August 27, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201
Submitted electronically: http://regulations.gov

RE: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Physician-Owned Hospitals; Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: Appeals Process for Overpayments Associated with Submitted Data [CMS-1613-P]

Dear Administrator Tavenner:

The American Academy of Neurology (AAN) appreciates the opportunity to provide written comments on the Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Physician-Owned Hospitals; Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: Appeals Process for Overpayments Associated with Submitted Data [CMS-1613-P] published in the Federal Register as a proposed rule on July 14, 2014.

The AAN is the premier national medical specialty society for neurology representing more than 27,000 neurologists and clinical neuroscience professionals, and is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system such as Alzheimer’s disease, stroke, epilepsy, Parkinson’s disease, migraine, multiple sclerosis, and brain injury.

We wish to address the following proposals that will impact our membership and the patients they serve:
APC Assignment for Nerve Conduction Studies and EMG Codes
Properly performed nerve conduction studies are critical to good patient care and can be pivotal in deciding if surgery is necessary or if other therapeutic options, including conservative management, should be pursued instead. The AAN expresses our gratitude to CMS for proposing to keep CPT code 95907 in Ambulatory Payment Classification (APC) 218 and CPT codes 95909-95913 in APC 216 for 2015. We noticed, however, that CMS proposes to move CPT code 98908 to APC 218. While the proposals for 2015 are consistent with the geometric mean costs, it looks like there may be a trend in terms of cost. Therefore, we respectfully request that CMS keep a close eye on the data, because the relative costs may warrant rearranging the APCs or creating a new APC for the higher cost codes in the next year.

APC Assignment for Magnetoencephalography (MEG)
The AAN is pleased that CMS agreed with our recommendation to create a more appropriate APC for Magnetoencephalography (MEG) codes 95965-95967 in 2015. The AAN was disappointed that, for 2014, CMS grouped all MEG codes in APC 0065. We believe that APC 0065 was inadequate and did not begin to cover the expenses involved in providing this service. From 2011-2014 there was a 65% reduction in payment for CPT code 95965. At the same time, however, technical costs to provide MEG increased dramatically. For instance, liquid helium is an essential component needed to perform MEG studies. However, the price of liquid helium has tripled in the past three years due to a growing shortage and market concerns¹. CPT code 95965 involves longer preparation time with EEG, longer acquisition time and significantly more extensive clinical staff work than 95966. CMS’ decision to move these codes from APC 0066 to APC 0065 resulted in a significant rank order anomaly for the technical payment for code 95965 which takes far longer to perform and includes 10 hours of PhD data analysis per study compared to 95966.

We thank CMS for responding to our concerns and for accepting our recommendation to create a new APC for MEG codes. For 2015, CMS is proposing to assign CPT codes 95965-95967 to APC 0446 for a payment of $1,421.22. As a result, we are excited that we are now able to track all of the MEG codes in a clearer manner going forward and hope that this will produce more accurate capture of MEG usage data. Currently, there are very few Medicare claims for MEG because this procedure is performed more often on younger patients and almost always in a hospital setting, as it is too expensive for use in the office. The AAN would like to work with the agency as more utilization data become available to ensure that MEG codes are adequately reimbursed, and that neurologists will continue to be able to provide this important diagnostic test for appropriate patients.

The AAN appreciates the opportunity to provide comments on this proposed rule. Should you have questions about our comments or require further information, please contact Ms.

Daneen Grooms, Manager of Regulatory Affairs, at dgrooms@aan.com or (202) 525-2018.

Sincerely,

[Signature]

Timothy A. Pedley MD, FAAN
President, American Academy of Neurology