



# AMERICAN SOCIETY OF HEMATOLOGY

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May 26, 2020

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1744-IFC  
P.O. Box 8016  
Baltimore, MD 21244-8016

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

RE: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC)

Dear Administrator Verma,

The American Society of Hematology is pleased to offer comments on the Policy and Regulatory Revisions to Medicare and Medicaid Programs in Response to the COVID-19 Public Health Emergency. ASH appreciates the timely response of the Administration to the COVID-19 public health emergency and all that has been done to help assist the frontline providers treating individuals with COVID-19.

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.

Hematologists have played a significant role in addressing the COVID-19 public health emergency. Specifically, COVID-19 has been found to be associated with coagulopathy or abnormal blood clotting. To support clinicians treating this complication, ASH recently announced that it will develop 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](#) on this topic. Throughout the 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 this crisis. To learn about these educational efforts and the resources provided, please visit ASH's COVID-19 webpage at [www.hematology.org/covid-19](http://www.hematology.org/covid-19).

ASH provides comments on the following provisions of the Interim Final Rule:

1. Telephone Evaluation and Management (E/M) Services
2. Clarification of Homebound Status under the Medicare Home Health Benefit
3. Direct Supervision by Interactive Telecommunications Technology

## 2020

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## **Telephone Evaluation and Management (E/M) Services**

ASH thanks the Centers for Medicare and Medicaid Services (CMS) for quickly expanding Medicare telehealth services in the Interim Final Rule. The Society, however, requests that the agency take further action by expanding audio-only coverage and reimbursement, at a rate equivalent to in-person visits, for new patients, not just established patients, and to allow for diagnoses made via audio-only telehealth visits to count toward a patients' Hierarchical Condition Category (HCC).

### *Audio-Only Telehealth Services*

ASH was especially appreciative of the announcement that CMS would reimburse audio-only telehealth services and even more pleased to see the increased reimbursement in the April 30 Interim Final Rule. ASH also supports the allowance that physicians can choose the E/M codes by time or by medical decision making.

The Society requests 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. This would allow for physicians to bill for a Level 5 office visit and it would account for new patients, in addition to established patients. Video is not always an option for providers – technology fails, bandwidth is not strong enough, elderly patients do not know how to access/utilize it, etc. Additionally, many times, the oral conversation between a physician and a patient is the key component (rather than visually seeing the patient), especially for patients with blood diseases.

ASH also requests that diagnoses made via audio-only telehealth visits count toward a patients' Hierarchical Condition Category (HCC). HCC scores are used to determine payments on risk plans for Medicare and Medicaid. Not including these scores could be extremely detrimental to practices with a high number of patients in at-risk plans. Physicians providing audio-only services will face serious financial shortfalls because the visits and the diagnosis of the patients will not be factored into future risk payments. These are currently being allowed for telehealth services with a video component but not for telephone only services.

Patients and physicians continue to follow recommendations to stay home and work remotely, when possible. Again, ASH appreciates all that has been done to accommodate this new “normal,” but the Society believes the Administration must take additional action to ensure that physicians are not being financially penalized during this challenging time and that patients with serious hematologic diseases but inadequate video connections can access hematologic expertise.

### *Telehealth Beyond the COVID-19 Crisis*

Recognizing that the COVID-19 crisis is changing how both patients and physicians view and use telehealth, ASH supports the extension of CMS' telehealth policies included in this rule beyond the COVID-19 crisis. Specifically, the Society supports continued access to and reimbursement equivalent to in-person visits for direct-to-patient telehealth as well as the audio-only option. These services allow physicians to deliver care to vulnerable patients, including those who cannot travel for appropriate and needed medical care. Additionally, it allows for physicians to provide after-hours care when clinic facilities are closed. Physician time, effort, and needed expertise are the same either way the visit is conducted.

## **Clarification of Homebound Status under the Medicare Home Health Benefit**

ASH supports the provision in the Interim Final Rule that expands the homebound definition to allow greater use of the Medicare Home Health Benefit during the emergency period. Under the expanded definition, a physician can determine a patient to be “homebound” and qualify for the Medicare Home Health Benefit if the physician has determined that it is medically contraindicated for a beneficiary to leave the home because the patient has a condition that may make the patient more susceptible to contracting COVID-19. This change allows for greater utilization of the Medicare Home Health Benefit for patients with hematologic diseases such as blood cancers and sickle cell disease, who could benefit from care provided in the home.

### **Direct Supervision by Interactive Telecommunications Technology**

ASH also supports the new flexibility in supervision and ordering services. Specifically, during the COVID-19 crisis, the Interim Final Rule allows for physician supervision of residents to be remote by audio or video; services that require direct supervision to be provided with supervision provided by audio or video; patient orders to be oral rather than written; and physicians to contract with other providers for “incident to” services.

ASH again thanks the Administration for the flexibilities allowed 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](mailto:lbrady@hematology.org) or 716-361-2764 (cell).

Sincerely,

A handwritten signature in black ink, appearing to be 'S. Lee', written in a cursive style.

Stephanie J. Lee, MD, MPH  
President