



American Society of Neuroradiology

9/19/2019

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-1715-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; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program; Proposed Rule.

In this comment letter, we address the following issues:

- Work valuation for Lumbar Puncture (CPT codes 62270, 622X0, 62272 and 622X1)
- Work valuation for X-ray Sinuses (CPT codes 70210, 70220)
- Work valuation for X-ray Skull (CPT codes 70250, 70260)
- Work valuation for X-ray Neck (CPT code 70360)
- Work valuation for X-ray Spine (CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, 72120)
- Work valuation for CT-Orbit-Ear-Fossa (CPT codes 70480, 70481, and 70482)
- Work valuation for CT spine (CPT codes 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, and 72133)

Work valuation for Lumbar Puncture (CPT code 62270, 622X0, 62272 and 622X1):

The ASNR disagrees with the CMS proposed valuation of CPT code 62270 (*Spinal puncture, lumbar, diagnostic*) of 1.22 based on proposed crosswalk of CPT code 40490 (*Biopsy of lip*). The use of this cross-walk does not consider differences in intensity and complexity in procedures. 62270 is a more intense and complex procedure because this procedure involves



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insertion of a needle to at least a depth of 6-7 cm in the average sized patient while navigating around spine anatomy such as subcutaneous soft tissues, paraspinal muscles, spinous process, interspinous ligament, transverse process, epidural space and dura to access the cerebrospinal space. Complications of 62270 include epidural hematoma and brain herniation which both can lead to neurologic compromise. 40490 is a superficial procedure that does not require navigation of a needle around anatomic structures. Additionally, the patient population complexity differs vastly for the 2 procedures. 62270 is typically performed in the Emergency Room and Inpatient and 40490 is typically performed in an Outpatient setting. The differences in anatomy, superficial versus deep procedure, different levels of complications between the 2 procedures and patient population contribute to differences in intensity and complexity of the 2 procedures.

The RUC acknowledged that the patient population is more complex than when it was previously surveyed by a different specialty and therefore contributes to the difference in intensity/complexity in the valuation of the procedure. Although the survey time decreased, the intensity/complexity of the procedure increased.

For CPT code 622X0, the ASNR disagrees with the CMS methodology of using an increment, building block methodology from the base code. RUC-approved methodology of utilizing survey data inherently incorporates the differences in patient population for this procedure and differences in complexity with addition of imaging modality. Patients for 622X0 have typically failed a bedside lumbar puncture or have prior history of spine surgery that requires imaging to facilitate access into the cerebrospinal fluid space. Furthermore, the addition of imaging with fluoroscopy guidance adds a level of complexity in judgement and decision making in assessing the needle location to make necessary adjustments to the needles. Calculating a step-up in value from 62270 does not accurately capture the work differences.

For CPT code 62272 and 622X1, the ASNR disagrees with CMS methodology of using incremental step-up. Inconsistent use of survey data results in distortion of the relativity scale in the fee schedule.

The ASNR urges CMS to implement the RUC-recommended values of 1.44 RVU for CPT code 62270, 1.95 RVU for CPT code 622X0, 1.80 RVU for CPT code 62272, and 2.25 RVU for CPT code 622X1.

The ASNR appreciates CMS' acceptance of the direct practice expense inputs as recommended by the RUC.

Work valuation for X-Ray Exam - Sinuses (CPT codes 70210 and 70220)

The ASNR disagrees with the CMS refinement for CPT code 70210 based on time comparison. We note that the surveyed code CPT 70210 is a CMS/Other code, and as such source times for CMS/other codes is unknown and not based on surveyed data. Therefore, comparison of the surveyed times with historical times is not a valid methodology to assess appropriateness of current valuation. The RUC recommendations are survey-based and maintain relativity among the larger



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family of codes. This study compares well with CPT code 70355 (*Orthopantomogram (eg, panoramic x-ray)*), which covers a similar anatomic region and similar in work intensity and times and as such its RUC recommended RVU of 0.20 is representative of the work for 70210.

The ASNR appreciates CMS acceptance of the RUC recommendation of 0.22 RVU for CPT code 70220.

The ASNR also appreciates CMS acceptance of the RUC recommendations for the direct PE inputs for all the codes within the family.

Work valuation for X-Ray Exam - Skull (CPT codes 70250 and 70260)

The ASNR disagrees with the CMS refinement of the RUC recommended value and proposed crosswalk of 73501. We note that the proposed crosswalk to CPT code 73501 with an RVU 0.18 is a significantly less complex procedure than the surveyed code given that this is a single view code compared to 70250 which has multiple views. Furthermore, the 70250 is a CMS/Other code, and as such was previously valued using an unknown methodology with unknown source of times. Therefore, comparison of the surveyed code with historical times is not a valid methodology to assess appropriateness of current valuation.

The ASNR disagrees with the CMS refinement in valuation for CPT code 70260. We note that this code is a Harvard-valued code and thus had its time extrapolated and was not measured directly as the RUC process performs through its surveys. Therefore, comparison of the surveyed code with historical values in this case is not a valid methodology to assess appropriateness of current valuation. We also do not agree with the use of incremental building block to value this code instead of using the survey data. The survey supports the RUC recommendation of

For these reasons, the ASNR recommends that CMS implement the RUC-recommended 0.20 RVU for CPT code 70250 and 0.29 RVU for CPT code 70260.

The ASNR appreciate CMS acceptance of the RUC recommendations for the direct PE inputs for all the codes within the family.



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Work valuation for X-Ray Exam - Neck (CPT code 70360)

The ASNR disagrees with the CMS refinement for 70360 of 0.18 RVU based on the crosswalk of CPT code 73552 (Radiologic examination, femur, minimum 2 views). We note that the proposed crosswalk of 73552 is a suboptimal comparison given that the surveyed code is part of the axial skeleton, as opposed to CPT code 73552 which evaluates the appendicular structures. Examinations evaluating axial structures in general are more difficult to interpret given the overlapping structures, compared to appendicular examinations, and as such warrant higher valuation. Furthermore, we also note that the surveyed code CPT 70360 is a CMS/Other code, and as such the source of times is unknown. Therefore, comparison of the surveyed code with historical values is not a valid methodology to assess appropriateness of current valuation. The RUC recommended value of 0.20 wRVU is data driven based on survey and maintains relativity among the larger family of codes.

The ASNR appreciates CMS acceptance of the RUC recommendations for the direct PE inputs for all the codes within the family.

Work valuation for X-ray spine (CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, and 72120):

CPT codes **72020** (*Radiologic examination spine, single view, specify level*) and **72072** (*Radiologic examination, spine; thoracic, 3 views*) were identified on a CMS/Other screen for codes with utilization greater than 100,000. The code family was expanded to include 10 additional CPT codes to be reviewed together as a group:

72040 (*Radiologic examination, spine, cervical; 2 or 3 views*)

72050 (*Radiologic examination, spine, cervical; 4 or 5 views*)

72052 (*Radiologic examination, spine cervical; 6 or more views*)

72070 (*Radiologic examination spine; thoracic, 2 views*)

72074 (*Radiologic examination, spine; thoracic, minimum of 4 views*)

72080 (*Radiologic examination, spine; thoracolumbar junction, minimum of 2 views*)

72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*)

72110 (*Radiologic examination, spine, lumbosacral; minimum of 4 views*)

72114 (*Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views*)



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72120 (*Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views*).

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

Work valuation for CT-Orbit-Ear-Fossa (CPT codes 70480, 70481, and 70482)

The ASNR disagrees with the CMS refinements for this code family based on comparison of surveyed times to previous times. 70480, 70481 and 70482 are CMS/other codes and the source of times within these codes are unknown, and therefore the times are essentially incomparable.

For code 70480, the ASNR disagrees with the CMS-selected comparison codes of 72128 (*CT thoracic spine without contrast*) and 71250 (*CT chest, without contrast*). 70480 is a much more anatomically complex code compared to these procedures. 70480 is used to assess one of the more anatomically complex areas for neuroradiologists, the temporal bone anatomy, in order to identify the cause of hearing losses. ASNR recommends the RUC recommend value of 1.28 which is supported by survey data and maintain relativity within the fee schedule.

For code 70481, the ASNR disagrees with the CMS selected comparison code of CPT code 76641 (*unilateral breast ultrasound; complete*). CMS also cites comparison to CPT code 70460 (*CT head or brain with contrast*), which actually matches the RVU of the RUC recommended value of 70481 of 1.13. Comparison to 70450 (*CT head without contrast*) is not recommended given differences in work related to presence of intravenous contrast which allows for more soft tissue contrast. ASNR notes that the RUC has historically accepted different weighting of intensity of work for intraservice time compared to pre- and post-service work rather than lumping total times together and comparing total times for procedures. The intraservice time for 70481 slightly higher than both of the comparison codes CMS recommends. 70487 (*CT maxillofacial with IV contrast*), which is also one of the most commonly chosen key reference services, is the most similar in work to 70481 and supports the RUC recommended value of 1.13.

The ASNR appreciates that CMS agrees with the RUC-recommended value of 1.27 for 70482.

The ASNR appreciate CMS acceptance of the RUC recommendations for the direct PE inputs for all the codes within the family.

Work valuation for CT spine (CPT codes 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, and 72133)

The ASNR disagrees with the CMS refinement for 72125 based on the same surveyed times in the other non-contrasted spine codes in the family. Intensity and complexity of procedures remain an important component of valuation supported by the RUC. 72125 is an anatomically more complex structure given the number of articulations at the craniocervical junction and more prone to injury than any other location in the spine. In addition, 72125 is more frequently



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performed in the Emergency Room setting compared to the other non-contrasted CT spine codes, 72128 and 72131 and therefore has more complex patient population. The ASNR urges CMS to accept the RUC recommended value of wRVU of 1.07.

The ASNR appreciates CMS' acceptance of the RUC recommended values for the remaining codes in the family.

The ASNR appreciates CMS acceptance of the RUC recommendations for the direct PE inputs for all the codes within the family.

The ASNR appreciates the opportunity to comment. 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 'Robert M. Barr', is written over a light gray rectangular background.

Robert M. Barr, MD, FACR
President

cc: Greg Nicola, MD, FACR, Chair, Economics Committee
Melissa Chen, MD, RUC Primary Advisor
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