



American Society for Blood and Marrow Transplantation
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September 9, 2018

Seema Verma
Administrator, Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1693-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

SUBMITTED ELECTRONICALLY VIA

<http://www.regulations.gov>

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program (CMS-1693-P)

Administrator Verma:

The American Society for Blood and Marrow Transplantation (ASBMT) is a professional membership association of more than 2,000 physicians, scientists and other healthcare professionals promoting blood and marrow transplantation and cellular therapy through research, education, scholarly publication and clinical standards. The ASBMT is dedicated to improving the application and success of hematopoietic cell transplants (HCT) and other cellular therapies, such as Chimeric Antigen Receptor T-cell therapy (CAR-T).

The ASBMT applauds CMS' intention of decreasing the administrative burden that physicians and other advance practice providers face when caring for their patients. However, the ASBMT has significant concerns with the proposed changes to payment associated with the Evaluation and Management (E/M) code series. Our comments reflect those submitted by the American Medical Association (AMA) and the Patient-Centered Evaluation and Management Services Coalition (Coalition), of which ASBMT is a member.

Proposed Modifications to E/M Payment and Documentation Requirements

ASBMT members are physicians and other advance practice professionals who care for individuals before and after a stem cell transplant or before and after administration of CAR-T. The individuals our member physicians treat are facing life-threatening hematologic malignancies, and physicians must manage both the immediate medical needs of active disease and the planning and sequencing of events leading up to their HCT or CAR-T intervention. In the case of a new patient visit, these efforts include having detailed conversations about the likely benefits and risks for an individual and his or her specific illness, assessing the patient's individual medical condition, and developing a detailed treatment course and timeline to bring that individual to transplant or CAR-T in the timeliest manner possible. Subsequent visits,



particularly after HCT or CAR-T, will include detailed assessments and complex issue resolution focused on post-therapy complications like graft-vs-host-disease (GVHD), other treatment-related toxicities and monitoring for disease recurrence.

These examples of consistently high-intensity clinical activities delivered by our member providers supports the American Medical Association’s analysis of E/M data in Hematology/Oncology, which shows that the vast majority of E/M visits provided by cellular therapy physicians are coded as Level 4 or 5 – 89% for New Patient visits and 66% for Established Patient visits.

	New Patient					Established Patient				
	99201 %	99202 %	99203 %	99204 %	99205 %	99211 %	99212 %	99213 %	99214 %	99215 %
All Specialties	1%	10%	41%	37%	10%	2%	6%	43%	45%	4%
Medicare Designated Specialty										
HEMATOLOGY/ONCOLOGY	0%	1%	9%	37%	52%	2%	2%	30%	54%	12%

While the ASBMT does not have aggregate subspecialty specific data for cellular therapy providers, analysis of data from several centers supports the chart above and indicates that ASBMT member physicians have an even higher percentage of Level 4 and 5 patient visits than indicated in the general Hematology/Oncology analysis due to the complexities that can arise in the first years after the HCT or CAR-T intervention.

In the proposed rule, CMS indicated that Hematology/Oncology would sustain an estimated -7% overall impact before the proposed new add-on coding adjusters. However, even a basic calculation using the data show above indicates that a provider with this billing pattern would lose 36% of payment on Level 5 encounters with new patients, which account for more than half (52%) of her/his billed visits. Providers would lose an additional 13% on the bulk of their remaining billed encounters – Level 4 visits, accounting for 37% of their total billed visits. The pattern holds with established patient visits as well. The proposed payment increase associated with Level 2 and 3 visits does not offset the losses from the Level 4 and 5 encounters due to the disproportionate use of high level visits in the Hematology/Oncology specialty. ***The proposed payment change will significantly and negatively affect cellular therapy physicians.***

CMS specifically sought comments on the following items:

1. Implementation start date of 2019 vs. 2020;

As outlined in both the AMA and Coalition letters, CMS should not implement these changes for CY 2019. The AMA has outlined planned activities to assess and review all E/M codes as part of its scoping and valuation processes in 2019. Additionally, as the Coalition outlines, there is a need for stakeholder input into the development of proposals that would meet CMS’ goals of administrative simplification without punitive impact to a small group of specialties that care for a disproportionate amount of severely ill Medicare beneficiaries. These activities will require at least all of 2019 to complete and will likely push into 2020. CMS should delay implementation of any proposed payment restructuring until the completion of that work.

2. *The potential for the proposals to reduce clinician burden; and*

Given the severity of illness facing most patients that ASBMT member physicians treat, members felt that CMS' intention of documentation reduction would largely go unheeded by the treating physicians. The complexity of the cellular therapy field is such that a physician would continue to extensively document her/his assessments, discussions and treatment decisions, both for personal record-keeping and due to the team-oriented practice environment deployed in cellular therapy, where additional members of the treatment team would need to be understand the detailed decision-making that took place by the lead provider. Additionally, EHR documentation templates are designed for all patients, not by payer. The likelihood that healthcare system would take on payer-level EHR template adjustments is slim; therefore, physicians will be likely to continue documentation at close to the current level. *However, limiting the required documentation for established patients to the interval history since the previous visit would be a welcome and beneficial change.*

3. *Whether certain proposals will impact program integrity and/or create unintended consequences.*

Despite primarily being located within large academic medical centers, ASBMT member providers are increasingly accountable for reaching utilization targets, often measured by RVUs or billed E/M visits. The elimination of the higher visit levels and the decreased corresponding payments will make it more difficult for providers to reach these targets. Potential consequences include decreased departmental funding allocations for staff and support positions, decreased base salaries for providers and, correspondingly, a decreased likelihood of new physicians choosing to pursue complex specialties, like cellular therapy, particularly when facing high student loan burden.

Recommendations

In alignment with the Coalition's efforts, we believe that a process including a detailed and robust data analysis and stakeholder input will help CMS achieve an E/M payment structure that allows accurate reporting of physician work and practice expenses for office visits. The Coalition is planning to share their analysis and conclusions with CMS in time to inform discussion among stakeholders, so the Agency can develop refined proposals for the CY 2020 and 2021 rulemaking cycles.

Documentation: For CY 2019, the ASBMT supports the Coalition's proposal that CMS finalize the following changes to documentation requirements **while retaining the existing five level coding structure:**

1. Allow physicians the option to document visits based solely on the level of medical decision-making or the face-to-face time of the visit as an alternative to the current guidelines.
2. If physicians choose to continue using the current guidelines, limit required documentation for established patients to the interval history since the previous visit.
3. Eliminate the prohibition on billing same-day visits by practitioners of the same group and specialty.

Communication Technology-Based Services

The ASBMT greatly appreciates CMS’ desire to increase access to specialty care for Medicare beneficiaries when they are located at a distance from the patient’s primary residence. While ASBMT is generally supportive of what CMS proposes as two new “communication technology-based services”, we believe a fundamental shift in payment for telehealth services is needed to create the kind of access CMS is interested in affording beneficiaries.

The scope of Medicare telehealth services for which payment may be made is limited by statute mostly to rural areas and to specific types of care. This has limited the agency’s ability to truly increase access to care for those beneficiaries needing specialized support for on-going treatment and consultation for their illnesses. Greater allowance of this type of care would create cost savings by allowing beneficiaries to stay home and continue to have their primary care providers as their main point of contact, with specialized telehealth support from a consultant specialist for unique treatment needs, such as making changes to a post-HCT GVHD medication regimen. We support and encourage CMS’ efforts to work with Congress to modernize Medicare telehealth benefits in a comprehensive and innovative manner, as the currently proposed services will not transform care patterns in the way that is needed by beneficiaries and providers.

Conclusion

As always, ASBMT leadership and members are available as a resource to CMS on any of these issues. Please contact Stephanie Farnia, Director of Health Policy (SFarnia@asbmt.org) with any questions or requests for additional information.

Sincerely,



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