



American Society for
Transplantation and Cellular Therapy

September 27, 2019

Seema Verma
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1715-P
7500 Security Boulevard
Baltimore, MD 21244

SUBMITTED ELECTRONICALLY VIA REGULATIONS.GOV

RE: CMS-1715-P; Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

Dear Administrator Verma:

The American Society for Transplantation and Cellular Therapy (ASTCT) is pleased to offer comments on the provision in the Calendar Year (CY2020) Revisions to Payment Policies under the Physician Fee Schedule and other changes to payment policies.

ASTCT is a professional membership association of more than 2,200 physicians, scientists and other health care professionals promoting blood and marrow transplantation and cellular therapy through research, education, scholarly publication and clinical standards. The clinical teams in our society have been instrumental in developing and implementing clinical care standards and advancing cellular therapy science, including participation in trials that led to current FDA approvals for chimeric antigen receptor T-cell (CAR-T) therapy.

Payment for Evaluation and Management (E/M) Visits

ASTCT supports the agency's efforts to reduce the administrative burden and improve the valuation of evaluation and management services that our members rely upon. The changes outlined in this rule are an important first step to ensuring that these services represent current cognitive medical practice and appropriately value the complex care our physicians deliver to Medicare beneficiaries.

We appreciate CMS' proposal to adopt the revised E/M code definitions and documentation requirements developed by the American Medical Association (AMA) CPT Editorial Panel and Relative Value Scale Update Committee (RUC) recommend values for these services in place of the single payment rate policy for level 2-4 services previously finalized. ASTCT was one of



American Society for
Transplantation and Cellular Therapy

over 50 specialties that participated in the RUC survey of these codes and believe the updated service values better represent the care our members deliver to Medicare beneficiaries during E/M visits. We support the use of extended service add-on code for every 15 minutes of care beyond 74 minutes for 99205 and 54 minutes for 99215 when providers choose to document by time and believe our members will be able to utilize this add-on service particularly when delivering care to bone marrow transplant patients who our members spend significant amounts of time in counseling and care management. However, while these values are a significant improvement, they still do not fully capture the complex care ASTCT members deliver to their patients and further refinements may be needed in the coming years.

ASTCT is pleased that providers will be able to choose to document outpatient E/M services either by medical decision making (MDM) or time spent both during and outside of a patient visit on the calendar date of service. Though ASTCT agrees that requirements for specific historical elements should be eliminated from the documentation requirements for MDM, the importance of a detailed history or a detailed examination must be recognized as valid contributors to MDM when appropriate. CMS should align MDM revisions and efforts with the work being done by the Office on the National Coordinator (ONC) so that MDM criteria can be developed using electronic health record (EHR) tracking capabilities.

ASTCT agrees with CMS that certain types of care are still not fully captured by the revised outpatient E/M codes and supports the development of a complexity add-on code, GPCX1 that is tied to a patient's condition(s) rather than the specialty of the provider. The Society believes that our members will be able to regularly utilize this add-on code to fully capture the effort it takes for our members to provide care to patients.

CMS requests comment on how the Agency should handle services that incorporate E/M services, like the transitional care management (TCM) services, and the other E/M code families, including emergency, inpatient, home, rehabilitation, and nursing home care. The ASTCT understands that the AMA work continues and that the prefatory language to rely on time and medical decision may be included in the manual in such a manner to apply to all E/M services, not just office/outpatient E/M services, therefore, ASTCT urges both AMA and CMS to update the other E/M code families in a manner similar to what the agency has proposed for the outpatient E/M codes to fully capture the complexity and expertise required to deliver these services to Medicare beneficiaries. Specifically, CMS should eliminate the 1995/1997 guidelines completely and allow AMA guidelines to prevail for the entire family of E/M codes as well as consider updates to the other E/M code relative values by the same percentage as the outpatient E/M code families were updated. This will prevent clinicians from having to follow two standards for E/M services and keeps with the HIPAA transaction sets.

Care Management Services

CMS put forth revisions to the care management services in order to expand their utilization and improve patient outcomes. ASTCT agrees with CMS that these services have been underutilized and support the changes the agency is proposing to increase their utilization. However, the



American Society for
Transplantation and Cellular Therapy

agency should consider additional ways to reduce the documentation requirements in accordance with the Administration's Patients over Paperwork Initiative for these services. A primary reason more physicians have not adopted these services is because the work required to document them is not worth the relative value units available for them.

ASTCT supports the agency's decision to create the Principle Care Management (PCM) codes, GPPP1 and GPPP2, to complement the existing care management services codes to cover the care management of an "unusually complex" single chronic condition by a specialist with expertise on that condition, as is the case with management of blood based cancer cases. In order to avoid underutilization of these services, ASTCT urges CMS to develop more meaningful documentation requirements and avoid imposing requirements similar to those for TCM and CCM that limited their use.

Reimbursement for Online Digital Evaluation Services (e-Visits)

ASTCT supports CMS' proposal to adopt six new e-Visit services as our members are already delivering the care described by these services. Not only will these services provide reimbursement for currently uncompensated care, they will also reduce the burden on patients who in some circumstances may make additional trips to see their doctor to receive the type of care that can be delivered electronically.

We thank CMS for recognizing the new CPT codes for e-Visits and we understand that CMS intends to create HCPCS Level II codes for e-Visits performed by clinical staff under the direction of the physician/non-physician practitioner in support of the patient. We believe those codes are GNPP1, GNPP2 and GNPP3 which are replacement codes for 98X00, 98X01, 98X02 which describe patient-initiated digital communications provided by non-physician health care professionals. However, we noticed in Addendum B of the Outpatient Prospective Payment System proposed rule, that these codes (i.e., GNPP1, GNPP2 and GNPP) have an assigned status indicator "B."

The ASTCT notes that many of our members are hospitals which employ these non-physician health care professionals that deliver services as part of the healthcare team. Patients will be initiating e-Visits with these team members. We ask that your staff work with the outpatient staff at CMS to revise the status indicator for these codes. A status indicator of "B" communicates that another code is appropriate and billable under OPSS. The ASTCT does not find a suitable substitute and ASTCT recommends that CMS assign a status indicator of "V" (visit) to GNPP1, GNPP2 and GNPP3 in order for CMS to have important data for specifically tracking the incidence of e-Visits performed by non-physician health care professionals under the supervision of a treating physician in the outpatient hospital setting.

Review and Verification of Medical Record Documentation

CMS finalized a policy in last year's PFS that allowed a physician, resident, or nurse to document in the medical record that the teaching physician was present at the time the service was delivered and eliminated the requirement for the teaching physician to document the extent



American Society for
Transplantation and Cellular Therapy

of his/her own participation in the review and direction of the services furnished to each beneficiary and instead allowed the resident or nurse to document the extent of the teaching physician's participation.

Accordingly, ASTCT urges CMS to finalize its proposal to provide the same relief for non-physician practitioners authorized to deliver Part B services, including NPs, CNSs, CNMs and PAs. This will alleviate some of the paperwork burden on clinicians and allow them to focus more on patients.

Thank you for the opportunity to provide these comments on the CY2020 Physician Fee Schedule revisions. ASTCT welcomes the opportunity to discuss these recommendations in more detail or to answer any questions you may have. Please contact Alycia Maloney, ASTCT Director of Government Relations at amaloney@astct.org for any follow up issues.

Sincerely,

A handwritten signature in black ink that reads "Navneet S. Majhail". The signature is written in a cursive style with a large initial "N" and "M".

Navneet S. Majhail, MD, MS
Director, Blood & Marrow Transplant Program
Cleveland Clinic
President, ASTCT