

December 22, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1784-F
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program

Dear Administrator Brooks-LaSure:

The American College of Radiology (ACR), representing more than 41,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (CMS) on the calendar year (CY) 2024 Medicare Physician Fee Schedule (MPFS) Final Rule.

Soliciting Public Comment on Strategies for Updates to Practice Expense Data Collection and Methodology

Background

In recent years, CMS has been making updates to their practice expense inputs and reviewing their PE methodology. CMS acknowledges that some of the data used in their calculations has not been updated in over 15 years, since the 2007/2008 Physician Practice Information Survey (PPIS) was performed to collect practice cost information on specialties.

CMS has invited continued dialogue with stakeholders, asking for feedback on how to best update practice cost information in a more repeatable and transparent process, as well as any potential unintended consequences to consider. CMS is aware that the AMA is currently in the middle of a renewed PPI survey with multispecialty support. The AMA survey is expected to run until the end of 2024.

ACR Perspective and Comments

The ACR appreciates every opportunity to provide input to CMS on this important process. We have been closely following the AMA's current PPI survey process and we are hopeful that it

will yield accurate and representative data for our specialty and other specialties. We understand that CMS wants to be proactive in considering other alternative data sources and/or potential consequences of receiving unrepresentative data and asking for input from stakeholders.

In the AMA's communications with the specialties, they made it clear that their plan to collect representative data includes using a stratified sampling methodology to capture different specialties, practice ownership structures, practice sizes, and geographic region, among other variables. The AMA is working with a consulting group, Mathematica, to review incoming data on a regular basis to make adjustments to their survey process in real time in their effort to collect accurate data for all specialties.

The ACR encourages CMS to wait for the final AMA report from their PPI survey to assess its success and/or potential shortcomings. Any proposed changes to the PE methodology should clearly be laid out in future rulemaking and allow for extensive discussion between stakeholders and the Agency.

Office/Outpatient (O/O) E/M Visit Complexity Add-on Implementation

Background

Beginning January 1, 2024, HCPCS code G2211 (*Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition*) will be changed to "active" status. CMS received mixed support from stakeholders on the implementation of this code, with some expressing concern that it could lead to reductions in the conversion factor or lead to large redistributive effects among specialties.

HCPCS code G2211 should not be reported with modifier -25. Additionally, CMS has updated their utilization assumption, which is now expected to be at 54% after several years.

ACR Perspective and Comments

The ACR continues to have concerns about code G2211. In addition to its implementation potentially contributing to non-resource-based redistributive effects or leading to reductions in the conversion factor, we believe the code is duplicative of separately reportable work and is no longer justified.

Conclusion

The ACR appreciates the opportunity to provide comments on the CY 2024 MPFS final rule. We encourage CMS to continue to work with physicians and their professional societies through the rulemaking process in order to create a stable and equitable payment system and promote an equitable delivery system. The ACR looks forward to continued dialogues with CMS



officials about these and other issues affecting radiology and radiation oncology. If you have any questions or comments on this letter or any other issues with respect to radiology or radiation oncology, please contact Angela Kim at akim@acr.org.

Respectfully Submitted,

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Chief Executive Officer

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