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August 10, 2018

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: 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

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:

- Public nomination of potentially misvalued code, CPT 70450, CT head without contrast
- Work valuation for X-ray spine (CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, and 72120)
- Direct PE inputs and Equipment Time Refinement for X-ray spine (CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, and 72120)

Public nominations of potentially misvalued codes including CPT code 70450, CT head w/o contrast:

The submitter of these nominations stated that the “times CMS assumes in estimation work RVUs are inaccurate for procedures, especially due to substantial overestimates of preservice and post service time”, and that “time estimates for some tests and other procedures are primarily overstated as part of the intraservice time.”

We believe that selecting only certain CPT codes, which have undergone the RUC process with validated surveys is not a rational approach. If the times assumed based on the RUC approved survey data are invalid of these codes, they should be invalid for the entire physician fee schedule so that consistent methodology is applied to all CPT codes.

The submitter also stated “that previous RUC reviews of these services did not result in reductions in valuation that adequately reflected reductions in surveyed times.” With regard to 70450, the times prior to survey were “CMS/other” times and not subdivided into the pre, intra and post service categories. Drawing comparisons to prior RUC database times to the surveyed times is invalid as the source of these times are unknown and completely different than the times obtained with surveys.

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

The ASNR disagrees with the proposed methodology to use the utilization-weighted average RUC-recommended work RVU for the x-ray codes. This unprecedented approach would introduce a rank-order anomaly throughout the x-ray family of codes. The predominant specialty providing the service and complexity of patients are completely different across this code family. CMS’ proposed methodology disregards the time, complexity and intensity of the physician work.

The RUC has debated multiple times the issue of such low intraservice time CPT codes and each time agreed that refinement of work times in increments of less than 1 minute is difficult to survey. In the past, some of the x-ray codes have been surveyed, and the survey data validated the existing times and values, confirming that changes in technology did not contribute to significant changes in work. With the advent of PACS and the availability of numerous historical images from patients, the work may even increase because of the need to compare current studies to prior studies, not just x-rays but cross-sectional imaging such as CTs and MRIs that may be available.

The cross-walk methodology, recommended by the specialty societies and approved by the RUC research committee, of using existing recently surveyed codes preserves the relativity of work across the fee schedule, and has been RUC validated methodology used in the past.

Direct PE inputs and Equipment Time Refinement for CPT codes (CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, and 72120):

The ASNR appreciates and agrees with adding a patient gown (SB026) supply to the CPT code 72120. We would like to provide clarity on the typical number of films obtained for the x-ray spine codes and the rationale for the number of minutes and assumed number of views that would be typical.

In order to adequately assess the cervical spine, a minimum of 3 views would be needed. For this reason, 720740 typically is a 3-view code with Anterior-Posterior (AP), lateral and open mouth odontoid views. The open mouth odontoid view helps in the assessment of the atlanto-occipital joint, which is a complex

joint with at least 4 articulations. The AP and lateral views of the vertebral bodies are required to assess the alignment of the vertebral bodies in two planes, the disc spaces, the spinal canal, fractures, and widening of different joints.

The typical scenario for a 72050 code allows for the evaluation of the neural foramen of the cervical spine, the location where the nerve roots exit the spine, in addition to the normal assessment of the spine. In this code, oblique views of the spine would be obtained to assess both sides, and therefore 2 additional views would be taken. Even if the patient's symptoms were on one side, both views are taken so that the patency of the foramina can be compared to each other. In total, the views that would be typical for the 72050 code would be, AP, Lateral, open mouth odontoid view, and 2 oblique views (right and left), a total of 5 views.

The typical scenario of 72052 would include the dynamic assessment of the cervical spine, in addition to the 72050 views, and therefore 7 views would be typical. A lateral view of the cervical spine would be obtained with the patient in flexion, and then an additional view of the patient in extension. This would allow for the alignment of the vertebral bodies in different positions to determine if there is instability.

Although the x-ray technology has changed over time with the conversion to digital detectors rather than x-ray film, the physical transfer of images using a plate by the technologist is required. The technologist loads a digital plate into the x-ray machine to capture the image. The plate is then removed from the x-ray machine to be read by an imaging reading device, which then transfers the image to the PACS. The image/data is then wiped clean from the plate for the next image to be obtained.

The ASNR appreciates this opportunity to comment. Please feel free to contact us any time through Rahul Bhala, MBA, MPH at rbhala@asnr.org with questions or requests.

Respectfully Submitted,



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ASNR President

cc: Greg Nicola, MD, FACR, Economics Committee
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