coding structure and valuation for the outpatient/office E/M services, the ASNR is concerned about the significant budget neutrality adjustment that will be required to offset the payment increases. The decreased valuation of the conversion factor disproportionately negatively affects those specialties who do not report office visit codes, such as neuroradiologists. Significant payment reductions have profound effects during normal circumstances, and to impose significant cuts during and after the COVID-19 pandemic would be devastating to the medical community and compromise patient care.

During the peak of the public health emergency, many radiology practices suspended outpatient imaging. In a recent article from JACR, outpatient imaging volume decreased as much as 88% compared to the prior year during the peak of the crisis.¹ In a survey of practices across the country, overall volumes of imaging services have been down by at least 63%.² Additionally, radiology practices have implemented time-consuming safety protocols during COVID, including spacing of appointments to avoid crowding, and more frequent and intensive cleaning protocols between patients. The general downturn in utilization and the enhanced safety measures have made it extremely challenging to approach, much less achieve, the equipment utilization rate of 90% assumed in Medicare policies for practice expense reimbursement — an unreasonable expectation even in normal times, which we have commented on previously.

The full effects of the budget neutrality adjustment could create significant patient access issues during the continuing public health emergency, and the **ASNR strongly urges CMS to mitigate payment cuts using its authority to waive budget neutrality during this public health emergency.**

The ASNR also has concern over the ambiguity of the new complex services add-on code GPC1x. Multiple societies, including the AMA and the Medicare Payment Advisory Commission, have expressed concern over the ambiguity of the code. CMS has not provided guidance in the appropriate use and documentation that is expected. In addition, the RUC was unable to provide valuation recommendation of this code due to the lack of clarity on the purpose, use and reporting of the code. **The ASNR opposes the implementation of the GPC1X E/M add-on code.**

Work valuation for x-ray of the eye (CPT code 70030)

The ASNR appreciates CMS acceptance of the RUC recommendation for this code. We also appreciate CMS acceptance of the RUC recommendations for the PE inputs for this code.

Work valuation of CT brain (CPT codes 70450, 70460, and 70470)



American Society of Neuroradiology

The ASNR appreciates CMS acceptance of the RUC recommendation of these codes. We also appreciate CMS acceptance of the RUC recommendations for the PE inputs for these family of codes.

The ASNR appreciates the opportunity to comment on this CMS Proposed Rule for the Physician Fee Schedule for CY 2021. Please feel free to contact us with any questions or comments. Rahul Bhala, MBA, MPH can be reached at rbhala@asnr.org.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'J. Hirsch', is written over a light blue horizontal line.

Joshua Hirsch, MD, FACR, FSIR, FSNIS
President-2020-2021
American Society of Neuroradiology (ASNR)

cc:

Melissa Chen MD, Chair, Economics Committee Chair and RUC Primary Advisor
Bill Donovan, MD, MPH, FACR, Health Policy Chair
Ryan Lee, MD, RUC Alternate Advisor
Rahul Bhala, MBA, MPH, Director of Economics, Healthy Policy, Research
Mary Beth Hepp, MBA, Executive Director

1. Naidich JJ, Boltyenkov A, Wang JJ, Chusid J, Hughes D, Sanelli PC. Impact of the Coronavirus Disease 2019 (COVID-19) Pandemic on Imaging Case Volumes. *J Am Coll Radiol*. 2020;17(7):865-872. doi:10.1016/j.jacr.2020.05.004.
2. Malhotra A, Wu X, Fleishon HB, et al. Initial Impact of Coronavirus Disease 2019 (COVID-19) on Radiology Practices: An ACR/RBMA Survey. *J Am Coll Radiol*. August 2020. doi:10.1016/j.jacr.2020.07.028.