

Dear Colleagues,

As you know, it is a very busy time for our chapter. I would like to highlight a few activities as we enter the New Year. First, we just finished our most successful winter meeting to date in Orlando that highlighted women cardiologists, fellows in training, and the CVTeam members. Our hope is to have this meeting at different venues across the state each year in order to improve opportunities for more local participation. We are tentatively planning to have the January 2021 meeting in South Florida. Many thanks to Ki Park, Litsa Lambrakos, Tami Jungklaus, and Mustafa Ahmed for putting together an outstanding educational program.

Another important chapter initiative has been the creation of a cardio-oncology section. Under the leadership of Diego Sadler, this section has grown in leaps and bounds. The chapter was the recipient of a national ACC Board of Governors grant to survey both cardiologists and oncologists regarding underlying knowledge of cardio-oncology and to perform an intervention to improve understanding, knowledge, and awareness. This started as solely a Florida initiative however Diego has expanded it to involve over thirty states. In addition, I am very excited to announce that Diego has been appointed to the National ACC cardio-oncology board for a three-year term.

Finally, we have multiple legislative priorities that will affect you and your practice of cardiology. I recently returned from the National ACC legislative conference in Washington DC. We are making significant inroads in helping our legislators understand the importance of issues affecting you every day. Our main priority has been to educate them regarding the importance of reducing the administrative burden of pre-authorizations in

2020 CMS Information

The Centers for Medicare and Medicaid Services (CMS) released the 2020 Medicare Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System Rules.

In the PFS rule, CMS announced it will not finalize its proposal to assign Practice Expense (PE) RVUs to myocardial PET services using direct PE inputs and will instead maintain contractor pricing for the technical component of these services until more accurate sets of inputs can be developed.

CMS also decided it would not finalize its proposed work RVUs for myocardial PET and will instead adopt the higher work RVUs as recommended by the AMA Relative Value Scale Update Committee (RUC).

The final rule represents a reversal to CMS' payment proposals for office-based PET and an important win for nuclear cardiology.

Earlier this summer, CMS proposed payment inputs for myocardial PET that would have led to payment reductions as high as 80 percent for the technical component of PET services when provided in the physician office.

ASNC fought to prevent these drastic cuts from occurring by highlighting the gaps in the data and information that CMS used

order to promote clinician wellbeing. Additionally, there have been some very high-level discussions regarding a successful transition to value-based payments by either reducing or eliminating some of the provisions of the Starke laws for physicians participating in alternative payment models. The conference was a significant success. Your Florida delegation met with Senator Scott and the legislative teams from Senator Rubio and our local representatives. I would strongly encourage everyone to come to this absolutely vital meeting in the future (2020 dates are October 4-6). There definitely is strength and numbers. On the statewide political front, we have just finished the first week of the Florida legislative session. I encourage you to read the weekly updates from our lobbyist Marni George regarding the process and legislation being considered up in Tallahassee by [clicking here](#); updates will be posted on the FCACC Advocacy page each week. This year promises to be very active in the field of healthcare and can have a significant impact on us all. We are scheduled to have a legislative fly-in to Tallahassee on February 4 and 5. We will be meeting with the Florida Surgeon General as well as multiple important legislators regarding bills that will directly affect us. I would strongly encourage you to join us (email jennifer@accfl.org to sign up). I am very grateful to David Kenigsberg for his efforts and dedication in this vital area.

I wish for all of you a happy, healthy, and prosperous 2020. As always, feel free to [contact me](#) with any comments, questions, or requests to become more involved with your Florida chapter.

Regards,

David Perloff, MD, FACC

for calculating proposed payment rates.

Currently, nuclear medicine PET codes (78459, 78491 and 78492) have technical component payments set by local contractors as "C" contractor-priced. CMS' proposed payment changes were precipitated by review of the codes by the AMA CPT Editorial Panel and RUC due to technological advances in PET. Contributing to the proposed reductions was CMS' assumption of a 90 percent utilization rate for PET cameras. In the final rule, CMS was also swayed by public comment to instead adopt a 50 percent utilization rate.

This year, ASNC launched a regulatory and legislative grassroots advocacy effort to stop drastic cuts to PET services which led to the largest grassroots response by ASNC members in the organization's history. More than 43 members of Congress voiced their concerns to CMS about the proposed cuts and asked the Agency to work with medical societies to review cost inputs.

ASNC members are to be congratulated for their advocacy that resulted in this important victory. CMS was compelled by the evidence submitted by public commenters, but there is much still to be done. The public has until February 10, 2020 to submit additional information on the most accurate resource-based payment for these PET services. Look for future communications from ASNC about how you can help.

Missed last month's message? [Click here](#) to read it.

[Final Rule Fact Sheet](#)

[Text of the Final Rule](#)

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