October 1, 2020

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

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

Dear Administrator Verma:

The Advocacy Council of the American College of Allergy, Asthma and Immunology (ACAAI) together with its sponsoring organization, the ACAAI, appreciate this opportunity to submit comments on the proposed changes to the physician fee schedule rule for 2021.The Advocacy Council and the ACAAI represent the interests of more than 6,000 allergists-immunologists and allied health professionals. Its members provide patient services across a variety of settings ranging from small or solo physician offices to large academic medical centers.

**Implementation of Changes to Evaluation and Management Codes**

**We strongly support CMS' proposal to implement the payment and documentation changes to the outpatient evaluation and management codes beginning in 2021**. These changes will vastly simplify documentation and coding and will relieve physicians of burdensome red tape. They will also begin to address historic underpayment of physician cognitive services and improve our ability to provide holistic care for our patients, especially those with chronic conditions.

We also support the addition of the new Code GPC1X to provide additional payment for visit complexity inherent in certain evaluation and management services. Allergists specialize in the treatment of asthma and the additional reimbursement will allow us to provide the sort of ongoing care needed to help patients maintain control of their disease and avoid hospitalizations and emergency department visits. However, it would be helpful if CMS could issue additional guidance on use of this code and, in particular, whether there are circumstances when this code should not be reported.

**Telehealth and Communication Technology Based Services I(CTBS)**

**We strongly support the proposal to include the prolonged visit outpatient E/M services on the Medicare telehealth list.** This is particularly important now as we work to provide our patients with the care they need, whether it be in the office or via telehealth. However, even without a public health emergency, the ability to provide care remotely, including prolonged services, will become increasingly important in ensuring access to specialty care.

**For similar reasons, we support the addition of new CTBS codes for longer phone calls that those currently described by the virtual check-in codes.** These new codes should be structured and valued to permit phone communications without the requirement that they not lead to an E/M visit within 7 days. The classification of these services as CTBS rather than telehealth will also be important in ensuring that they are available to all patients, regardless of geographic location or site of service.

**Scope of Practice Issues**

CMS proposes to allow Nurse Practitioners, Clinical Nurse Specialists, and Certified Nurse Midwives (collectively "NPs") to supervise diagnostic tests to the extent they are allowed to do so by state law and scope of practice rules. We have several concerns about this proposal and urge that it not be adopted. As physicians providing specialty care in the field of allergy, asthma, and immunology, we have received thousands of hours of specialty clinical training in the diagnosis and treatment of asthma and allergy related diseases. This training is critical in determining whether and what kind of testing is required and in arriving at differential diagnoses.

Many allergists incorporate nurse practitioners into their practice using a team-based approach that includes physician oversight. This oversight is important in determining which patients need allergy testing and the extent of testing and can only be determined after a thorough history and an understanding of allergic disease. NPs do not receive this type of specialty training. Unlike primary care, or pediatrics, there is no specialty training for NPs in the area of allergy and immunology. Physician-led team-based care is the gold standard and has been proven successful in providing effective, high-quality care and reducing costs.

Furthermore, we do not believe that state scope of practice laws for NPs provide sufficient guidelines. Many of these laws are vague and subject to a variety of interpretations making it difficult to assess exactly what is permitted under state law. Other states allow NPs to practice independently without physician collaboration. In those states, if this rule change is adopted, NPs could provide specialty care, including specialty diagnostic tests, to Medicare beneficiaries. In the field of allergy and immunology, for example, this would allow NPs in some states to order, supervise, and interpret allergy skin tests, and make treatment decisions based on those tests. We do not believe this is in the best interests of patient care and would easily lead to over-testing and inappropriate utilization.

**We strongly oppose CMS' proposal to eliminate physician supervision of diagnostic tests when performed by NPs.**

**For many of the same reasons, we do not support the proposal to expand the scope of practice of physician assistants to include performing diagnostic tests without supervision**. Diagnostic tests should only be performed by those with the appropriate training and education. Appropriate diagnostic tests, properly executed, are the cornerstone of effective treatment and must be performed under physician supervision.

**QPP/MIPS**

**Allergy/Immunology Measure Set:** We support CMS' proposal to add four new measures to the allergy/immunology measure set. The measures would increase the number of outcome measures available in the measure set and give allergists additional options for providing value-based care.

**MIPS Points:** CMS proposes a minimum MIPS score of 50 to avoid a penalty in 2021. This is a more gradual increase which we support. CMS also proposes to increase the weight of the MIPS cost performance category from 15 percent to 20 percent. **We believe CMS should defer this action for another year.** Outcome measures, for many specialties, are still in the testing phase and there is still considerable confusion surrounding their use and their reliability. We believe physicians need additional time to become familiar with these measures and for the measures to be properly refined.

**Promoting Interoperability and Certified Health Information Technology:**
CMS is proposing to require that physicians participating in MIPS use only technology that is considered certified under the ONC Health IT Certification program according to timelines established in the 21st Century Cures Act final rule. This would allow physicians to use the current 2015 Edition EHRs and/or 2015 Edition Updates only until August 2, 2022 after which the 2015 Edition Update will no longer be considered certified. We have concerns about the fact that technology updated in accordance with the Cures Act will no longer be considered certified and ask that this date be extended to give practices additional time especially since many practices have only just recently updated their EHRs based on the Cures Act final rule. We are concerned that this timeframe does not take into consideration the need for EHR development by vendors and adoption by physicians. Physicians need at least 12 months to plan for new EHRs. **We urge that CMS not implement this requirement until at least January 1, 2023.**

We appreciate your consideration of our comments. Please feel free to contact us if you have any questions.

Sincerely,

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and Immunology

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