

February 28, 2024

David Rice
The Centers for Medicare and Medicaid Services
Division of Outpatient Care
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Rice,

The American College of Radiology (ACR), representing over 40,000 diagnostic, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, appreciates the opportunity to submit comments regarding the placement of new CPT codes for the calendar year (CY) 2025 Hospital Outpatient Prospective Payment System.

The ACR would like to thank CMS for the opportunity to share ACR’s recommendations for the placement of newly established category I CPT codes into appropriate APCs for CY2025. Below, we have outlined our recommendations.

Recommendation for Newly Established CPT codes 5X006-5X008

CPT Code	Long Descriptor	ACR Proposed APC Placement	ACR Proposed Payment Rate
5X006	Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	5374 – Level 4 Urology & Related Services	\$3,321.58
5X007	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation	5374 – Level 4 Urology & Related Services	\$3,321.58
5X008	Ablation of prostate tissue, transurethral, using thermal ultrasound, with magnetic resonance imaging for guidance and monitoring of tissue ablation with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	5374 – Level 4 Urology & Related Services	\$3,321.58

CPT codes 5X006, 5X007, and 5X008 are newly established codes for CY2025 to report MRI-monitored transurethral ultrasound ablation procedures. There are no current codes in the CPT code set that match the physician work involved in the treatment planning, transducer insertion, and ablation procedures done with an MRI-monitored TULSA system. The ACR recommends that these codes are most appropriately placed in APC 5374 – Level 4 Urology and Related Services with a payment rate of \$3,321.58 and status indicator of J1 due to clinical similarity and comparable resource utilization to other urological codes within that APC

Recommendation for Newly Established CPT code 6XX01

CPT Code	Long Descriptor	ACR Proposed APC Placement	ACR Proposed Payment Rate
6XX01	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	5361 – Level 1 Laparoscopy & Related Services	\$5,497.59

CPT code 6XX01 is a newly established code for CY2025 to report percutaneous radiofrequency ablation of the thyroid procedures. There are no current codes for this service in the CPT code set, as this is a newly identified procedure. The ACR recommends that CPT code 6XX01 is most appropriately placed in APC 5361 (Level 1 Laparoscopy and Related Services) with a payment rate of \$5,497.59 with a J1 status indicator.

Recommendation for Newly Established CPT codes 7XX00-7XX05

CPT Code	Long Descriptor	ACR Proposed APC Placement	ACR Proposed Payment Rate
7XX00	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg. Surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	5611 – Level 1 Therapeutic Radiation Treatment Preparation	\$129.28



7XX02	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR exam, analysis of risk versus clinical benefit of performing MR exam, and determination of MR equipment, accessory equipment, and expertise required to perform examination with written report	5611 – Level 1 Therapeutic Radiation Treatment Preparation	\$129.28
7XX03	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies with written report	5612 – Level 2 Therapeutic Radiation Treatment Preparation	\$352.05
7XX04	MR safety implant electronics preparation under supervision of physician or qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room with written report	5612 – Level 2 Therapeutic Radiation Treatment Preparation	\$352.05
7XX05	MR safety implant positioning and/or immobilization under supervision of physician or qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room with written report	5612 – Level 2 Therapeutic Radiation Treatment Preparation	\$352.05

CPT codes 7XX00, 7XX02, 7XX03, 7XX04, and 7XX05 are newly established codes for CY 2025 to report magnetic resonance (MR) examination safety procedures. Patients with implanted medical devices now have expanded access to magnetic resonance (MR) imaging procedures because of international test methods and standards for MR safety and conditional labeling. The conditions of an implanted device can limit anatomical regions eligible for MR imaging, and foreign bodies or implanted medical devices without MR conditional labeling need to be



evaluated for suitability of an MR procedure. In 2018, CMS released a Decision Memo with a national coverage determination (NCD) allowing coverage of MRI for patients with cardiovascular implanted electronic devices (CIEDs) that lack FDA labeling specific to use in an MRI environment under specified conditions, including additional qualified personnel supervision and pre-/post-MRI interrogation and programming of the device. Technological advancements in both the MRI scanner and in the design and testing of implants for MR safety have enabled many new implants to come to market with FDA-approved labeling specific to use in an MRI environment. However, now that it has become possible to perform an MRI examination in the presence of some of these devices and implants, it is necessary to appropriately reimburse hospitals for the work performed once a potential contraindication is discovered.

The ACR recommends that codes 7XX00 and 7XX02 be placed in APC 5611 (Level 1 Therapeutic Radiation Treatment Preparation) with status indicator S and payment rate of \$129.28. Codes 7XX03, 7XX04, and 7XX05 require additional staff time and clinical resources for planning, preparation, and positioning, so we believe they are most appropriately placed in APC 5612 (Level 2 Therapeutic Radiation Treatment Preparation) with status indicator S and a payment rate of \$352.05.

The ACR looks forward to continuing to work with CMS on issues relating to APC assignment for new and existing CPT codes. For any questions, please contact Kimberly Greck (kgreck@acr.org) or Christina Berry (cberry@acr.org).

Sincerely,

A handwritten signature in black ink that reads "Andrew K. Moriarity".

Andrew K. Moriarity, MD
Chair, ACR HOPPS/APC Committee

CC:

Susan Janeczko, CMS
Michael Booker MD, ACR
Christina Berry, ACR
Kimberly Greck, ACR