ALLIANCE for CONNECTED CARE

September 4, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Comments on CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule

Dear Administrator Brooks-LaSure,

The Alliance for Connected Care ("the Alliance") welcomes the opportunity to provide feedback on the Centers for Medicare & Medicaid Services ("CMS") Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Proposed Rule.

The Alliance is dedicated to improving access to care through the reduction of policy, legal, and regulatory barriers to the adoption of telemedicine and remote patient monitoring. Our members are leading health care and technology innovators, and patient and provider groups, including clinician specialty and patient advocacy groups who wish to better utilize the opportunities created by telehealth and remote patient monitoring.

As reflected in the comments below, the Alliance urges CMS to recognize payment for genetic counselors providing care virtually, expand its proposal on virtual cardiac rehabilitation, and allow for outpatient reimbursement for RPM care management services. We believe these steps will improve the overall quality of care, lower costs, and improve the experience of Medicare beneficiaries.

Proposed HOPD Payment for Telemedicine Evaluation and Management Services

Under the hospital outpatient clinic visit policy, the CPT codes describing office/outpatient E/M visits are not recognized under OPPS and instead hospitals report HCPCS code G0463 (Hospital outpatient clinic visit for assessment and management of a patient) when billing for the facility costs associated with an outpatient E/M visit. CMS is proposing not to recognize the telemedicine E/M code set under OPPS.

The Alliance and its members urge CMS to allow genetic counselors in particular to bill G0463. Our members are seeing that, in the absence of the ability for cancer genetic counselors to bill their services to Medicare under the G0463 code, the counselors must run Medicare visits as a shared visit with a physician or APP and bill an E/M code. This wastes critical clinical resources as the physician and the APP are not necessary for the visit. Additionally, the use of E/M coding loses the specificity of the clinical services. Finally, the complexity of billing further limits access to an already constrained specialty service, as genetic counseling is in short supply nationally.

Studies on virtual genetic counseling, particularly for cancer care, have reported high patient satisfaction, as well as comparable rates of trust and rapport, confidence in privacy, health behavior changes, and psychosocial outcomes, few represented diverse populations. Studies consistently reported a decrease in the patients' costs and time required for travel when patients are seen via telehealth compared to in-person with a similar reduction in costs to the health system.

Virtual Direct Supervision of Cardiac Rehabilitation (CR), Intensive Cardiac Rehabilitation (ICR), Pulmonary Rehabilitation (PR) Services and Diagnostic Services Furnished to Hospital Outpatients

The Alliance is disappointed that CMS did not allow for hospital-based virtual cardiac rehabilitation as requested by the Alliance for Connected Care and the American College of Cardiology. Cardiac rehabilitation is a cornerstone of secondary prevention for individuals with cardiovascular disease, offering structured exercise programs, education, and counseling to reduce the risk of recurrent events and improve overall cardiovascular health. However, traditional in-person CR programs face numerous barriers, including in-person session, transportation challenges, scheduling conflicts, and reduced mobility.

During the public health emergency, the Hospital Without Walls waiver allowed rehabilitation departments operated by hospitals to deploy virtual programs, in which patients were supervised in real-time by providers using video communications on computers or mobile devices. Virtual cardiac rehabilitation, facilitated through telehealth platforms, addresses many of these barriers by providing patients with convenient access to evidence-based CR services from the comfort of their homes. By leveraging telecommunication technologies such as videoconferencing, remote monitoring, and mobile health applications, virtual CR programs offer flexible and accessible alternative to traditional in-person CR, allowing patients to engage in rehabilitation activities without the need for frequent clinic visits or travel. Data has shown that virtual CR is effective, reducing death rates by 36 percent as compared to patients who did not complete their program.[1] Virtual CR patients also experience lower readmission rates.[2]

We believe the Center for Medicare and Medicaid Services (CMS) has legal authority to permit virtual CR in the outpatient settings because, when creating CR/ICR programs, Congress expressly authorized the Secretary of HHS to identify other appropriate "settings" for these programs, which could include patients' homes.

We urge CMS to reconsider its proposal. By fully embracing virtual cardiac rehabilitation, CMS is empowering patients with cardiovascular disease to take control of their health, reduce disparities in access to care, and achieve better outcomes for individuals and communities across the nation.

Ensuring Patient Access to Remote Monitoring

The Alliance kindly requests CMS reimburse remote physiologic monitoring time-based treatment management codes when performed by clinical staff under the OPPS. RPM CPT codes 99457 and 99458 resemble and should be reimbursed by CMS the same way as the time-based chronic care management

[1] https://www.ahajournals.org/doi/10.1161/JAHA.122.025856
[2] https://pubmed.ncbi.nlm.nih.gov/36006642/

(CCM) code 99490. CMS provides reimbursement for other care management services including principal care management (PCM) services, behavioral health integration (BHI) services, and transitional care management (TCM) services. It is unclear why the above time-based care management codes are eligible for reimbursement equation for hospitals under the OPPS, but care management associated with RPM – codes, 99457 and 99458, are not covered under the OPPS.

The Alliance and its members believe that without OPPS payment for these time-based RPM codes, hospitals are disincentivized from offering these valuable services to patients. RPM helps improve the health of patients by allowing providers to monitor their patients' chronic conditions – and is a crucial capability due to these conditions being the leading causes of death and disability in America. RPM should be an integral part of CMS' ongoing push to support and enhance care management services for Medicare beneficiaries. RPM can be key to delivering effective primary care – at home – to Medicare beneficiaries.

OPPS Payment for Remote Services

CMS is proposing to clarify that for OPPS payment for services furnished remotely by hospital staff to individuals in their homes, including remotely furnished outpatient therapy services, Diabetes Self-Management Training and Medical Nutrition Therapy services, and mental health services, that CMS would anticipating aligning requirements with those associated with Medicare telehealth and billed under the physician fee schedule (PFS). The Alliance supports CMS clarification that OPPS payment for services would be aligned with payment requirements with those associated with Medicare telehealth and billed under the PFS. We believe that the coding alignment of these services will make it easier to capture data and research the efficacy and outcomes of telehealth services. It will also simplify billing for services.

*****

The Alliance greatly appreciates the leadership of CMS in working to ensure that seniors are able to realize the benefits of telehealth and remote patient monitoring. We appreciate the opportunity to provide feedback on the CY 2025 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Proposed Rule, and look forward to continuing to work with CMS to increase access to high quality connected care for Medicare beneficiaries. If you have any additional questions, please do not hesitate to contact Rikki Cheung at rikki.cheung@connectwithcare.org.

Sincerely,

Chris Adamec
Executive Director