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2020

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July 1, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5531-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

SUBMITTED ELECTRONICALLY VIA http://www.regulations.gov.

RE: Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program (CMS-5531-IFC)

Dear Administrator Verma,

The American Society of Hematology is pleased to offer comments on the April 30 Interim Final Rule outlining additional policy and regulatory revisions in response to the COVID-19 public health emergency. ASH appreciates the action taken by the Administration to help address the needs of physicians and patients during this public health crisis.

ASH represents more than 18,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy.

Throughout this public health emergency, ASH has remained committed to providing the hematology community with the most up-to-date research and guidance related to COVID-19, both for individuals with blood-related complications due to COVID-19 and also individuals with existing hematologic diseases and disorders who need continued treatment during the crisis. As you are aware, COVID-19 has been found to be associated with coagulopathy and abnormal blood clotting. To support clinicians treating this complication, ASH recently presented timely information via a case study format and is developing clinical practice guidelines on the use of anticoagulation in patients with COVID-19. Additionally, the Society is closely tracking the use of convalescent plasma as a treatment option for individuals with COVID-19 and hosted a webinar regarding the regulation, collection, and use of this potential life-saving therapy.

Furthermore, ASH provided updates and posted information on its COVID-19 webpage on the many positive changes issued by the Centers for Medicare and Medicaid Services

(CMS) in this Interim Final Rule, including:

- Audio-only Telephone Evaluation and Management (E/M) Services
- Time Used for Level Selection for Office/Outpatient Evaluation and Management Services Furnished Via Medicare Telehealth
- Furnishing Hospital Outpatient Services in Temporary Expansion Locations of a Hospital or a Community Mental Health Center (including the Patient's Home)
- Additional Flexibility under the Teaching Physician Regulations

Our members and the patients they serve benefited greatly from these changes; as such, ASH provides the following comments related to many of these provisions in CMS's Interim Final Rule:

Telephone Evaluation and Management (E/M) Services

ASH strongly supports the new Relative Value Units (RVUs) for the telephone-only evaluation and management (E/M) services (CPT codes 99441-99443) finalized in this rule. The office and outpatient E/M codes are used frequently by sub-specialty physicians, including hematologists, to accurately report the cognitive care services provided to patients with complex diseases and disorders. During the COVID-19 public health crisis, when both patients and physicians are following recommendations to stay home and reduce physical contact, ASH appreciates that CMS took the steps to align payment for the audio-only codes with the comparable office/outpatient E/M codes.

ASH requests, however, that the agency take further action to allow physicians to bill office/outpatient E/M codes 99201-99215 for telephone only services in the event that the physician and/or patient is unable to use video, and to allow for diagnoses made via audio-only telehealth visits to count toward a patients' Hierarchical Condition Category (HCC) score. Additionally, ASH requests that during the COVID-19 public health crisis, physicians be able to bill a higher level code if additional time was used to set up for a telehealth visit; for example, if a physician spends 15 minutes to set up and connect to a video visit, the physician should be able to count the 15 minutes toward the visit time.

ASH also requests that certain telehealth options be available beyond the COVID-19 public health crisis such as continued access to and reimbursement <u>equivalent to in-person visits</u> for direct-to-patient telehealth as well as the audio-only option. So many specialists see patients traveling great distances, particularly for follow-up visits and oral chemotherapies. Telehealth services would ease the burden on patients and allow them to continue management remotely. This both reduces the risk for the patient and the physician of contracting COVID-19 and increases access to care and reduces the use of resources for travel to receive specialty care. Many hematologic diseases are rare and complex to manage. Patients may not have access to medical experts in their communities, and telemedicine can help them receive appropriate care regardless of where they live.

Time Used for Level Selection for Office/Outpatient Evaluation and Management Services Furnished Via Medicare Telehealth

ASH supports allowing physicians to choose between medical decision making (MDM) or time – with time defined as all of the time associated with the E/M on the day of the encounter – when selecting the office/outpatient E/M level for services furnished via telehealth.

Additional Flexibility under the Teaching Physician Regulations

ASH supports the flexibility provided related to teaching physician requirements for directing and reviewing the care furnished by residents during or immediately after the visit, remotely through virtual means via audio/video real time communications technology for the duration of the COVID-19 crisis. ASH urges CMS to consider long-term adoption of this policy, beyond the COVID-19 crisis. It allows for greater flexibility and it may allow for remote subspecialists involvement at satellite facilities that may be at a distance.

ASH again thanks the Administration for the flexibilities allowed under Medicare and Medicaid during the COVID-19 public health emergency. We appreciate the opportunity to offer comments on this Interim Final Rule and welcome the chance to discuss the Society's recommendations with you and your team. If you have any questions or require further clarification, please contact Leslie Brady, ASH Policy and Practice Manager, at lbrady@hematology.org or 716-361-2764 (cell).

Sincerely,

Stephanie J. Lee, MD, MPH
President