



Myocardial PET Spared Drastic Payment Cuts for 2020

Dear ASNC Member,

Today the Centers for Medicare and Medicaid Services (CMS) released the 2020 Medicare Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System Rules.

In the PFS rule, CMS announced it will not finalize its proposal to assign Practice Expense (PE) RVUs to myocardial PET services using direct PE inputs and will instead maintain contractor pricing for the technical component of these services until more accurate sets of inputs can be developed.

CMS also decided it would not finalize its proposed work RVUs for myocardial PET and will instead adopt the higher work RVUs as recommended by the AMA Relative Value Scale Update Committee (RUC).

The final rule represents a reversal to CMS' payment proposals for office-based PET and an important win for nuclear cardiology.

Earlier this summer, CMS proposed payment inputs for myocardial PET that would have led to payment reductions as high as 80 percent for the technical component of PET services when provided in the physician office.

ASNC fought to prevent these drastic cuts from occurring by highlighting the gaps in the data and information that CMS used for calculating proposed payment rates.

Currently, nuclear medicine PET codes (78459, 78491 and 78492) have technical component payments set by local contractors as "C" contractor-priced. CMS' proposed payment changes were precipitated by review of the codes by the AMA CPT Editorial Panel and RUC due to technological advances in PET. Contributing to the proposed reductions was CMS' assumption of a 90 percent utilization rate for PET cameras. In the final rule, CMS was also swayed by public comment to instead adopt a 50 percent utilization rate.

This year, ASNC launched a regulatory and legislative grassroots advocacy effort to stop drastic cuts to PET services which led to the largest grassroots response by ASNC members in the organization's history. More than 43 members of Congress voiced their concerns to CMS about the proposed cuts and asked the Agency to work with medical societies to review cost inputs.

ASNC members are to be congratulated for their advocacy that resulted in this important victory. CMS was compelled by the evidence submitted by public commenters, but there is much still to be done. The public has until February 10, 2020 to submit additional information on the most accurate resource-based payment for these PET services. Look for future communications from ASNC about how you can help.

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