American Academy of Physical Medicine and Rehabilitation

aaPM&R

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May 8, 2014

Ms. Marilyn B. Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1600-P
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Tavenner:

On behalf of the more than 8,000 physiatrists of the American Academy of Physical Medicine and Rehabilitation (AAMP&R), the Academy wishes to submit comments to the Centers for Medicare and Medicaid Services (CMS) on the revaluation of Current Procedural Terminology (CPT) code 76942 (*Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation*). Several AAPM&R members have brought to the Academy's attentionthat CMS and the Medicare Administrative Contractors (MACs) have inappropriately revalued ultrasound guidance for needle placement before the service has been properly reviewed by key stakeholders.

Physiatrists specialize in the evaluation, diagnosis and treatment of patients of all ages with functional impairments, painful conditions and/or cognitive impairments related to the central and peripheral nervous system, cardiopulmonary and peripheral vascular systems and musculoskeletal systems. Patients diagnosed and treated by physiatrists may have orthopedic, neurologic, rheumatologic, oncologic, vascular, industrial/occupational, cardiovascular, pulmonary or sports-related conditions. With a focus on restoring optimal function and enhancing quality of life, our member physicians' musculoskeletal expertise is complemented by utilizing ultrasound guidance to improve patient care.

In the CY 2014 Medicare Physician Fee Schedule Proposed Rule (CY 2014 MPFS), CMS stated:
"The vast majority of other procedures frequently reported with CPT code 76942 range in procedure time assumptions from 5 to 20 minutes. Therefore, in addition to proposing the recommended change in equipment inputs associated with the code, we are also proposing to change the procedure time assumption used in establishing direct PE inputs for the service from 45 to 10 minutes, based on our analysis of thirty needle placement procedures most frequently reported with CPT code 76942. We note that this will reduce the clinical labor and equipment minutes associated with the code from 58 to 23 minutes. This change is reflected in the proposed direct PE input database."

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CMS gave the example of CPT code 20610 (*Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa*), with an intraservice time of 5 minutes, as most frequently billed with CPT code 76942 as its rationale for finalizing the proposal to change the time assumptions used in establishing direct PE inputs for code 76942. AAPM&R and other key stakeholders commented that CPT code 20610 is a 0-day global surgical code and the 5 minutes of intra-service time is the lowest time of any surgical code in the Medicare database. This code is an outlier and is not a good representation of the typical clinical labor or equipment minutes associated with code 76942.

Furthermore, CPT code 76942 is performed together with a wide variety of underlying procedures and by a large number of different specialties. In the past two years, many of the most common procedures reported with 76942 have had their CPT codes modified to bundle the ultrasound guidance into the underlying codes. Consequently, for this large group of procedures, which includes thoracentesis, paracentesis, arthrocentesis, and breast biopsy, ultrasound guidance is no longer reported separately as 76942. As a result of these CPT code changes, the total utilization and the specialty distribution of 76942 is changing rapidly.

As a result of the range of comments from stakeholders regarding the proposed revaluation of code 76942, in the CY 2014 MPFS Final Rule, CMS stated: *"Based on the diversity of the comments received about the valuation of code 76942, we are finalizing our proposal to review it as a potentially misvalued code. This action is consistent with the comment recommending that we delay action until the AMA RUC acts because we routinely consider AMA RUC recommendations through our usual review of potentially misvalued codes. Thus, we would seek the AMA RUC recommendation before re-valuing."*

As such, CMS and the MACs have not followed their own finalized policy. **AAPM&R urges CMS to reevaluate the change to the CY 2014 RVUs associated with code 76942 to maintain the integrity and consistency of the rule making process typically followed by CMS. The Academy respectfully requests that CMS maintain the 2013 value of code 76942 until the appropriate key stakeholders have evaluated the service.**

We appreciate the opportunity to provide comments regarding CPT code 76942. The AAPM&R looks forward to continuing dialogue with CMS and we respectfully request a meeting with the Agency to discuss the importance of ultrasound guidance in patient care.

If you have any questions about our comments, please contact Jenny Jackson, Manager of Finance and Reimbursement in the AAPM&R Division of Health Policy and Practice Services. She may be reached at jjackson@aapmr.org or at (847)737-6024.

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Sincerely,

Phillip R. Bryant, DO
Chair, Reimbursement and Policy Review Committee