

October 5, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted Electronically: <http://www.regulations.gov>

Re: File Code CMS-1734-P; CY 2021 Revisions to Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

The National Association of Social Workers (NASW) greatly appreciates the opportunity to provide our comments on CMS-1734-P. NASW is the largest and oldest professional social work organization in the nation, representing over 110,000 social workers. Clinical social workers (CSWs) are the most abundant provider of mental and behavioral health services who participate in Medicare and practice in a broad range of healthcare, mental health, and other settings. CSWs are an essential workforce in supporting individuals and families who are struggling to cope with the many impacts of the ongoing COVID-19 pandemic.

Evaluation and Management Services

NASW supports the Centers for Medicare and Medicaid Services' (CMS) proposal to increase the work values of psychiatric services that are analogous to outpatient evaluation and management (E/M) services. Since CSWs are reimbursed at only 75% of the PFS, these work value increases are imperative in incentivizing CSW participation in Medicare and ensuring an adequate workforce of CSWs to meet the mental health needs of beneficiaries, which have sharply increased due to the pandemic.

While we support the CPT coding revisions and revaluations of E/M services recommended by the AMA/Specialty Society RVS Update Committee (RUC), we strongly oppose the proposed 10.6% decrease in the conversion factor (CF) to achieve budget neutrality (BN) for these and other PFS changes proposed for 2021. These cuts will have devastating impacts on CSWs, who

already have been hard-hit financially by the pandemic, resulting in a major barrier to mental and behavioral health services during an unabating pandemic. Rates of anxiety, depression, and substance use disorder (SUD) have spiked as a result of the ongoing public health crisis. These spikes, in turn, are contributing to higher rates of suicidality. Older adults and people with disabilities, who are particularly socially isolated due to physical distancing requirements, are especially vulnerable to developing these conditions and to acute exacerbations of pre-existing mental health disorders. Suicidality rates are also increasing, including among beneficiaries. These major cuts would also compromise access to medically necessary services, provide fewer choices of health care specialists, and force small health care practices to close, especially those in rural communities. Medicare payments have already failed to keep up with inflation since the inception of the PFS in 1992. This decrease in the CF will be well below the 1994 CF. Meantime, the number of beneficiaries continues to grow.

We understand that CMS believes that the proposed CF reduction is mandated by Medicare's BN requirement that relative value unit (RVU) valuation changes that exceed a \$20 million threshold must be offset by payment reductions for other PFS services. However, of the \$10.2 billion in additional spending attributable to changes described in the 2021 Medicare PFS proposed rule, only an estimated \$5.6 billion is attributable to E/M service changes adopted last year (CPT codes 99202-99215; 99XXX). An additional \$3.3 billion is attributable to the adoption of the new E/M Office Visit Add-on Code (HCPCS GPC1X) and the remainder to various other spending provisions in the proposed rule. Thus, the modification of E/M coding and valuation finalized last year (CPT 99202-99215; 99XXX) accounts for only slightly more than half of the proposed CF reduction.

We urge CMS to exercise its administrative discretion to eliminate or substantially mitigate the proposed CF reduction. Options it should consider include:

- 1) Exercise its PHE authority to eliminate or mitigate the impact of the proposed CF reduction.
- 2) Eliminate the new E/M add-on code (GPC1X)
- 3) Consider the negative impact of COVID-19 on 2021 E/M visit utilization projections to calculate the BN adjustment
- 4) Review its BN calculations to ensure that it accurately reflects the E/M billing policies that will become effective in 2021.
- 5) Utilize previous over-estimated spending to reduce the BN adjustment

We urge CMS to collaborate with CSWs and the many other Medicare provider groups to develop and implement a final rule that will achieve the agency's goal to promote improvements in patient care and management.

Telehealth Services

NASW commends CMS for expanding telehealth services to meet the needs of Medicare beneficiaries during the pandemic. This expansion has been instrumental in enabling CSWs to provide urgently needed mental and behavioral health services to millions of beneficiaries. We

support the proposed permanent addition of 90853, group therapy, to the list of telehealth psychiatric services.

We especially commend the agency for reimbursing for audio-only services during the pandemic and urge CMS to make this expansion permanent for mental health and other services. The need for mental and behavioral services will continue well beyond the conclusion of the public health emergency. We believe CMS has the authority to proceed with this policy permanence without specific congressional authorization. The current statutory authority under Section 1834m of the Social Security Act allows CMS to make this change now without further direction from or action by Congress. We recommend the development and deployment of a modifier for billing an audio-only mental and behavioral health service. This would enable psychiatric telehealth services to be identified and reflective of the service being performed.

In addition, NASW urges CMS to eliminate the originating and geographic site requirements in the pre-COVID Medicare telehealth policy. Medicare beneficiaries should have a choice of where they receive telehealth services. Traveling to originating and geographic sites to receive psychiatric services has been a burden and barrier to receiving care for those who are homebound and/or lack transportation, among others. The positive impacts of telehealth expansion during the COVID-19 have demonstrated the value of receiving mental health services outside originating or specified geographic sites.

Quality Payment Program

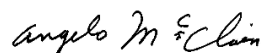
NASW appreciates CMS' development of a new set of measures for use by CSWs for the Quality Payment Program (QPP). These measures alleviate reporting problems encountered with the prior Medicare quality measurement and reporting program. We also commend CMS for clarifying with the Medicare Administrative Contractors and others the appropriate measures for use by CSWs. For the calendar year 2021 and beyond, we recommend that CSWs be reinstated as eligible providers in the QPP.

Comprehensive Screenings for Seniors: Section 2002 of the SUPPORT Act

NASW strongly supports the proposal to review beneficiaries' potential risk factors for opioid use disorder to include an evaluation of the individual's severity of pain and current treatment plan, an educational information on nonopioid treatment options, and a referral to a specialist. We also strongly support a review of the beneficiary's risk factors for SUDs and a referral to treatment if appropriate. Both reviews are important to the screening of seniors for substance use.

Thank you again for the opportunity to provide comments on CMS-1734-P. If you have any questions, please do not hesitate to contact me at naswceo@socialworkers.org or 202-336-8200.

Sincerely,



Angelo McClain, PhD, LICSW
Chief Executive Officer