

September 28, 2020

Seema Verma, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; CY 2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Proposed Rule; CMS-1734-P

Dear Administrator Verma,

The American Association of Physicists in Medicine (AAPM)¹ is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) in response to the August 18, 2020 *Federal Register* notice regarding the 2021 Medicare Physician Fee Schedule (MPFS) proposed rule.

Medical Physics Code 7615X

The CPT Editorial Panel created CPT code 7615X *Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report*, which is a new practice expense-only code. CMS is proposing the RUC-recommended direct practice expense inputs for CPT code 7615X without refinement.

CPT 7615X is used to describe the medical physicist's work in performing a patient-specific peak organ dose calculation subsequent to a fluoroscopically guided interventional radiology procedure (or similar high dose procedure) exceeding the facility's established threshold for radiation air kerma from one or more procedures.

¹ The American Association of Physicists in Medicine (AAPM) is the premier organization in medical physics, a broadly-based scientific and professional discipline encompassing physics principles and applications in biology and medicine whose mission is to advance the science, education and professional practice of medical physics. Medical physicists contribute to the effectiveness of radiological imaging procedures by assuring radiation safety and helping to develop improved imaging techniques (e.g., mammography CT, MR, ultrasound). They contribute to development of therapeutic techniques (e.g., prostate implants, stereotactic radiosurgery), collaborate with radiation oncologists to design treatment plans, and monitor equipment and procedures to insure that cancer patients receive the prescribed dose of radiation to the correct location. Medical physicists are responsible for ensuring that imaging and treatment facilities meet the rules and regulations of the U.S. Nuclear Regulatory Commission (NRC) and various State regulatory agencies. AAPM represents over 7,000 medical physicists.

The AAPM supports the CMS proposal to implement the RUC-recommended direct practice expense inputs for CPT code 7615X without refinement. We would like to thank the Agency for recognizing this important medical physics service and providing Medicare coverage and payment effective January 1, 2021.

Effective January 1, 2007, the Deficit Reduction Act of 2005 (DRA) imposed new payment caps on imaging and computer-assisted imaging services, limiting reimbursement for the technical component (including the technical component of global fees) to the lesser of what would be paid under Medicare's Hospital Outpatient Prospective Payment System (HOPPS) or Physician Fee Schedule payment. These caps apply to X-rays, ultrasound (including echocardiography), nuclear medicine (including positron emission tomography), magnetic resonance imaging, computed tomography and fluoroscopy.

We understand that CMS has designated new CPT code 7615X as an imaging service subject to the DRA cap. However, CPT 7615X is **not** an imaging service but a patient-specific organ dose assessment and evaluation performed by a medical physicist that can be utilized across a broad spectrum of cardiology and interventional radiology services. These dose calculations are commonly associated with interventional procedures and not diagnostic imaging studies.

The AAPM urges CMS to remove the Deficit Reduction Act (DRA) cap designation for new CPT 7615X *Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report.*

Conversion Factor & Budget Neutrality

The CMS 2020 Medicare Physician Fee Schedule (MPFS) final rule published in November 2019 increased rates for the office-based evaluation and management (E/M) code set beginning in calendar year 2021. On August 3, 2020, CMS issued the 2021 MPFS proposed rule, which would finalize changes related to E/M services. While these changes were intended to reduce administrative burden and improve payment rates, the implementation of the changes will shift payment across specialties and activate the budget neutrality requirement, which will offset payment increases with corresponding decreases.

CMS estimates a 2021 conversion factor of \$32.2605, which is a significant decrease to the 2020 conversion factor of \$36.0896. This update reflects the 0.0% update established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and a reduced budget neutrality adjustment of minus 10.61% to account for changes in RVUs associated with the new office visits E/M code set.

While AAPM has been supportive of CMS's restructuring and revaluing of the office-based E/M codes, we are concerned that imposing the budget neutrality provisions will lead to significant cuts at a time when radiation oncology and radiology practices are struggling to recover financially from COVID-19. These poorly timed cuts will adversely impact the ability of radiation oncology and radiology practices to diagnose and treat patients.

Accordingly, we ask CMS to prevent such destabilizing cuts by waiving the budget neutrality requirements before the final E/M code proposal is implemented on January 1, 2021. This action would provide critical relief for radiation oncology and radiology practices and ensure patients' continued access to care.

The AAPM urges CMS to utilize its authority under the public health emergency declaration to preserve patient access to care and mitigate financial distress due to the pandemic by implementing the office visit E/M code set increases as planned while waiving budget neutrality requirements for the new Medicare evaluation and management payment policy. AAPM supports continued CMS action to provide COVID-19 relief and bolster diagnostic imaging and cancer care delivery, and we urge the Agency to take swift action to avert the Medicare payment cuts that would exacerbate the challenging conditions facing radiation oncology and radiology care practices and their patients.

Medical Equipment Prices

Beginning in 2019, CMS finalized a proposal to update the Direct Practice Expense (PE) inputs for medical equipment and supply pricing. To address significant changes in payment, CMS is phasing-in the new direct PE inputs over a four-year period from 2019-2022.

CMS initiated a market research contract with StrategyGen to conduct an in-depth and robust market research study to update the MPFS direct practice expense inputs for medical equipment and supplies. While the AAPM supports CMS efforts to update equipment and supply pricing to reflect current costs, the AAPM also believes that the final post-transition pricing for certain medical equipment items used for cancer care are inaccurate, including some price modifications by CMS in the 2019 MPFS final rule with comment period. The limited stakeholder input and lack of transparency of the contractor process and specific inputs (i.e. manufacturer name, model and price) used to develop updated pricing are concerning. In particular, the AAPM believes the two (2) medical equipment items shown in Table 1 remain significantly undervalued relative to fair market pricing.

Table 1

Equipment Item	2018 Price	2021 Proposed Price	2022 Final Price	Percentage Change Over 4-Year Transition Period
ER003 HDR Afterload System, Nucletron - Oldelft	\$375,000	\$193,181	\$132,575	-64.6%
ER083 SRS System, SBRT, Six Systems	\$4,000,000	\$3,230,291	\$2,973,722	-25.7%

Both equipment items shown in Table 1 have recommended prices that are below industry standards. Given the high cost of these items and their substantial utilization in certain radiation oncology delivery codes, it is imperative that CMS inputs accurately reflect marketplace pricing.

The AAPM recommends that CMS conduct additional research regarding fair and accurate market pricing for medical equipment items ER003 HDR Afterload System and ER083 SRS System, SBRT and accept newly submitted invoices during the 60-day comment period.

Appropriate payment for medical physics services, radiology and radiation oncology procedures is necessary to ensure that Medicare beneficiaries continue to have full access to diagnostic imaging and high quality cancer treatments. We hope that CMS will consider these issues for the 2021 Medicare Physician Fee Schedule final rule. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (561) 631-0677.

Sincerely,



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