



ASNR

American Society of Neuroradiology
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July 25, 2011

Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1582-PN
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-1582-PN; Medicare Program; Five Year Review of Work Relative Value Units Under the Physician Fee Schedule; Proposed Notice

Dear Administrator Berwick:

The American Society of Neuroradiology represents 4,300 physicians specializing in the field of neuroradiology. We are the preeminent society concerned with the diagnostic imaging and image-guided intervention of diseases of the central nervous system, brain, head and neck. We are pleased to be given the opportunity to comment on the Fourth Five Year Review Proposed Rule published on June 6, 2011. First, we will be making some general comments concerning the apparent general disconnect between the AMA RUC and CMS concerning work values. Next, we will comment on CMS' practice expense methodologies. Finally, we will be addressing the work values for codes 22521 (percutaneous vertebroplasty, lumbar), 22523 (percutaneous kyphoplasty, thoracic) and 22524 (percutaneous kyphoplasty, lumbar).

General Comments

The ASNR is very concerned about the apparent disconnect between the AMA RUC and CMS concerning work values. In the fourth five year review proposed notice, CMS only accepted 89 of the 173 AMA RUC recommendations, which is a little over 51 percent. For the second and third five year reviews, CMS had accepted 95 percent of the AMA RUCs recommendations each. ASNR hopes that this sizeable drop in acceptance is an anomaly and not a trend. Specialty societies involved in the five year review process put substantial time and effort into surveying the selected codes. It is disheartening to see CMS disregard almost half of the RUCs recommendations.

The ASNR requests that CMS be more transparent in its decision-making process by providing rationale when disagreeing with a RUC recommendation. It is sometimes unclear what logic CMS uses to derive a revised work value. The ASNR also finds it very concerning that for one of the codes in this year's proposed notice, CMS recommended to use the lowest surveyed work

value. It is troubling that one person’s opinion was used to establish a national payment determination.

CMS Practice Expense Methodology – PPIS Data Usage

In the proposed notice, CMS stated that they calculated the indirect practice expense portion of the overall practice expense values for services under the physician fee schedule by using the PPIS data. The ASNR believes that the PPIS data are unrepresentative of diagnostic radiology, including neuroradiology. The ASNR recommends that CMS plan to resurvey and replace current PPIS data by 2013. This survey should be stratified by hospital and non-hospital practice settings. The stratified data can then be blended based on distribution of volume.

Percutaneous Vertebroplasty/Kyphoplasty (22521, 22523, 22524)

In the proposed notice, CMS stated that codes 22521, 22523 and 22524 currently include one full discharge management day (E/M code 99238). With these three codes being typically performed in an outpatient setting, ASNR and the AMA RUC both agreed that reducing the discharge management day by half would be more appropriate. The AMA RUC stated that the inclusion of one full discharge management day was a clerical error and that the three codes were in fact valued in the survey using half of a discharge management day. CMS did not accept this assertion, and is recommending the subtraction of 0.64 work RVUs from each code, half of the work RVU value of one discharge management day (E/M code 99238; 1.28 Work RVUs).

CPT Code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision	CMS Refinements to Time
22521	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; lumbar	8.65	8.01	Disagree	
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	9.26	8.62	Disagree	
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	8.86	8.22	Disagree	

The ASNR disagrees with CMS' proposed values for 22521, 22523 and 22524, and believes that these codes should be maintained at their previous RUC recommended values. A clerical error in the RUC database caused the discharge management time to incorrectly reflect the wrong discharge management time. The specialties involved in valuing these three codes during the 2010 five year review clearly showed that all codes in the vertebroplasty and kyphoplasty family were valued based on the patient being discharged in the same day (i.e. only half of a discharge management day).

In addition, reducing the values of these three codes would cause a rank order anomaly with 22520 (*Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic*), which would become the highest valued code in the family, even though 22523 has a higher intensity and includes more work than 22520. **Based on the above arguments, the ASNR requests that CPT code 22521 be maintained at 8.65 RVUs, CPT code 22523 be maintained at 9.26 RVUs and CPT code 22524 be maintained at 8.86 RVUs.**

Conclusion

The opportunity to comment on this proposed notice is much appreciated. The ASNR appreciates CMS' continued collaboration with specialty societies. If you have any questions or comments on this letter, please contact James B. Gantenberg, ASNR Executive Director, at jgantenberg@asnr.org.

Sincerely,



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President
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