Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-1693-IFC
P.O. Box 8011
Baltimore, MD 21244-1850

December 18, 2018

RE: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019 (CMS-1693-IFC)

Submitted electronically via regulations.gov

Dear Administrator Verma:

Heart Rhythm Society (HRS) appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) on the 2019 Medicare Physician Fee Schedule final rule. HRS is the international leader in science, education and advocacy for cardiac arrhythmia professionals and patients, and the primary information resource on heart rhythm disorders. Its mission is to improve the care of patients by promoting research, education, and optimal health care policies and standards. HRS represents more than 6,300 specialists in cardiac pacing and electrophysiology, consisting of physicians, scientists and their allied professional colleagues. Electrophysiology is a distinct specialty of cardiology, with eligibility for board certification in clinical cardiac electrophysiology through the American Board of Internal Medicine, as well as in cardiology.

Our comments are focused on changes made by the Agency related to the Evaluation and Management (E/M) office and outpatient visit codes and certain provisions related to Communications Technology-Based Services.

Communications Technology-Based Services

For 2019, CMS implemented coverage and payment for the following services:

- ***Virtual Check-In***: HCPCS G2012 (*Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion*)

1325 G Street NW, Suite 400 | Washington, DC 20005 | USA | Phone: +1-202-464-3400 | Fax: +1-202-464-3401
info@HRSonline.org | www.HRSonline.org

- ***Remote Evaluation of Pre-Recorded Patient Information***: G2010 (*Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment*)

HRS appreciates that CMS recognized the value of these remote services and worked to develop a policy that allows for providing and submitting claims for these services outside the restrictions associated with Medicare Telehealth Services. These services are particularly valuable for patients with heart rhythm disorders. , We urge CMS to provide additional guidance on appropriate use of the codes and any other coding education necessary to ensure that the providers can deliver and appropriately submit claims for these services beginning January 1, 2019. HRS looks forward to working with CMS to explore whether additional codes are needed to describe remote services provided by electrophysiologists.

Evaluation and Management Visits

Documentation Provisions
HRS appreciates CMS' interest in putting patients over paperwork and is confident that easing documentation burdens will improve physicians' interactions with patients. Therefore, HRS commends CMS for finalizing for CY 2019 the policies related to:

1. Removing the need to justify providing a home visit instead of an office visit;

2. Limiting the required documentation of the patient's history to the interval history since the previous visit (for established patients); and

3. Eliminating the requirement for physicians to re-document information that has already been documented in the patient's record by practice staff or by the patient.

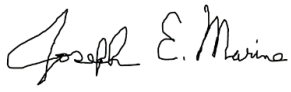
HRS also appreciates that CMS took into consideration the concerns expressed by the stakeholder community, including HRS, and finalized these provisions. We look forward to continued discussions that will help to develop additional proposals to reduce the amount of administrative burden experienced by physicians, which detracts from the time physicians are able to spend with their patients.

In addition, HRS is supportive of CMS' decision to finalize for CY 2021 the flexibility for practices to choose the documentation method for selecting the correct level of E/M service. While HRS agrees that additional guidance must be provided related to documentation based only on medical-decision making or only on time, that work can be done in cooperation with CPT Editorial Panel and the AMA Relative Value Scale Update Committee (RUC) and could be implemented as early as CY 2020.

Payment Provisions
HRS continues to assert that, while more can be done to ease the administrative burden on medical practices, the collapse of the current E/M visit levels is the wrong approach. Even though CMS postponed implementation of the policy until CY 2021 and removed the level 5 visits from the payment collapse, **HRS continues to have significant concerns about CMS' intention to revise the E/M coding structure, relative values and payment levels and recommends that CMS refrain from proceeding with the finalized policies for CY 2021 related to the E/M code collapse plans. HRS has confidence in the current work by the AMA CPT/RUC Evaluation and Management Working Group and the tasks that each body will manage related to revising the codes. We recommend that the Agency withdraw its policies related to the code collapse in CY 2021 and work with the CPT Panel and the RUC to address ways to improve coding and guidelines for office visits and other E/M codes.** Parallel to HRS's opinion that CMS should not implement its policy to collapse E/M office/outpatient visit code levels 2-4, **HRS advises that CMS should <u>not</u> move forward with the add-on codes for primary care and specialty care inherent complexity.** In addition to these codes being tethered to the collapse of the visit levels, the add-on codes are inappropriately structured and should not be implemented.

HRS appreciates the opportunity to comment on these topics. If you have any questions, please contact Kimberley Moore, HRS' Director of Reimbursement and Regulatory Affairs at KMoore@hrsonline.org.

Sincerely,



Joseph E. Marine, MD, FHRS
Chair, HRS Health Policy Committee