



February 10, 2020

Carol Blackford
Director, Hospital and Ambulatory Policy Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically

RE: CY 2021 Medicare Physician Fee Schedule Rulemaking

Dear Director Blackford:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments and recommendations for your consideration as the Centers for Medicare & Medicaid Services (CMS) undertakes development of the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS) Proposed Rule.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA's comments and recommendations relate to the estimated impacts resulting from proposed changes to office/outpatient evaluation and management (E/M) services for CY 2021, as discussed in the CY 2020 MPFS Final Rule. ASHA appreciated meeting with CMS on January 13, 2020, to discuss this issue as part of a large group of specialty societies and professional associations whose members are negatively impacted by the E/M coding and payment changes. During the discussion, CMS asked for additional feedback, and as such, ASHA offers the following comments and recommendations focused on:

- Potential Regulatory Strategies to Mitigate the Estimated Specialty-Level Impacts
- Table 120: Estimated Specialty-Level Impacts of Finalized E/M Payment and Coding Policies

ASHA also reiterates support of the February 10, 2020, letter submitted to CMS by a group of 14 specialty societies and professional associations, including ASHA, concerning the redistributive impact.

Potential Regulatory Strategies to Mitigate the Estimated Specialty-Level Impacts of Proposed Changes

ASHA supports the coding and payment changes to office/outpatient E/M services. ASHA also recognizes that CMS must meet the statutory requirement to maintain budget neutrality by offsetting the E/M payment increases. **However, ASHA is extremely concerned about the significant negative financial impact the budget neutrality requirement will have for many specialties—including audiology and speech-language pathology—that cannot report E/M services as part of their Medicare benefit category.** Other Medicare payment reductions, such as the multiple procedure payment reduction (MPPR) applied to therapy

services, sequestration, and the limited opportunity for payment adjustments associated with the Merit-Based Incentive Payment System (MIPS) compound the proposed reductions and cannot be considered in a vacuum. As such, ASHA offers the following comments and recommendations and urges CMS to consider these and other regulatory solutions to mitigate the impact of the E/M coding and payment changes.

Examine the Specialty-Level Impact of Budget Neutrality and the Conversion Factor Adjustment

As expressed earlier, ASHA is extremely concerned about the projected negative redistributive impact to specialties that cannot report E/M services to the Medicare program and, therefore, have little or no means to mitigate the financial implications of the E/M coding and payment changes. As we enter the CY 2021 proposed rulemaking cycle, ASHA recommends that CMS make every effort to examine the effect of the conversion factor (CF) budget neutrality adjustment on specialty-level services, especially in those areas where there are both the greatest increases and decreases in payment. **ASHA recommends that CMS consider whether there is a fair and equitable mechanism to distribute the impact across a broader cross-section of services to minimize any undue burden to specific provider groups or patient populations. However, ASHA strongly opposes any potential strategies that may reduce relative value units (RVUs) to Current Procedural Terminology (CPT®) codes, such as a work RVU adjuster.** Such actions could permanently skew the relativity of all services paid under the MPFS and damage future efforts to equitably value new and revised CPT codes. **Additionally, ASHA urges CMS to consider delaying any decreases until CMS can undertake a thorough specialty-level impact analysis and engage stakeholders in a transparent information-gathering and decision-making process. During this process, ASHA requests that CMS provide additional detail and data regarding specialty-level impact, as well as a description of the methodology used to conduct the analysis.** This will allow professional associations to engage in meaningful dialogue with and provide additional recommendations to CMS throughout the process.

Cancel Implementation of Add-On Code GPC1X

ASHA urges CMS to reconsider implementation of the Healthcare Common Procedure Coding System (HCPCS) add-on code GPC1X, *visit complexity inherent to evaluation and management associated with medical care services*. As noted by several stakeholders in the CY 2020 MPFS Final Rule, there is concern regarding CMS's utilization assumptions, the additional cost to the Medicare program, and potential overlap with existing CPT codes.¹ **As such, ASHA requests that CMS cancel implementation of HCPCS add-on code GPC1X or, at a minimum, reassess utilization assumptions and delay implementation until the code can be reevaluated and refined to prevent overlap with other services already paid under the MPFS.**

Phase-In Payment Changes to Reduce the Immediate Impact to Providers

Although ASHA does not support the dramatic nature of the reductions for many providers, ASHA understands the constraints of the budget neutrality mandate. However, ASHA notes that there is precedent for implementation of a "phase-in" when a proposal will result in significant changes to Medicare payment and policies. For example, in CY 2019, CMS implemented a 4-year phase-in of practice expense pricing updates *"to minimize any potential disruptive effects during the proposed transition period that could be caused by other sudden shifts in RVUs..."*² **As such, ASHA strongly urges CMS to implement a phase-in of the payment changes for E/M services to mitigate the immediate negative financial impact on affected providers. Additionally, ASHA requests CMS make every effort to balance the payment adjustments**

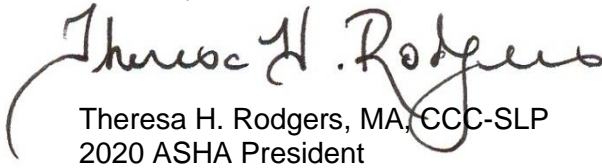
during the phase-in to avoid a wide variance among the positive and negative payment changes.

Table 120: Estimated Specialty-Level Impacts of Finalized E/M Payment and Coding Policies

In the CY 2020 MPFS Final Rule, CMS published estimated specialty-level impacts for CY 2021 in Table 120. Of note, this table did not include specific impact data for certain specialties, such as speech-language pathologists and registered dietitians. It is critical for Medicare providers to have access to the projected impact data specific to their specialty, given the potential for significant payment reductions due to the E/M coding and payment changes. Without this data, speech-language pathologists and other providers will be at a distinct disadvantage as they attempt to prepare for the impact of the CY 2021 coding and policy changes. **As such, ASHA urges CMS to eliminate the “other” category and include specific specialty-level impacts of the finalized E/M payment and coding policies for all specialties that provide services paid under the MPFS, including speech-language pathologists. Additionally, ASHA requests that CMS continue to include specific specialty-level impact data for all specialties, including speech-language pathologists, in all future rulemaking.** This practice will ensure equitable access to information for all Medicare providers and aligns with CMS’s ongoing commitment to transparency.

ASHA appreciates the opportunity to submit these comments and recommendations for your consideration as CMS develops the CY 2021 Proposed Rule. Furthermore, ASHA looks forward to ongoing engagement with CMS regarding the redistributive impact on audiology and speech-language pathology services. If you have questions, please contact Neela Swanson, ASHA’s director for health care policy for coding and reimbursement, at nswanson@asha.org.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

cc: Gift Tee, Director, Division of Practitioner Services
Marge Watchorn, Deputy Director, Division of Practitioner Services

¹ U.S. Department of Health and Human Services. (2019). *Rules and regulations*. 84. 62854-62856. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2019-11-15/pdf/2019-24086.pdf>.

² U.S. Department of Health and Human Services. (2018). *Rules and regulations*. 83. 59475. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf>.