

September 12, 2025

Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Proposed Rule; CMS-1834-P

Dear Administrator Oz,

This joint comment letter is in response to the July 17, 2025 *Federal Register* notice regarding proposed changes to the Hospital Outpatient Prospective Payment System (HOPPS), Ambulatory Surgical Center (ASC) Payment System, and the Hospital Outpatient Quality Reporting (OQR) Program. The undersigned six organizations applaud CMS' decision to indefinitely designate the *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults* electronic clinical quality measure (eCQM) as voluntary reporting.

Our organizations represent scientific and healthcare professionals delivering essential CT services to patients. We strive for the continued improvement and assurance of the highest quality imaging and dose-image optimization for the safety and benefit of patient care. That said, we share ongoing concerns about the *Excessive Radiation* eCQM as currently developed. Mandatory reporting would be costly, arduous, and have uncertain outcomes for the patients it is meant to benefit. Primary concerns include:

1. Unscientific characterization of CT scan risk.
2. Infeasibility of the measure to enable targeted change to improve practice.
3. Inadequate addressing of the complexity of CT categorization.
4. Inadequate assessment of noise.
5. Inadequate assessment of image quality.
6. Emphasis on dose reduction instead of dose optimization.

In addition, we note that some entities advocating for mandatory reporting of this eCQM may have financial interests in its adoption. While this is not uncommon in healthcare innovation, it underscores the importance of broader scientific and professional engagement in refining any future dose and imaging quality measures. Recognizing that this topic includes both technical and clinical components, we welcome the opportunity for greater in-depth discussions to develop consensus and meaningful measures of quality imaging practice that will benefit patient care.

Future considerations should include the financial burden and operational feasibility needed to translate CT radiology data into consumable and standardized eCQM data.

Due to the above concerns and the complex interfaces necessary to develop, maintain, and report measure, **we strongly support the CMS proposal to make the *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults* eCQM voluntary in Calendar Year 2027, subsequent years, and not implementing a mandatory hospital outpatient reporting requirement.**

We thank you for this opportunity to submit our comments for consideration with the 2026 HOPPS rule. Should CMS staff have additional questions, please contact Wendy Smith Fuss (Wendy@HealthPolicySolutions.net).

Sincerely,

American Association of Physicists in Medicine
American College of Radiology
American Roentgen Ray Society
American Society for Radiation Oncology
American Society of Radiologic Technologists
Society of Nuclear Medicine and Molecular Imaging