



American Society of Neuroradiology

September 10, 2021

Chiquita Brooke-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-1751-P

Dear Ms. Brooke-LaSure,

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 2022 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:

- Appropriate Use Criteria for Advanced Diagnostic Imaging
- Clinical Labor Pricing Update
- Conversion Factor
- Expiration of Virtual Direct Supervision, PHE Flexibilities
- Quality Measures Proposed for Removal

Appropriate Use Criteria for Advanced Diagnostic Imaging

CMS is proposing a flexible effective date for the AUC program payment penalty phase to begin the latter of January 1, 2023, or the January 1 that follows the declared end of the PHE for COVID-19. CMS also acknowledges that updates or modifications to orders for imaging services may be necessary in certain situations once the beneficiary is under the care of the furnishing professional.



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The ASNR continues to support the adoption of Appropriate Use Criteria for Advanced Imaging Studies as a method to promote improving appropriateness of imaging studies ordered. We note however the impact of the PHE in delaying the readiness of practitioners and facilities. In particular, the implementation of a workflow in obtaining the required AUC information for those ordering professionals not using the EHR of the furnishing provider has still not been adequately developed. **Therefore, we agree with the CMS proposal of delaying the AUC program payment penalty phase of the latter of January 1, 2023 or the January 1 that follows the declared end of the PHE for COVID-19.**

The ASNR also appreciates the recognition by CMS that at time orders for imaging studies may need to be modified once under the care of the furnishing provider. **We agree with the CMS proposal that in the conditions outlined in the CY22 PFS proposal, the ordering professional would not be required to consult the AUC. Further, we agree with the CMS proposal that for inpatients who have changed their status to outpatients, claims for these studies bypass the AUC claims processing edits.**

Clinical Labor Pricing Update

CMS is proposing to update their prices for clinical labor staff, which has not been updated since 2002. This review is partially in response to the recent efforts to update the supply and equipment prices, and also due to stakeholders' concerns about clinical labor costs not being reflective of current wages.

The ASNR agrees with CMS proposal to use data from the United States Bureau of Labor Statistics as it is the most accurate source as a basis for clinical labor pricing. However, we note that since the practice expense component of physician payment is fixed, increasing payment of clinical labor would result in decreased reimbursement for supplies and equipment due to budget neutrality which in turn unfairly affects those specialties that require expensive supplies and equipment. While the ASNR supports appropriate reimbursement of clinical labor, we feel it is not appropriate for some specialties to disproportionately assume these costs. **Therefore, the ASNR recommends the suspension of budget neutrality if clinical labor costs are increased in order to not disproportionately adversely affect specialties that require expensive equipment.**

Conversion Factor

CMS estimates a CY 2022 conversion factor of \$33.5848 compared to the 2021 conversion factor of \$34.8931. CMS estimates an overall impact of the MPFS proposed changes to radiology to be a 2 percent decrease, while interventional radiology would see an aggregate decrease of 9 percent.



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The ASNR continues to support the revised coding structure and valuation for outpatient/office E/M services. However, the ASNR continues to be concerned for the budget neutrality adjustment required to offset the payment increases. In particular, the decreased valuation of the conversion factor disproportionately negatively affects those specialties such as neuroradiology who do not routinely report office visit codes. The ASNR applauds Congress for the passing of the Consolidated Appropriations Act of 2021 which partially helped to mitigate the decreased valuation of the conversion factor in CY2021. We have seen the detrimental effects of the COVID-19 PHE in communities across the country, and the proposed significant payment reductions for CY2022 will multiply these effects in the medical community which ultimately compromises patient care.

Therefore, The ASNR strongly urges CMS to mitigate payment cuts using its authority to waive budget neutrality for CY2022 given the continued COVID-19 public health emergency.

Expiration of Virtual Direct Supervision, PHE Flexibilities

CMS is seeking comment on the extent to which the flexibility to meet the immediate availability requirement for direct supervision through the use of real-time, audio/video technology is being used during the PHE, and whether physicians and practitioners anticipate relying on this flexibility after the end of the PHE. CMS is seeking comment on whether this flexibility should potentially be made permanent.

The ASNR appreciates the provisions CMS has allowed during the PHE in authorizing the inclusion of virtual presence using real-time, audio/video technology. This has permitted the continuation of robust supervision of radiological healthcare of patients as well as education of trainees during the hardship of the PHE. While this widespread implementation of virtual supervision was originally intended to give flexibility during the PHE, there are also advantages of virtual supervision which have been realized. **Therefore, the ASNR agrees with the CMS proposal of permanently including the provision of virtual supervision in the definition of direct supervision.**

Quality Measures Proposed for Removal

CMS has proposed the removal of several measures which have historically been used by radiologists reporting through ACR's NRDR QCDR, including #195: Radiology: Stenosis Measurement in Carotid Imaging Reports.

As CMS continues its transition from traditional MIPS to MIPS Value Pathways (MVPs), it is essential that those specialties which have fewer quality measures maintain the measures that are currently available for its participants. In particular, the removal of measure #195: Radiology:



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Stenosis Measurement in Carotid Imaging Reports would deplete an already relatively small list of quality measures available to neuroradiologists. Although the transition to MVP could mitigate this issue, the vast majority of neuroradiologists are still reporting under MIPS, and it is essential that as many quality measures be made available now. **Therefore, the ASNR recommends that CMS reconsider removing measure #195: Radiology: Stenosis Measurement in Carotid Imaging Reports.**

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 that reads 'Tina Young Poussaint'.

Tina Young Poussaint, MD, FACR
President-2021-2022
American Society of Neuroradiology (ASNR)

cc:

Melissa Chen MD, Chair, Health Policy and Economics Chair, Primary RUC Advisor
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