December 28, 2012

Marilyn Tavenner  
Acting Administrator, Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS–1590–FC  
(Submitted electronically at www.regulations.gov)  

Dear Ms. Tavenner:

The Association for Molecular Pathology (AMP) is an international medical and professional association representing approximately 2,000 physicians, doctoral scientists, and medical technologists who perform or are involved with laboratory testing based on knowledge derived from molecular biology, genetics and genomics. Membership includes professionals from the government, academic medicine and the in vitro diagnostics industry.

AMP is appreciative of the difficult task confronted by CMS in addressing payment for molecular pathology procedures. Over the past several years our we have supported the efforts of the AMA CPT Editorial Panel, the AMA molecular pathology coding workgroup, and the AMA RUC to establish a valid coding structure that would support appropriate and fair payment for these services. We were disappointed to see the rulings regarding molecular pathology services issued in the recent final rule (file code: CMS-1590-FC). We are specifically concerned about the following issues:

- Placement of all of the molecular pathology procedures on the CLFS;
- Creation of a single HCPCS G-code, G0452, to recognize physician work related to a large number of procedures with varying Relative Values recommended by the AMA;
- The notion that some of the molecular pathology procedures are “automated” and produce obvious results, precluding the need for professional work.

We are composing detailed comments about each of these topics for your consideration and will transmit them to you shortly.

Sincerely,

Jennifer L. Hunt, MD, MEd  
President