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acr.org

February 26, 2020

Tiffany Swygert
The Centers for Medicare and Medicaid Services
Division of Outpatient Care
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Swygert,
The American College of Radiology (ACR), representing nearly 40,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, appreciates the opportunity to submit comments regarding the placement of new and bundled CPT codes for calendar year (CY) 2021 Hospital Outpatient Prospective Payment System.

The ACR thanks the CMS Division of Outpatient Care (DOC) for the opportunity to share ACR's recommendations for the placement of new and bundled CPT codes into appropriate APCs for CY 2021. Below, we have outlined our recommendations for CPT codes 324X0 and 712X0:

Table with 5 columns: CPT Code, Long Descriptor, Bundled Codes and/or Predecessor, ACR Proposed APC Placement, and ACR Proposed Payment Rate. Row 1: 324X0, Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed (Do not report 324X0 in conjunction with 76942, 77002, 77012, 77021), 32405 (Biopsy, lung or mediastinum, percutaneous needle) with 76942 (Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation), 5072, \$1,372.45.

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		32405 with 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation)		
		32405 with 77021 (Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)		
712X0	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	No bundling. In January 2019 the Relativity Assessment Workgroup referred G0297 to CPT to establish a permanent CPT code	5523	\$ 233.01

The ACR is recommending that new bundled CPT code 324X0 (Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance) be placed in APC 5072 (Level 2 Excision/ Biopsy/ Incision and Drainage) with a CY 2020 payment rate of \$1,372.45. Based on the predecessor code logic, 324X0 is most appropriately placed in APC 5072 based on the geometric mean of CPT code 32405 of \$1,242.66. Additionally, based on clinical similarity and resource use CPT code 324X0 fits appropriately into APC 5072.

For CY 2021, category III CPT Code G0297 will be replaced with a category I CPT code 712X0 (Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)). In January 2019, the Relativity Assessment Workgroup referred G0297 to CPT to establish a permanent CPT code. Additionally, CPT code 71250 (Computed tomography, thorax, diagnostic; without contrast material) is being revised to reflect the introduction of the new category I CPT code for low-dose CT lung cancer screening (LDCT). The new category I CPT code for LDCT (712X0) screening is a reflection of the importance of screening in the prevention and treatment of lung cancer.



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Medicare beneficiaries between the ages of 55-77, and are long-term smokers or a former smoker (who quit within the last 15 years), are eligible for lung cancer screening with a Low Dose Computed Tomography (LDCT) examination. ACR has been committed to improving access to low dose CT lung cancer screening to Medicare beneficiaries.

More than 200,000 people in the United States will be diagnosed with lung cancer this year and nearly 142,000 will die of the disease. The life-saving benefits of LDCT screening in at-risk populations are well documented; in fact, 20-30% more lives could be saved if high-risk patients were referred for regular screening. Accordingly, LDCT screening of high-risk individuals is recommended by the American Cancer Society, the American Lung Association, and the American College of Surgeon's Commission on Cancer, the National Comprehensive Cancer Network, the U.S. Preventive Services Task Force, and many other medical and scientific organization.

Based on clinical similarity and resource use, CPT code 712X0 should be placed a higher APC than CPT code 71250. For CY 2020, CPT code 71250 has a geometric mean of \$92.17. The new CPT code 712X0 should be placed in a higher APC than 71250 due to the increased reporting and staff requirements for conducting LDCT screening. Included in LDCT screening there are registry reporting requirements, necessary nurse navigators, and additional certifications required for the service that add costs to providing the service. Previously, CPT code G0297 was inappropriately placed in APC 5521 (Level 1 Imaging without Contrast). ACR believes placing 712X0 APC 5523 (Level 3 Imaging without Contrast) would more appropriate based on clinical similarity and resource use. Appropriate APC placement of 712X0 will ensure that patients have access to this life-saving screening service.

The ACR thanks CMS for the opportunity to make recommendations on the new and bundled CPT codes for CY 2021. We hope you find these comments provide valuable information for your consideration. If you have any questions regarding our recommendations please contact Christina Berry at cberry@acr.org.

Sincerely,

A handwritten signature in black ink, appearing to read "NT III", with a long horizontal line extending to the right.

Norman Thomson III, MBA, M.D., FACR
Chair, HOP/APC Committee

Cc:
Dave Rice, CMS
Marjorie Baldo, CMS
Kurt Schoppe, MD, ACR
Debra Dyer, MD, ACR
Christina Berry, ACR