

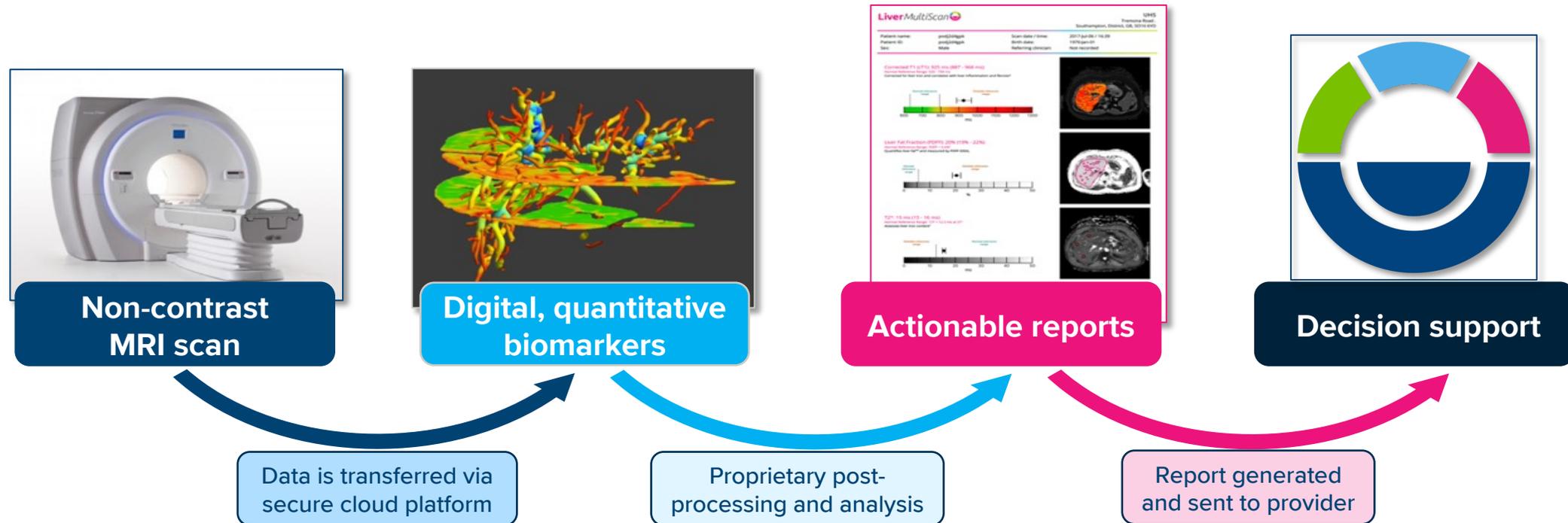


Request for maintaining current APC assignments
for CPT codes 0648T/0649T (LiverMultiScan) and
0679T/0689T (CoverScan)

August 26, 2024

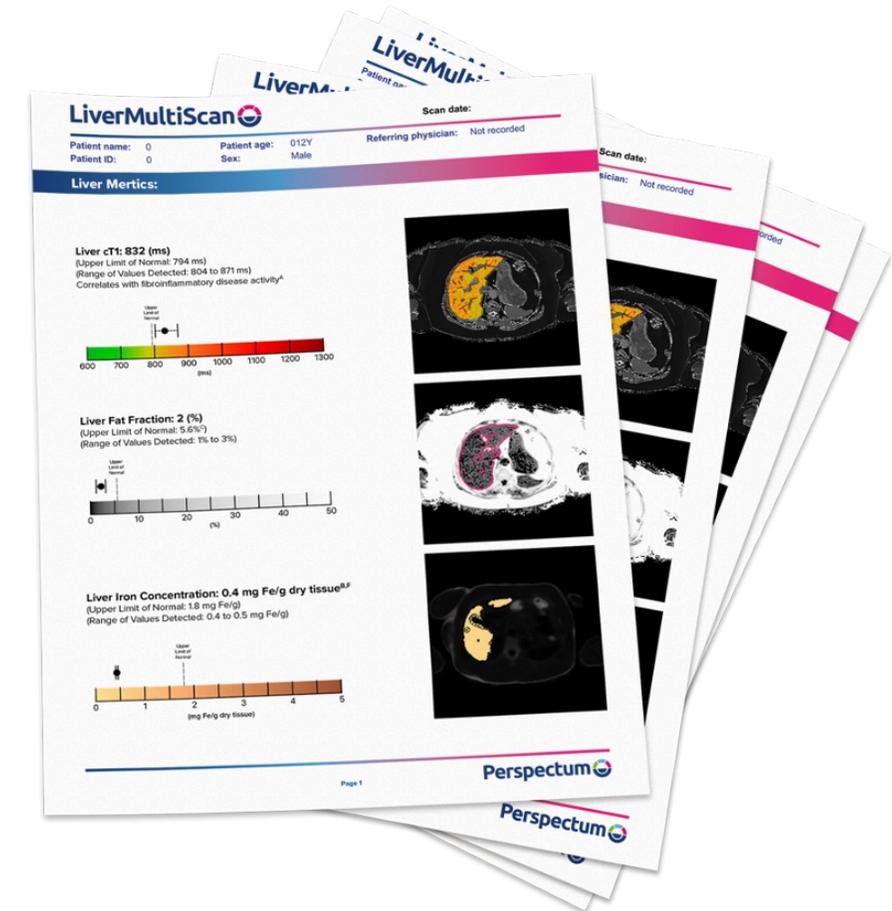


Perspectum's SaaS technologies extract quantitative information from MR images to inform clinical decision making



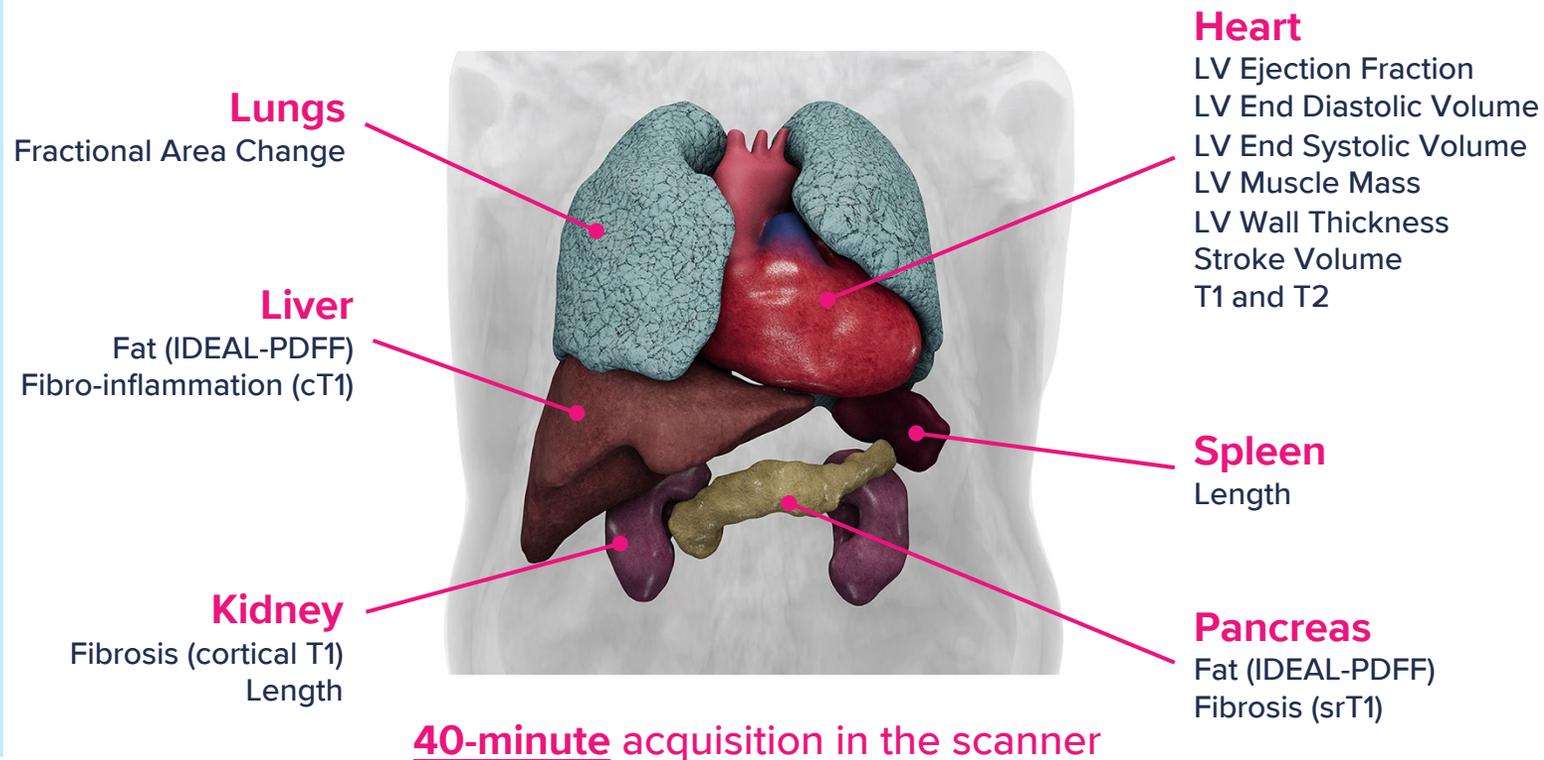
0648T/0649T (LiverMultiScan) for chronic liver disease

- FDA cleared
- LiverMultiScan is an early decision tool to identify liver disease and offers beneficiaries a non-invasive, less risky option to liver biopsy
- Provides histologically validated metrics of liver disease, liver fat and liver iron that cannot be obtained by simple abdominal MRI
- LiverMultiScan has been recognized by US and international medical societies as an important part of the clinical pathway for identifying fatty liver disease



0697T/0698T (CoverScan) for multi-organ diseases (e.g. type 2 diabetes mellitus and long Covid)

- FDA cleared
- Provides metrics of organ health across six organs: heart, lungs, liver, kidneys, spleen and pancreas for beneficiaries in one scan rather than multiple individual assessments
- Used in clinical trials for risk stratification in type 2 diabetes, Long Covid, obesity
- **Not commercially available in US yet**



Both technologies have been assessed by CMS and associated CPT codes assigned to New Tech APC 1511

Period	Pricing development	
H2 2020	Cat III CPT codes assigned:	
	0648T	0649T
H2 2021	\$235.00	\$0
CY 2022	\$950.50	\$0
CY 2023	\$950.50	\$950.50
CY 2024	\$950.50	\$950.50

- New Tech APC 1511 (\$950.50) has been assigned to both technologies to align with the cost of providing the service for hospitals
- These costs include (but are not limited to):
 - **Performing the underlying MRI scan (~\$300 (CPT 74181 MRI abdomen w/o contrast))**
 - **Cost of the LiverMultiScan/CoverScan analysis (~\$650/\$1,000)**
 - Support, software updates, data security, quality control checks

Table 1: Timeline of payment rates for 0648T/0649T (LiverMultiScan)

The CY 2025 OPPS proposed APC assignments for these technologies will not cover provider costs

1. CMS has proposed to reassign 0648T/0649T (LiverMultiScan) to APC 1504 with payment rate of \$250.50 (>70% reduction) using its Universal Low Volume APC
 - i. The costs associated with the service are at least two times higher than the proposed APC
2. CMS has proposed to reassign 0697T/0698T (CoverScan) to APC 1509 with payment rate of \$750.50 (>20% reduction) using its Universal Low Volume APC
3. By reassigning as above, hospitals will be significantly underpaid for provision of these services, and will reduce access for Medicare beneficiaries
4. There are high levels of variability in the claims data and a low number of overall claims. We therefore believe that in these cases the Universal Low Volume APC policy does not appropriately and accurately measure costs

Q1-Q2 2023 claims analysis* – variability in charge and cost claims for codes

	Lowest costs (0648T)	Highest costs (0648T)	Lowest costs (0649T)	Highest costs (0649T)
Average Charge (service only)	\$1,279	\$2,852	\$242	\$3,249
Average Cost (service only)	\$37	\$605	\$43	\$380

There appears to be unexplained wide variability in the claims data on which the proposed reassignment is based

	Lowest costs ⁺ (0698T)	Highest costs ⁺ (0698T)
Average Charge	\$324	\$9,081
Average Cost	\$17	\$771

*Claims analyses from data provided by Braid-Forbes Health Research.

⁺The CoverScan service is not commercially available in US

Request Summary

The New Technology APC 1511 provides more appropriate payment to hospitals consistent with the reported costs of these CPT codes. As such we request that the HOP panel vote to:

- 1. Recommend CMS maintain the current assignment of CPT codes 0648T/0649T to APC 1511 (New Technology – Level 11) for CY 2025**
- 2. Recommend CMS maintain the current assignment of CPT codes 0697T/0698T to APC 1511 (New Technology – Level 11) for CY 2025**