

Dear Administrator Brooks-LaSure:

I am a physician who specializes in neuromuscular, musculoskeletal and/or electrodiagnostic testing. I am writing to express my grave concern regarding the proposed reimbursement cuts included in the CY 2023 Proposed Physician Payment Schedule.

CMS did not agree with the RUC proposed values for the neuromuscular ultrasound codes 76881, 76882, and 76XX0. Ultrasound technology has evolved immensely since the two established codes, 76881 and 76882, were originally created and put into use. This includes proliferation of high-frequency ultrasound probes dedicated to musculoskeletal and neuromuscular imaging, with the ability to produce images with higher fidelity and more detail. The improved level of detail by current ultrasound technology allows for physicians to perform work with ultrasound rather than advanced imaging to optimize patient outcomes, but results in an overall increased intensity for the physician based on the number and quality of images to obtain and review for medical decision making.

Code 76XX0 will be used for complex cases that are a diagnostic dilemma which may include differentiating between different types of peripheral neuropathy, such as multifocal motor neuropathy with conduction block, CIDP, AIDP, length dependent peripheral neuropathy, hereditary neuropathy with tendency to pressure palsies, etc. This procedure includes scanning at least two joints and the limb in between, above and below those joints so it is more than three times as much physician work as a limited limb ultrasound. Reducing reimbursement for these codes will directly impact a physician's ability to utilize this important diagnostic tool, negatively impact the quality of care for patients and will increase the overall cost of care by forcing physicians to utilize more expensive diagnostic tools without providing the most effective care. **I urge you to accept the RUC recommended values for all three codes.**

Furthermore, the over 4% decrease in the Medicare conversion factor will result in a substantial blow to physician practices that are already dealing with increased practice costs and inflation. In addition, CMS proposes to decrease Practice Expense to the main EDX codes (95860-95870, 95872, 95885-95887, and 95907-95913) which further compounds the decrease in reimbursement to physicians utilizing these codes as similar cuts to Practice Expense were implemented in 2022. The combination of such drastic reductions will have a severe negative impact on patient care and access to these important diagnostic tools.

Sincerely,