



*Saving and improving lives with transplantation.*

**American Society of Transplant Surgeons®**

Via electronic submission

September 10, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: File Code CMS–1693–P; 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 (Proposed Rule); RIN 0938-AT31**

Dear Administrator Verma:

On behalf of the American Society of Transplant Surgeons, I am pleased to have the opportunity to comment on the 2019 Physician Fee Schedule Proposed Rule (the “Proposed Rule”). ASTS is a medical specialty society representing approximately 1,800 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through leadership, advocacy, education, and training.

Our comments address the following issues:

- The valuation of transplant procedures
- Proposed Payment for Inter-Professional Consultations
- Proposal to Discount Procedures or Evaluation and Management (E/M) services provided on the same Date of Service
- The proposed revision of HCPCS codes for reporting E/M services, including office visits
- The proposed reduction in the administrative burden imposed by E/M Documentation Guidelines
- The collection of global surgery data
- Various Quality Payment Program (QPP) proposed revisions

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Each of these is addressed below.

I. **Typographical Error in RVUs for Pancreas Allograft Transplantation (CPT 48554)**

Generally, the valuation of transplant procedures would not change significantly if the Proposed Rule were adopted without modification. However, it appears that there was a typographical error in Attachment B of the Proposed Rule, which results in the misstatement of the total RVUs for CPT 48554.

***ASTS Recommendation:*** *ASTS recommends that the 2019 PFS Final Rule include 74.81 total RVUs for CPT 48554, the sum of the W-RVUs, Malpractice RVUs and Practice Expense RVUs (PE-RVUs) for that procedure, as set forth in Attachment B of the Proposed Rule, to correct the error of 73.70 total RVUs.*

II. **Proposed Payment for Inter-Professional Consultations**

The Proposed Rule would provide for coverage and payment for Interprofessional Internet Consultation codes (CPT codes 994X6, 994X0, 99446, 99447, 99448, and 99449). In particular, the Proposed Rule would provide coverage and payment for two new interprofessional internet consultation CPT codes that may be useful to transplant surgeons and other members of the transplant team:

- 994X6 (Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.)
- 994X0 (Interprofessional telephone/internet/electronic health record referral service(s) provided by a physician or qualified health care professional, 30 minutes.)

***ASTS Recommendation:*** *ASTS urges CMS to authorize coverage for the proposed interprofessional internet consultation codes, and to adopt the recommendations made by the AMA with respect to the valuation of these codes and the adoption of the CPT's explanatory language.*

III. **Proposed Payment Reduction for E/M and Procedures Performed on the Same Date of Service**

Intertwined with the proposed E/M payment changes discussed below is a proposal to apply a 50% multiple procedure payment reduction (MPPR) when an E/M office visit is performed on the same date of service as a surgical procedure. We further understand that this reduction would be applied to the lower-paid of the E/M service or the surgical procedure, and that there are about 5000 surgical procedures to which the reduction would apply. Since the RUC valuation already takes into account any overlapping resources, this proposal results in duplicative payment reductions, for the reasons set forth at length in the comments submitted by the AMA Relative Value Update Committee (RUC), which are incorporated by reference.

***ASTS Recommendation:*** *ASTS strongly urges CMS to refrain from adopting the proposed MPPR in the 2019 PFS Final Rule.*

#### IV. Proposed New E/M Coding and Valuation

Transplantation is a complex procedure, and transplant evaluations performed for the purpose of determining whether a patient is clinically suitable for transplantation requires complex decision-making that takes into account multiple clinical, social, and other factors. We believe that the proposal set forth in the Proposed Rule to “collapse” Medicare payment for E/M services of varying complexity has the potential to adversely impact payment for transplant evaluation.

***ASTS Recommendation:*** For the reasons set forth in detail in the comment letter submitted by the American Medical Association, we recommend that CMS retain current coding and valuation of E/M services pending submission of the AMA’s alternative proposal.

#### V. E/M Documentation Guidelines and Other Documentation Issues

While we understand that CMS may view collapsing the CPT codes used to report E/M services and simplification of the E/M Documentation Guidelines as integrally intertwined, we believe that at least some of the Proposed Rule’s proposals with respect to the simplification of the E/M Documentation Guidelines could be adopted even if E/M coding and reporting remains unchanged in 2019.

***ASTS Recommendation:*** ASTS concurs with the AMA’s comments on the documentation issues raised by the Proposed Rule. In addition, for the reasons set forth in the Proposed Rule, ASTS recommends that CMS adopt the following documentation related changes in 2019, without awaiting implementation of E/M reporting changes:

- The proposal that documentation of the history and/or physical examination for an established outpatient visit may be limited to recording changes from the prior visit along with notation of pertinent absences of change.
- The proposal for new and established E/M office visits that a Chief Complaint or other historical information already entered into the record by ancillary staff or the patient may simply be reviewed and verified rather than re-entered by the physician.
- The proposal to eliminate the prohibition on same-day office visits by practitioners of the same specialty and from the same group practice.
- The proposal to simplify documentation requirements for teaching physicians by generally allowing the medical records to show that the teaching physician was present at the time of service was rendered, as reflected by entries made by a physician, resident, or nurse. (We also suggest that this change be modified to align with CMS guidance dated May 31, 2018 (Change Request 10412), allowing the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work.)

#### VI. Collection of Global Surgery Data

ASTS is disappointed to learn of the poor response to CMS’ efforts to obtain claims reporting data with respect to services included in global surgery codes. Since kidney transplantation is included on the list of services for which data is sought, we have informed our members to report post-operative visits as directed by CMS and will continue to urge our members to comply with CMS’ reporting requirements.

**ASTS Recommendation:** While we understand CMS' frustration at the lack of response, we urge the agency to refrain from implementing sanctions on surgeons who are subject to these reporting requirements.

VII. **QPP Proposed Changes**

**ASTS Recommendation:** ASTS generally concurs with the comments made by the AMA with regard to the QPP for 2019 with respect to a broad range of issues, including, for example, the applicable reporting periods, the availability of claims based reporting, the weight to be provided to the cost category under MIPS, the need to further reduce barriers to interoperability, and the scoring methodology.

**ASTS Recommendation:** While virtually all transplant surgeons are likely to meet the facility-based threshold requirements, it is unclear to us whether, and to what extent, the TINs with which transplant surgeons are affiliated will meet these requirements. In any event, however, we do not support the proposal to automatically attribute a Hospital's score to a physician or group practicing in a facility, if they meet the facility based physician threshold requirements. At a minimum, the TIN should have to voluntarily opt-in and notify CMS which individual NPIs that fall under the TIN and should have their quality and cost performance category scores determined based on a facility's performance.

**ASTS Recommendation:** Many transplant surgeons are members of a faculty practice plan or other multi-specialty group practice and must choose to report MIPS data individually or through the GPRO, which includes all MIPS-eligible clinicians in the TIN. We support CMS' efforts to find a way for a portion of a group to report as a separate subgroup, since this option likely will facilitate more meaningful quality reporting.

ASTS appreciates the opportunity to comment on the Proposed Rule. If you have any questions regarding the ASTS comments or if we can provide any further information, please do not hesitate to contact Ms. Kim Gifford at [kim.gifford@asts.org](mailto:kim.gifford@asts.org).

Sincerely yours,



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