



December 22, 2009

Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1414-FC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates;
Final Rule

Dear Ms. Frizzera:

The American College of Radiology (ACR), representing more than 37,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists, appreciates this opportunity to comment on the final notice "Hospital Outpatient Prospective Payment System (HOPPS)" published in the Federal Register on November 25, 2009. The ACR would like to present our position on the interim APC assignment of new CPT code 75571 [Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium].

CPT code 75571 replaces deleted Category III code 0144T [Computed tomography, heart, without contrast material, including image postprocessing and quantitative evaluation of coronary calcium]. Code 0144T was released in July 2005 for implementation in January 2006. It was assigned to APC 0398 (Level I Cardiac Imaging) with a payment rate of \$250.17. In 2008, CMS packaged radiopharmaceuticals into most of the codes assigned to APC 0398 which increased the payment rate to \$346.52. This change prompted a reassignment of CPT code 0144T from APC 0398 to APC 0282 (Miscellaneous Computed Axial Tomography) with a 2008 payment rate of \$106.80. The code remained in APC 0282 in 2009.

In the 2010 final rule, Category III code 0144T is identified as a deleted code and its Category I replacement code 75571 is assigned to APC 0340 (Minor Ancillary Procedures) with a payment rate of \$45.11. If the code had remained in APC 0282 where its predecessor code 0144T had been assigned, the payment rate would have been \$109.81. The effect of this interim APC assignment is a reduction in payment of 59 percent. CPT code 75571 was assigned a comment indicator of "NI" providing us the opportunity to comment on this interim APC assignment.

For the sake of maintaining clinical coherence and in light of the resources required to perform computed tomography of the heart with quantitative evaluation of coronary calcium, we recommend that code 75571 be reassigned to APC 0282 (Miscellaneous Computed Axial Tomography). This APC includes the following CT procedures:

- 76380 Computed tomography, limited or localized follow-up study
- 76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)

- 77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)

Clearly, CPT code 75571 is much more clinically comparable to the codes in APC 0282 than to any of the procedure codes assigned to APC 0340 (Minor Ancillary Procedures) such as insertions of Foley catheters (CPT code 51702) and removal of impacted cerumen (CPT code 69210).

According to section 1833(t)(2) of the Act, subject to certain exceptions, services and items within an APC cannot be considered comparable with respect to the use of resources if the highest median cost for an item or service in the APC is more than 2 times greater than the lowest median cost for an item or service within the same APC. We acknowledge that the median costs of code 75571 (see table below) violate this so-called “two times rule” and we suspect that is why CMS moved code 75571 out of APC 0282.

Code	Short Description	Median Cost
75571	CT hrt w/o dye w/ca test	\$47.13*
76380	CAT scan follow-up study	\$110.82
76497	CT procedure	\$101.18
77079	CT bone density, peripheral	\$62.23

* This is the median cost of the predecessor Category III code 0144T.

We believe an exception to the “two times rule” is warranted in the case of CPT code 75571, As described in more detail below, this code meets the first two of the following five criteria for exceptions that were first established in the April 7, 2000 OPPS final rule (65 FR 18457):

- Resource homogeneity;
- Clinical homogeneity;
- Hospital outpatient setting;
- Frequency of service (volume); and
- Opportunity for upcoding and code fragments.

Resource Homogeneity: In its discussion of this criterion in the 2000 OPPS final rule, CMS stated: “The amount and type of facility resources, for example, operating room time, medical surgical supplies, and equipment, that are used to furnish or perform the individual procedures or services within each APC should be homogeneous.” For 2010, CMS has assigned the CT procedure code 75571 to an APC with 25 other procedures, not one of which involves the use of a CT scanner. The CMS database on the direct costs of equipment that is used in the calculation of practice expense RVUs for the physician fee schedule lists the price of a CT scanner at \$1,284,000. No other code assigned to APC 0340 has resource costs that come anywhere near this figure. On the other hand, all the codes assigned to APC 0282 involve the use of a CT scanner. To maintain resource homogeneity, an exception to the “two times rule” should be made and CPT code 75571 should be reassigned to APC 0282.

Clinical Homogeneity: In its discussion of this criterion in the 2000 OPPS final rule, CMS stated: “The definition of each APC group should be “clinically meaningful,” that is, the procedures or services included within the APC group relate generally to a common organ system or etiology, have the same degree of extensiveness, and utilize the same method of treatment, for example, surgical, endoscopic, etc.” CPT code 75571 is a diagnostic imaging service performed with a CT scanner that belongs with other diagnostic



imaging service performed with a CT scanner. To maintain clinical homogeneity, an exception to the “two times rule” should be made and CPT code 75571 should be reassigned to APC 0282.

Conclusion

Thank you for the opportunity to comment on this final rule. The ACR looks forward to continued dialogues with CMS officials. Should you have any questions on the items addressed in this comment letter, please contact Sneha Soni at (800) 227-5463, ext. 4576 or via email at ssoni@acr.org.

Respectfully Submitted,

A handwritten signature in black ink that reads "Harvey L. Neiman, MD". The signature is written in a cursive style.

Harvey L. Neiman, MD, FACR
Chief Executive Officer

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