September 7, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1693-P

Dear Administrator Verma

We are writing on behalf of the American Association of Clinical Endocrinologists (AACE), American Thyroid Association (ATA), and the Endocrine Society (ES) to express our concerns about proposed reductions in the work values for CPT code 10021 (Fine needle aspiration biopsy; without imaging guidance; first lesion) and CPT code 10X12 (Fine needle aspiration biopsy, including ultrasound guidance; first lesion) in the 2019 Medicare Physician Fee Schedule proposed rule (CMS-1693-P; Federal Register 83:35746).

Our societies request that CMS adopt and finalize the RUC-recommended work RVUs for these codes (1.20 for CPT code 10021 and 1.63 for CPT code 10X12.). These recommendations were based on the 25th percentile of extremely robust surveys (158 respondents for 10021, 203 respondents for 10X12) from multiple specialties as well as reference to multiple comparator codes.

Our organizations represent endocrinologists and healthcare professionals who are experts in the prevention, diagnosis and treatment of thyroid cancer and thyroid disorders, and fine-needle aspiration is the cornerstone of thyroid cancer diagnosis.

The chance of being diagnosed with thyroid cancer has risen in recent years and it is the most rapidly increasing cancer in the U.S. According to the National Cancer Institute, there are over 56,000 new cases of thyroid cancer in the U.S. each year. Thyroid cancer is the fifth most common cancer in women. Thyroid cancer can occur in any age group, although it is most common after age 30, and its aggressiveness increases considerably in older patients. As the Medicare population grows with the aging of the baby boomers, the need for proper thyroid cancer diagnosis and treatment will only grow

<u>Proposed Reductions for CPT Code 10021 Based on Relative Changes in Work and Time</u>

CMS has rejected the RUC recommended work RVU of 1.20 for CPT code 10021 and is instead proposing a work RVU of 1.03 (about a 15% reduction from RUC recommendation). The rationale stated is that in the RUC recommendation, the intra-service time and total time decreased by 2 minutes and 15 minutes respectively, which proportionately represents a greater decrease from current values than the decrease in the work RVU, equivalent to .07 RVUs, so that CMS argues that the RUC recommended work RVU is too high.

This rationale incorrectly implies that the decrease in time must equate to a one-to-one decrease in the valuation of work RVUs. As CMS notes, the components of work include time and intensity. Implying that the decrease in time as reflected in survey values must equate to a one-to-one decrease in the valuation of work RVUs, CMS incorrectly assumes that there are no differences in how work was valued in 1995 and how it is valued now. Differences in physician time now compared to 1995 cannot be trusted to be actual differences as evident by the inappropriately low intraservice time for this base code, CPT 10021.

In addition, we note that the time reduction for 10021 is predominantly in the pre-service and post-service time, which are valued much lower than the intra-service time. Consequently, it would be expected that the reduction in total time would not parallel the changes in work.

Inappropriate Choice of CPT Code 36440 as a Crosswalk for 10021

CMS states that the value for 10021 should be cross-walked from CPT code 36440 (Push transfusion, blood, 2 years or younger), We believe CPT code 36440 is an inappropriate crosswalk for CPT code 10021 for the following reasons:

1. Site of Service: CPT code 36440 is overwhelmingly performed on inpatients, while CPT code 10021 is done as an inpatient procedure less than 4% of the time.
2. Patient Population: CPT code 36440 is a code for neonates; CPT code 10021 is primarily for adults.
3. Utilization: CPT code 36440 has extremely low utilization (Medicare utilization is zero for last 3 years; 2012 Medicaid utilization 41). When CPT code 36440 was surveyed, the median performance rate for survey respondents was extremely low at 2 procedures a year, despite a highly targeted survey aimed at neonatologists.

Appropriate Crosswalks for CPT Code 10021

The chart below depicts several comparator codes for 10021 that we feel are more appropriate than the CMS-recommended 36440. These comparator codes all have similar times to the CMS-recommended times but have higher RVUs than 36440, consistent with the conclusion that 10021 is more complex than 36440. 70470 and 99283 were cited by the RUC as supporting their recommendation. We believe that these comparator codes serve to support the RUC recommendations for 10021.

CPT Code	Work RVU	Pre Time	Intra Time	Post Time	IWPUT
10021 (Current)	1.27	21	17	10	.0339
10021 (RUC Recommended)	1.20	10	15	8	.053
10021 (CMS Recommended)	1.03	10	15	8	.042
70470 (CT head or brain)	1.27	5	15	5	.0697
99283 (ER visit)	1.34	5	18	7	.0595
40490 (lip biopsy)	1.22	14	15	5	.0577
78451 (myocardial imaging)	1.38	10	15	5	.0621
95865 (needle EMG larynx)	1.57	10	15	7	.080
53855 (urethral stent insertion)	1.64	7	15	10	.0839

Comparison with Key Reference Code for 10021

Intra-service work per unit of time (IWPUT) is defined as the number of RVUs per minute during the intra-service period when the procedure is actually being performed. As such, IWPUT is a rough measure of the intensity/complexity of the procedure: the more complex, the more RVUs per minute are applied during the intra-service period. Two services which have similar complexity should have similar IWPUT.

The IWPUT for the RUC-recommended values for CPT code 10021 is 0.053. One reasonable comparator to CPT code 10021 as far as the similarity of the procedure is 32554 (Thoracentesis), which was picked by the FNA survey respondents as the top key reference service, the one most similar to 10021 in work and complexity. The IWPUT for 32554 is 0.054, almost identical to the IWPUT of 0.053 calculated for the RUC-recommended values for 10021, thereby supporting the accuracy of the selection of values for 10021. By comparison, the IWPUT for the CMS-suggested comparator code 36440 is much lower at 0.039, suggesting a much lower degree of complexity for this service.

CPT Code 10X12

CMS asserted that the work increment for adding ultrasound guidance to FNA was 0.43 RVU, calculated as the RUC-approved value for 10X12 of 1.63 minus the RUC-approved value for 10021 of 1.20. CMS then added this "ultrasound increment" of 0.43 to their new proposal for the 10021 base code of 1.03 to get a total of 1.46 work RVU for 10X12. CMS supported this selection by referring to two comparator codes: 99225 (subsequent observation care, per day) and 99232 (subsequent hospital care, per day), both of which have the same intra-service time as 10X12.

We do not object to the CMS designation of 0.43 RVUs as the increment over base FNA code for adding ultrasound guidance. However, as noted above, we strongly object to the assumption that the work value for 36440 offers an acceptable baseline. Rather, as outlined above, we believe that 10021 should be valued at 1.20 work RVU, the RUC-recommended value, and we do not object to addition of 0.43 work RVU to this baseline value to obtain 1.63 work RVU for 10X12, as recommended by the RUC. This value for 10X12 is supported by the two crosswalk codes proffered by the RUC (93351 and 75572) as well as by 30905, 69642, and 64646 (see table below).

CPT Code	Work RVU	Pre Time	Intra Time	Post Time	IWPUT
10X12 (RUC recommended)	1.63	10	20	9	.060
10X12 (CMS recommended)	1.46	10	20	9	.052
93351 (Echocardiography)	1.75	10	20	10	.0651
75572 (CT heart)	1.75	10	20	10	.0651
30905 (control nasal hemorrhage)	1.97	14	20	10	.0752
64642 (Chemodenervation of one extremity)	1.65	15	20	5	.0601
64646 (destruction of neurolytic agent)	1.80	15	20	5	.0676

We urge you to reconsider the work RVUs for CPT 10021 and CPT code 10X12 and adopt the RUC-recommended work RVUs of 1.20 for CPT code 10021 and 1.63 for CPT code 10X12.

Thank you for your consideration of this request.

Sincerely,

Daniel L. Hurley, MD, FACE
President, AACE

Charles H. Emerson, MD
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