September 27, 2019

SUBMITTED ELECTRONICALLY VIA
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Seema Verma
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1715-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: **[CMS-1715-P] Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Polices; et al.**

Dear Administrator Verma:

The undersigned societies [hereinafter "the Coalition"] are pleased to submit comments in response to the above captioned Centers for Medicare and Medicaid Services' ("CMS") proposed rule, which is intended to update the Physician Fee Schedule ("PFS") for CY 2020. We are a group of diverse specialty societies whose members provide "cognitive" services to our patients. Our comments are limited to the sections covering Care Management Services (section II. K.) and Payment for Evaluation and Management (E/M) Services (section II. P.). **The Coalition appreciates CMS' proposals intended to address gaps in coding and payment for care management services. We are supportive of the Administration's continued efforts to identify and address instances in which CMS' policies or requirements may create undue administrative burden. We also appreciate CMS' engagement with a wide range of stakeholders about refinements to Medicare payment policies under the PFS and the agency's responsiveness to concerns from the provider community who treat Medicare beneficiaries.** We have provided additional detail on these comments below.

Transitional Care Management (TCM)

CMS proposes to adopt the RUC recommended work RVUs for the transitional care management codes (TCM) which would be an increase over the 2019 work RVUs. CMS noted in the proposed rule that the current payment amount for the TCM codes were contributing to low utilization of TCM services. **We thank CMS for supporting the RUC recommended increase in payment for TCM services and support its implementation in 2020.**

CMS is also proposing to allow separate payment for 14 of the 57 codes previously identified as overlapping or duplicating TCM services and which cannot be billed with the TCM codes. **The coalition agrees that the services described by the 14 codes proposed for separate payment do not overlap or duplicate TCM services and should be separately payable.**

Chronic Care Management (CCM) and Complex CCM

In order to improve payment accuracy for non-complex CCM, CMS is proposing two new G codes to replace the single existing CPT code 99490. CMS is also proposing to replace current CPT codes for complex CCM (99487 and 99489) with two new G codes that would not require substantial care plan revision. **The coalition is pleased with the changes and updates that CMS is proposing to make to care management services. We strongly support improving the payment accuracy for CCM, removing the**

explicit requirement for substantial care plan revision from the complex CCM codes, and changing the description of the typical care plan elements.

Principal Care Management (PCM) Services

CMS identifies a gap in coding and payment for care management services because the current CCM codes require patients to have two or more chronic conditions. CMS proposes separate coding and payment for Principal Care Management (PCM) services which describe care management services for one serious chronic condition. **The coalition supports the establishment of the PCM codes. We believe that all patients, including those with a single chronic condition, can benefit from better coordinated care.**

Payment for Evaluation and Management Services

CMS is proposing to make extensive changes to the office/outpatient evaluation and management (E/M) visits codes. These changes are to be implemented in 2021 and are consistent with recent proposals from the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel. CMS is also proposing to adopt the AMA RVS Update Committee (RUC)-recommended values for E/M visits, which would increase payment for these codes. **The coalition greatly appreciates CMS' willingness to continue to refine and improve payment policy for E/M services and strongly recommends that CMS finalize the proposed changes to the E/M visit codes and payment policies including the proposed work relative value units (RVUs).**

The current proposal reflects the input of a wide range of specialty interests. Finalizing the changes in the 2020 final rule to take effect January 1, 2021 will allow 14 months for CMS and providers to prepare for the changes. We encourage CMS to implement the proposal as planned in 2021. **We also ask for new codes, such as the proposed complexity add-on code (GPC1X), that CMS provide additional guidance clarifying when the code should be reported to give physicians confidence that they are using and reporting the codes appropriately.**

CMS in the proposed rule asks for comment on whether it would be necessary or beneficial to make systematic adjustment to other services to maintain relativity between those services and the office/outpatient E/M visits. In particular, CMS is interested in whether adjustments are necessary for E/M codes describing visits in other settings, including home care, nursing homes, and hospice. **The coalition believes that E/M outside of the office should be valued in proper relativity to the revised office visit codes.** While we don't have specific recommendations on what the best methodology is, we ask that CMS work in consensus with the full medical community to determine the appropriate value for specific E/M codes. We do not believe there will be a one size fits all solution. **We also ask that CMS ensure that documentation guidelines are consistent between the office/outpatient E/M codes and codes describing E/M services in other settings.**

With respect to prolonged services codes, we support CMS' proposal to adopt the CPT and RUC recommendations for CPT 99XXX. We believe this policy is a significant improvement over existing codes for prolonged services provided on the date of the visit, and it will allow clinicians to more appropriately account for the extended time spent delivering E/M services on that day. However, our Coalition has concerns that CMS' proposal to prohibit reporting of CPT 99358 *(Prolonged E/M service before and/or after direct patient care; first hour; non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service)* and CPT 99359 *(Prolonged E/M service*

before and/or after direct patient care; each additional 30 minutes beyond the first hour of prolonged services) would limit clinicians' ability to be reimbursed for prolonged non-face-to-face time spent in the management of patients' care on a different day from the visit.

CMS states its belief that "CPT codes 99358 and 99359 may need to be redefined, resurveyed, and revalued." While we would participate in any CPT Editorial Panel and/or RUC review of these services, we disagree that clinicians should be prohibited from billing these codes in the interim. **We therefore urge CMS not to finalize policies that prohibit billing for valuable non-face-to-face services, and continue making payment for 99358 and 99359 when reported for time spent before or after the date of the related E/M service.**

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We greatly appreciate the opportunity to comment and your attention to our concerns. For additional information or if you have questions, please contact Dr. Paul Rudolf by emailing Paul.Rudolf@arnoldporter.com or by calling 202-942-6426.

Sincerely,

American Geriatrics Society

AMDA - The Society for Post-Acute and Long Term Care Medicine

American Academy of Allergy, Asthma and Immunology

American Academy of Home Care Medicine

American Academy of Hospice and Palliative Medicine

American Academy of Neurology

American Association of Clinical Endocrinologists

American Association for Geriatric Psychiatry

American College of Chest Physicians

American College of Physicians

American Gastroenterological Association

American Psychiatric Association

American Thoracic Society

Infectious Diseases Society of America