Congress of the United States
Washington, DC 20515

June 16, 2017

The Honorable Tom Price, MD
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independent Avenue, SW
Washington, DC 20201

Dear Secretary Price and Administrator Verma:

We write to urge the Department of Health and Services (HHS) to avoid enacting payment reductions to low-dose CT (LDCT) lung cancer screens in the upcoming Calendar Year (CY) 2018 Hospital Outpatient Prospective Payment System (HOPPS) Proposed Rule.

Lung cancer remains the most deadly form of cancer in the United States, killing approximately 157,000 Americans annually. In fact, not only is lung cancer more deadly than breast, colon, and prostate cancer combined, it is also the leading cause of cancer death in every racial and ethnic group, as well as the leading cause of cancer-related deaths among women.

As you may recall, despite these alarming statistics, the CY 2017 HOPPS Proposed Rule included provisions that reduced payment for low-dose CT (LDCT) lung cancer screens (G0297) by 44 percent in comparison to 2016 payment rates. As CMS works to consolidate ambulatory payment classifications (APC), we urge you to ensure that the LDCT screen is placed in an appropriate APC with adequate consideration given to clinical similarity. We also want to ensure that CMS has amassed a sufficient number of accurate claims needed to determine appropriate payment given that Medicare only recently began covering this screening procedure.

Numerous bipartisan Members of Congress have closely monitored issues surrounding the availability of LDCTs and remain committed to ensuring that this life saving cancer screen remains fully accessible to patients and properly reimbursed. In fact, a group of members on the House Ways and Means and Energy and Commerce Committees sent a letter to HHS and CMS in September 2016 opposing the payment cuts affecting LDCT lung cancer screens implemented via the CY 2017 HOPPS rulemaking cycle. Additionally, in June 2014, more than 140 Members of Congress signed a letter to HHS urging CMS to expeditiously complete the National Coverage Determination which ultimately concluded that there is ample evidence for select Medicare beneficiaries to receive annual LDCT scans.

As Medicare, as well as the entire health care delivery system, places greater emphasis on preventive medicine and population screening in order to prevent further costs in the future, we urge HHS and CMS to consider the impact of any further LDCT payment cuts in the CY 2018 HOPPS rulemaking cycle. We appreciate your consideration of our concerns and look forward to your response.

Sincerely,

JIM RENACCI
Member of Congress

BILL PASCRELL, JR
Member of Congress

LARRY BUCSHON, MD
Member of Congress

JOHN LARSON
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