AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

December 31, 2018

SUBMITTED VIA ELECTRONIC MAILING

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-IFC
P.O. Box 8016
Baltimore, MD 21244-8013

Submitted online at:
https://www.regulations.gov/comment?D=CMS_FRDOC_0001-2518

Re: CMS-1693-IFC- Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program

Dear Administrator Verma:

On behalf of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), I am pleased to submit the following comments on the "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program" ("Final Rule") published in the Federal Register on November 23, 2018.

The AAO-HNS appreciates that CMS responded to the concerns of our members and other stakeholders in the House of Medicine to make necessary changes to proposed policies relating to the 2019 physician fee schedule. The revised proposals included in the Final Rule demonstrate a willingness to work with the physician community to address problematic issues and advance practical solutions. These comments will focus on the following issue areas: 1) application of MPPR to E/M services and E/M code collapse; 2) QCDR measure licensing requirements; 3) allergy vial pricing and practice expense impact; and 4) balloon sinus surgery kits.

Application of MPPR to E/M Services and E/M Changes

In the CY 2019 proposed rule, CMS suggested multiple changes to the E/M reporting and documentation requirements. Among the most impactful to practicing otolaryngologist-head and neck surgeons was the proposal to reduce payments by 50 percent for office visits that occur on the same date as procedures (or by a physician in the same group practice).

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In comments filed on the proposed rule, the Academy strongly opposed the MPPR/Modifier 25 reduction for procedures reported on the same day as an E/M service. The medical community and CMS have together worked to remove any overlap in the physician work and practice expense for procedures commonly performed during the same encounter as an office visit**.** This proposal would have resulted in an excessive, unjustified reduction in reimbursement as no redundancy in resources exists when these services are performed together. **The AAO-HNS thanks CMS for heeding our concerns and not implementing this misguided provision.**

The agency proposed to "collapse" the current E/M reporting for new and established patients seen in the office from five levels to either two or three levels, as well as create new add-on G codes for primary care services (GPX1X), specialty care services (GCG0X), and prolonged services (GPRO1) to be utilized with the proposed collapsed E/M codes. In the Final Rule, CMS elected to delay the implementation of these policies until CY 2021. **While we support the delay, we reiterate our concerns relating to the creation of new add-on G codes.** Appropriately-valued E/M codes should account for the total associated resources. CMS also expressed significant interest in the work that the AMA CPT/RUC workgroup is doing to revise the current E/M coding and documentation structure. **The AAO-HNS remains concerned about the composition of the workgroup and its ability to ensure all viewpoints are adequately considered.** We recommend employing a process similar to the current CPT and RUC template where all stakeholders have the opportunity to fully participate in the reform process. **We stand ready to actively participate in crafting a system applicable to all payers that would simplify both the documentation and payment for E/M services.**

Measure Licensing Requirements

In the NPRM, CMS proposed that, as a condition of a qualified clinical data registry (QCDR) measure's approval for purposes of MIPS, QCDR measure owners would be required to enter into a license agreement with CMS permitting any approved QCDR to submit data on the QCDR measure (without modification), beginning with the 2021 MIPS payment year. **The AAO-HNS firmly rejected this proposal, as we believe it undermines QCDR measure ownership and development and violates the intellectual property rights of QCDR measure owners. Given our opposition, and that of other members of the Physician Clinical Registry Coalition, we were pleased the Final rule reversed this proposal for 2019.** The ability of QCDRs to license measures (and charge reasonable licensee fees or royalties) incentivizes organizations like the AAO-HNS to invest in developing new and improved measures. Without these abilities, QCDR measure owners would have no way to control the appropriate use of their measures and cannot continue to responsibly invest in measure development.

Allergy Pricing

The AAO-HNS was alarmed by a severe reduction to the pricing of allergy antigens included in the proposed rule. The proposed 2019 reimbursement levels for CPT 95004 and CPT code 95165 were not reflective of the actual costs incurred by physician practices in providing these services. Reimbursement at this reduced level would have hindered patient access to these important allergen immunotherapies. **In response to the NPRM, the AAO-HNS and other impacted allergy stakeholders submitted evidence that documented increasing cost (rather than decreasing costs) for these services and strongly opposed this unwarranted reduction**. The Academy thanks CMS for considering our comments and opting to instead finalize reasonable pricing for multi-antigen vials used for allergy immunotherapy designated by code SH007. **The resultant valuation included in the Final Rule for SH007, as components of CPT 95004 and 95165, ensures that our members will continue to be able to provide these critical allergy therapies in their offices in 2019.**

Balloon Sinus Surgery Kits (SA106)

In the NPRM, CMS requested comments on two issues related to Balloon Sinus Ostial Dilation (BSOD), seeking input on the current pricing of the kits utilized for BSOD, as well as the quantity allocated per sinus. The Academy submitted proposed pricing for the kits based on feedback submitted by our members, the facilities where they work, sub-specialty society leaders, and the device manufacturers. **We appreciate that CMS utilized the proposed pricing information we provided to maintain the number of sinuses allocated at 0.5 and formulate the new price listed in the Final Rule's payment table.** The AAO-HNS looks forward to continuing to work with the agency to ensure proper valuation on these products commonly utilized by our members and the patients they serve. Due to the proprietary information associated with the kit invoices, pricing information will be directly submitted to CMS staff under separate cover.

Conclusion

The American Academy of Otolaryngology-Head and Neck Surgery appreciates the opportunity to provide comment and recommendations regarding these important policies on behalf of our members, their practices, and their patients. If you have any questions regarding our above-stated comments or require further information, please contact healthpolicy@entnet.org.

Respectfully Submitted,

James C. Denneny III, MD
Executive Vice President and CEO