{Your Practice Letterhead}

September 3, 2019

Seema Verma, Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Hubert H. Humphrey Building, Room 445-G

200 Independence Avenue, SW

Washington, DC 20201

**Re:** This letter is written in strict opposition to the 2020 proposed reimbursement cuts for cardiac PET imaging (cpt codes 78491, 78492, 78x31, 78x32).

Dear Administrator Verma:

{In this paragraph provide an overview of your practice (physician size, patient size, geography, specialty type, credentials, etc)}.

{In this paragraph describe your experience with PET imaging, duration of experience with PET, how it has enhanced your practice, how it has improved patient outcomes, etc.}

{In this paragraph or additional if needed, provide examples of published data or practice data that supports the benefits of cardiac PET imaging, some examples include:}

* Increased sensitivity
* Increased specificity
* Reduced radiation exposure
* Benefits to women, obese, and pharmacologic MPI patients
* Reduced false positive catheterizations

{In this paragraph comment on the investment made both financially and professionally to add such a valuable test to your practice. Consider some or all the following:}

* The buildout time and cost to prepare your facility for PET
* The cost and commitment of additional space
* The investment in professional training
* Local regulation and CON hurdles

{In this paragraph reference how cardiac PET and Medicare beneficiaries would be negatively impacted if the proposed cuts were implemented, consider:}

* An 80% cut is unsustainable
* Medicare beneficiaries would have limited to no availability thereby restricting access
* The increase in false positive catherization would increase overall costs. Downstream healthcare dollars saved by performing PET vs other modalities. A cardiac PET (78492) = on average $1,200. A diagnostic cardiac cath in hospital = $9,500)

We request that CMS delay any proposed reduction to cardiac PET reimbursement and maintain current reimbursement levels to allow the physicians and specialty societies to work with the cardiovascular community to provide accurate and reliable data inputs in order to establish an appropriate RVU calculation for stable reimbursement.

Respectfully,

Your Name

Title