

September 5, 2024

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1799-P

Submitted via regulations.gov

RE: Medicare and Medicaid Programs: CY 2025 Physician Fee Schedule & Payment Policies

On behalf of the Rehabilitation & Community Providers Association of Pennsylvania (RCPA), thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule addressing changes to the calendar year (CY) 2025 Payment Policies under the Physician Fee Schedule (PFS) and other proposed policy changes. RCPA is a statewide association representing the broad range of human services providers in Pennsylvania, including nearly 200 mental health and substance use disorder treatment organizations. These behavioral health providers represent more than a thousand licensed programs and facilities and serve more than a million vulnerable Pennsylvanians daily. The RCPA comments to the proposed Medicare and Medicaid Programs: CY 2025 Payment Policies under the Physician Fee Schedule reflect the position of our membership, whose visions, missions, and operational footprints are guided and impacted by the annual fee schedule as they serve consumers, children, and families across the Commonwealth.

Below, we have organized our comments by the numbered topic section used in the Proposed Rule.

Telehealth Services Under the PFS

RCPA supports the proposal to add several services to the Medicare Telehealth Services List on a provisional basis, including demonstration prior to initiation of home International Normalized Ratio (INR) monitoring and caregiver training services. We are proposing to continue the suspension of frequency limitations for subsequent inpatient visits, subsequent nursing facility visits, and critical care consultations for CY 2025.

RCPA supports:

- Beginning January 1, 2025, an interactive telecommunications system including two-way, real-time, audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology.
- Continued permission of the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.
- For a subset of services that are required to be furnished under the direct supervision of a physician or other supervising practitioner to permanently adopt a definition of direct supervision that allows the physician or supervising practitioner to provide such supervision through real-time audio and visual interactive telecommunications.

This would allow the physician or supervising practitioner to provide virtual direct supervision for services furnished incident to a physician's service, when they are provided by auxiliary personnel employed by the physician and working under his or her direct supervision, and for which the underlying HCPCS code

has been assigned a PC/TC indicator of office or other outpatient visit for the evaluation and management of an established patient who may not require the presence of a physician or other qualified health care professional. For all other services furnished under the direct supervision of the supervising physician or other practitioner, we are proposing to continue to define “immediate availability” to include real-time audio and visual interactive telecommunications technology only through December 31, 2025.

- Continue the current policy to allow teaching physicians to have a virtual presence for purposes of billing for services furnished involving residents in all teaching settings, but only in clinical instances when the service is furnished virtually (for example, a three-way telehealth visit, with the patient, resident, and teaching physician all parties in separate locations), through December 31, 2025.

Behavioral Health Services

In this rule, CMS is proposing several additional actions to help support access to behavioral health, in line with the CMS Behavioral Health Strategy. RCPA has reviewed the CMS Behavioral Health Strategy and supports the tenets of the initiative, including:

- The proposed establishment of a separate coding and payment under the PFS describing safety planning interventions for patients in crisis, including those with suicidal ideation or at risk of suicide or overdose, by creating an add-on G-code that would be billed along with an E/M visit or psychotherapy service when safety planning interventions are personally performed by the billing practitioner in a variety of settings.
- The proposed Medicare payment for digital mental health treatment devices furnished incident to or integral to professional behavioral health services used in conjunction with ongoing behavioral health care treatment under a treatment plan of care. We are proposing to create three new HCPCS codes and we would monitor how digital mental health treatment devices are used as part of overall behavioral health care. We are also proposing to create six G-codes to be billed by practitioners in specialties whose covered services are limited by statute to services for the diagnosis and treatment of mental illness (including clinical psychologists, clinical social workers, marriage and family therapists, and mental health counselors), to mirror current interprofessional consultation CPT codes used by practitioners who are eligible to bill E/M visits. If finalized, this would allow for better integration of behavioral health specialty treatment into primary care and other settings.
- As it relates to the comment on whether coding and payment for Intensive Outpatient Program (IOP) services under the PFS would be appropriate services in additional settings (such as Certified Community Behavioral Health Clinics (CCBHCs), as well as seeking comment on facilities that offer crisis stabilization services and non-emergent urgent care, RCPA fully supports these elements that would expand the continuum of services within these models of care including the CCBHCs.

Opioid Treatment Programs (OTPs)

RCPA continues its statewide efforts to extend and make permanent the telehealth flexibilities for SUD treatment services access, including support for the CMS proposal for several telecommunication technology flexibilities for opioid use disorder (OUD) treatment services furnished by OTPs, as long as the use of these technologies are permitted under the applicable SAMHSA and DEA requirements at the time the services are furnished and all other applicable requirements are met.

RCPA supports the following:

- To make permanent the current flexibility for furnishing periodic assessments via audio-only telecommunications beginning January 1, 2025, so long as all other applicable requirements are met.
- To allow the OTP intake add-on code to be furnished via two-way audio-video communications technology when billed for the initiation of treatment with methadone (using HCPCS code G2076), if the OTP determines that an adequate evaluation of the patient can be accomplished via an audio-visual telehealth platform.
- We support the proposed payment increases in response to recent regulatory reforms for OUD treatment finalized by SAMHSA at 42 CFR part 8. Specifically, CMS is proposing to update payment for intake activities furnished by OTPs to include payment for social determinants of health risk assessments, to adequately reflect additional effort for OTPs to identify a patient's unmet health-related social needs or the need and interest for harm reduction interventions and recovery support services that are critical to the treatment of an OUD. RCPA agrees this proposed update would help OTPs address key issues during initial assessments that may increase the risk of a patient leaving OUD treatment prematurely or that pose barriers to treatment engagement.

CMS is also proposing to establish payment for new opioid agonist and antagonist medications approved by the FDA. First, CMS is proposing a new add-on code for a nalmeferene hydrochloride nasal spray product (Opvee[®]) indicated for the emergency treatment of known or suspected opioid overdose. Second, CMS is proposing payment for a new injectable buprenorphine product (Brixadi[®]) via a new weekly bundled payment code for the weekly formulation of Brixadi[®], and by including payment for the monthly formulation of Brixadi[®] into the existing code for monthly injectable buprenorphine.

Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services)

RCPA supports efforts to create viable pathways to integrated care and supports the CMS RFI on the newly implemented Community Health Integration (CHI) services, Principal Illness Navigation (PIN) services, and Social Determinants of Health (SDOH) Risk Assessment process, and upon release will work with members to solicit feedback. There are several initiatives in Pennsylvania we are monitoring, including potential involvement in the IBH project.

Supervision Policy for Physical Therapists (PTs) and Occupational Therapists (OTs) in Private Practice

RCPA agrees that a regulatory change to allow for general supervision of physical therapist assistants (PTAs) and occupational therapy assistants (OTAs) by PTs in private practice (PTPPs) and OTs in private practice (OTPPs) for all applicable physical and occupational therapy services would enhance service access. This proposed change will give PTPPs and OTPPs more flexibility in meeting the needs of beneficiaries, and safeguard patient access to medically necessary therapy services, including those experiencing challenges accessing these services in rural and underserved areas. In addition, it will align with general supervision of PTAs and OTAs by PTs and OTs who work in institutional provider facilities

Certification of Therapy Plans of Treatment with a Physician or NPP Order

RCPA supports CMS proposed amendments to the certification and recertification regulations to lessen the administrative burden for therapists and physician/NPPs. These changes, if finalized, would provide an exception to the physician/NPP signature requirement on the therapist-established treatment plan for purposes of the initial certification in cases where a written order or referral from the patient's physician/NPP is on file, and the therapist has documented evidence that the treatment plan was transmitted to the physician/NPP within 30 days of the initial evaluation. CMS is also soliciting comments, as suggested by interested parties, as to the need for a regulation (a) addressing the amount of time

during which the physician/NPP who has written an order for therapy services could make changes to the therapist-established treatment plan by contacting the therapist directly, and (b) whether there should be a 90-day (or other) limit to the physician/NPP order extending from the order date to the first date of treatment/evaluation by the therapist.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Care Coordination Services in RHCs and FQHCs

RCPA supports the following proposed changes related to reporting care coordination services in RHCs and FQHCs, to better align payment to RHCs and FQHCs for these services with other entities furnishing this kind of care:

- Starting in 2025, RHCs and FQHCs would report the individual CPT and HCPCS codes that describe care coordination services instead of the single HCPCS code G0511. We are also proposing to permit billing of the add-on codes associated with these services. This will improve payment accuracy for RHCs and FQHCs when furnishing these services and will allow beneficiaries to better understand which services (generally not furnished face-to-face) they are receiving.
- Adoption of the coding and policies regarding Advanced Primary Care Management services for RHC and FQHC payment. Under these proposals, payment to RHCs and FQHCs would be made at the national non-facility PFS amounts when the individual code is on an RHC or FQHC claim, either alone or with other payable services and the payment rates. We would pay for these services in addition to the RHC AIR or FQHC PPS. Payment rates would be updated annually based on the PFS amounts for these codes.

Telecommunication/Telehealth Services in RHCs and FQHCs

RCPA has partnered with our Pennsylvania Association of Community Health Centers to support the use and expansion of telehealth flexibilities in the RHC and FQHCs, including support for the following:

- Continue to allow direct supervision via interactive audio and video telecommunications and to extend the definition of “immediate availability” as including real-time audio and visual interactive telecommunications (excluding audio-only) through December 31, 2025.
- To allow payment, on a temporary basis, for non-behavioral health visits furnished via telecommunication technology. Under the proposal, RHCs and FQHCs would continue to bill for RHC and FQHC services furnished using telecommunication technology services by reporting HCPCS code G2025 on the claim, including services furnished using audio-only communications technology through December 31, 2025.
- And perhaps the most important as it relates to telehealth communications, to delay the in-person visit requirement for mental health services furnished via communication technology by RHCs and FQHCs to beneficiaries in their homes until January 1, 2026.

Intensive Outpatient Program Services (IOP) in RHCs and FQHCs

- RCPA supports the idea of CMS creating a different payment rate when four or more services per day in the RHC and FQHC setting compares to the current payment amount based on only three services. Additionally, we support proposing to align with the four or more services per day payment rate for hospital outpatient departments, which will be updated annually.

Payment for Preventive Vaccine Costs in RHCs and FQHCs

RCPA supports:

- Allowing RHCs and FQHCs to bill and be paid for Part B preventive vaccines and their administration at the time of service.
- Payments for these claims being made according to Part B preventive vaccine payment rates in other settings, to be annually reconciled with the facilities' actual vaccine costs on their cost reports.
- Allowing the RHCs and FQHCs to begin billing for preventive vaccines and their administration at the time of service, for dates of service beginning on or after July 1, 2025, so as to improve the timeliness of payment for critical preventive vaccine administration in RHCs and FQHCs.

Clarification for Dental Services Furnished in RHCs and FQHCs

RCPA supports the alignment between the policies for dental services furnished in the physician office that are inextricably linked to certain covered services and when these services are furnished in RHCs and FQHCs.

RHC Productivity Standards

- Re-review the RHC productivity standards to remove them as a requirement for RHCs.

Proposed Rebasing and Revising of the FQHC Market Basket

Support for the:

- The proposed CY 2025 FQHC productivity-adjusted market basket update is 3.5%. This reflects a 4.0% increase in the proposed 2022-based FQHC market basket reduced by a proposed 0.5 percentage point productivity adjustment. Finally, we are proposing that the CY 2025 market basket percentage increase and the productivity adjustment will be updated to reflect the most recent historical data available for the final rule.

Rural Health Clinics and Federally Qualified Health Centers Conditions for Coverage

RCPA agrees with CMS proposing changes to the RHC Conditions for Certification and the FQHC Conditions for Coverage to increase flexibility and decrease burden for these providers, and improve access to services for patients, including:

- To require that RHCs and FQHCs provide primary care services rather than being “primarily engaged” in furnishing these services as indicated in the sub-regulatory guidance. This proposal more closely aligns with the intent of the statute while also preserving access to primary care services in communities served by RHCs and FQHCs, particularly in rural areas.
- CMS proposal to update the regulations text for laboratory tests in RHCs to reflect modern lab techniques.

Electronic Prescribing for Controlled Substances (EPCS) for a Covered Part D Drug under a Prescription Drug Plan or a Medicare Advantage Prescription Drug Plan

We propose to extend the date after which prescriptions written for a beneficiary in a long-term care (LTC) facility would be included in determining the CMS EPCS Program compliance from January 1, 2025, to January 1, 2028, and that related non-compliance actions would commence on or after January 1, 2028. EPCS improves prescriber workflow, thereby reducing prescriber burden and increasing patient safety. We would be aligning CMS EPCS Program compliance calculations to the date by which the new NCPDP SCRIPT standard version 2023011, which includes three-way communication functionality that

improves communication between pharmacies and LTC facilities, is required for prescribers when electronically transmitting prescriptions and prescription-related information for covered Part D drugs for Part D eligible individuals.

Caregiver Training Services (CTS)

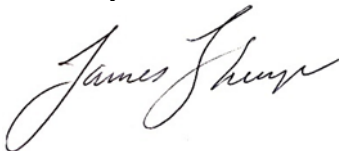
RCPA supports the proposal to establish new coding and payments for caregiver training for direct care services and supports, including the establishment of new coding and payments for caregiver behavior management and modification training that could be furnished to the caregiver(s) of an individual patient. In addition, we hope to allow the proposed CTS to be furnished via telehealth.

Conclusion

In closing, RCPA appreciates the work CMS has taken to improve access to critical mental health and substance use disorder services for Medicare beneficiaries, as encouraged by CMS' proposed CY25 PFS.

RCPA appreciates the opportunity to provide these comments. We welcome any questions or further discussion about the recommendations described here. Please contact RCPA COO and Mental Health Policy Director [Jim Sharp](#) for further clarification. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "James Sharp". The signature is written in a cursive, flowing style.

James Sharp
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