Congress of the United States
Washington, DC 20515

May 23, 2014

The Honorable Marilyn Tavenner
Administrator, Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Hubert Humphrey Building, Room 337
Washington, DC 20201

Dear Administrator Tavenner:

Last year, the Centers for Medicare and Medicaid Services (CMS) adopted new current procedural terminology (CPT) codes within its 2014 Medicare Hospital Outpatient Prospective Payment (HOPPS) rule to describe and report breast biopsy procedures. These codes became effective on January 1, 2014. We are concerned that the new codes assigned to vacuum-assisted biopsy (VAB) device procedures may limit patient access to the most medically-appropriate technology, undermining the quality of care available to Medicare beneficiaries who require an image-guided breast biopsy. Recognizing that this is not the intent of the new CPT codes, we urge CMS to ensure patient access to the most appropriate standards of care when evaluating and proposing its 2015 HOPPS reimbursement rates.

Individuals who require an image-guided breast biopsy procedure have two options available to them: 1) a standard (mechanical) core needle, or 2) a VAB device. Physicians use their clinical judgment, on a case-by-case basis, to select the most appropriate biopsy procedure. In the past, the CPT codes for breast biopsies have differed according to the type of breast biopsy device – core needle or VAB – used. However, the 2014 CPT codes do not account for the cost difference between the devices. As a result, the reimbursement rates for breast biopsies no longer cover the cost of VAB procedures. This misalignment may undermine the quality of care by discouraging the use of VAB, even when it is the most appropriate option.

As you are aware, the CMS Advisory Panel for Hospital Outpatient Payment has recommended that CMS reassign its 2015 CPT codes for VAB procedures to reflect the resources required to perform this type of biopsy. Physicians should determine the appropriate course of action for each patient based upon their medical judgment and not solely upon CMS' reimbursement rates. Reassigning the CPT codes for VAB would ensure that physicians determine the clinically appropriate treatment based on their medical judgment, thereby safeguarding the quality and appropriateness of breast biopsy procedures for Medicare beneficiaries.

We ask that CMS take corrective action and restore the CPT differentiation between core needle and VAB breast biopsy procedures for Medicare reimbursement in its 2015 HOPPS proposed and final rules. Thank you for your attention to this important matter.

Sincerely,

Sherrod Brown
United States Senator

Rob Portman
United States Senator

Steve Chabot
United States Representative

Brad Wenstrup
United States Representative