



*Saving and improving lives with transplantation.*

**American Society of Transplant Surgeons®**

September 11, 2023

The Honorable Chiquita Brooks-LaSure  
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–1784–P. Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program (“2024 PFS Proposed Rule” or “Proposed Rule”)

Dear Administrator Brooks-LaSure:

On behalf of the American Society of Transplant Surgeons (ASTS), I am pleased to have the opportunity to comment on the 2024 PFS Proposed Rule. ASTS is a medical specialty society representing approximately 2,000 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through patient care, research, education, and advocacy.

Our comments address the following issues:

- Conversion Factor
- Determination of Practice Expense (PE) Relative Value Units (RVUs)
- Supervision of Residents in Teaching Hospitals
- Telehealth
- Remote Direct Supervision
- Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation (PIN) Services

#### **I. Conversion Factor**

ASTS is extremely concerned by the continued decline in Medicare payment for physicians’ services attributable to conversion factor reductions. We believe that the cumulative reduction in Medicare payment for physicians’ services has the potential to significantly impact access to physicians’ services for Medicare beneficiaries over the long term. While we understand that this year’s reduction has been partially mitigated by Congressional action, continued reduction in physician payment is unsustainable.

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June 1–5, 2024  
Philadelphia, Pennsylvania

***ASTS Recommendation:*** We urge Congress and CMS to collaborate to address the continued decline in Medicare payment for physicians' services.

## **II. Practice Expense Data**

We appreciate CMS' proposal to postpone implementation of updated MEI weights and for considering the option of ultimately basing the MEI update on AMA's current survey. In light of the importance of the MEI in determining the overall distribution of Medicare payment for physicians' services, we believe that CMS' decision to postpone the MEI update to await further data collection is prudent.

***ASTS Recommendation:*** ASTS supports CMS' proposal to postpone implementation of new MEI weights pending completion of the AMA practice expense (PE) survey.

## **III. Supervision of Residents in Teaching Settings**

We appreciate CMS' proposed expansion of remote supervision of residents through 2024 and the agency's decision to consider whether, and under what circumstances, remote supervision should be authorized beyond that date. Specifically, the Proposed Rule includes a provision that would allow teaching physicians nationwide to have a virtual presence in all teaching settings when the service is furnished virtually (for example, a 3-way telehealth visit, with all parties in separate locations) through 2024 and is seeking comments on other clinical treatment situations appropriate to permit the virtual presence of the teaching physician. The Accreditation Council for Graduate Medical Education (ACGME) recently amended its rules to allow for audio/visual supervision of residents and its guidelines, and these guidelines now state that direct supervision can occur when "the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology."<sup>1</sup>

***ASTS Recommendation:*** ASTS urges CMS to align Medicare policy with ACGME guidelines with respect to remote resident supervision and to adopt the recommendations of the AMA with respect to additional safeguards that should be imposed when supervision is provided remotely.

## **IV. Telehealth**

ASTS supports CMS' proposals to continue paying for telehealth services provided nationwide and to patients in their homes, as well as proposals to continue payment for the CPT codes for audio-only visits and all Medicare telehealth services through the end of 2024. Telehealth has served an invaluable role in assuring continued access to transplantation throughout the pandemic and we believe that it has earned a permanent place in Medicare coverage and payment policies.

***ASTS Recommendation:*** ASTS supports CMS' proposals to continue paying for telehealth services provided nationwide and in patients' homes through 2024 and urges CMS to work with Congress to ensure continued nationwide and home-based access to telehealth services beyond 2024.

## **V. Remote Supervision**

ASTS supports CMS' proposal to authorize direct supervision of diagnostic tests and "incident to" services through real time audio-visual communications through the end of 2024. We appreciate CMS' recognition that remote supervision has not resulted in risks to patient safety and has served a valuable role in assuring access to medically necessary diagnostic and therapeutic services over the past several years.

***ASTS Recommendation:*** ASTS applaud CMS' decision to extend remote direct supervision through 2024 and we encourage CMS to make this change permanent.

<sup>1</sup> [https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency\\_2023v3.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023v3.pdf).

**VI. Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation (PIN) Services)**

ASTS commends CMS for recognizing the impact of social determinants of health (SDOH) and for including in the Proposed Rule a number of proposals intended to reduce healthcare disparities for the medically underserved. In particular, CMS proposes to:

- Incentivize screening for SDOH and referral to community support systems to improve health outcomes by establishing two new Healthcare Common Procedure Coding System (HCPCS) G-codes and payment rates for time-based monthly Community Health Integration services under the general supervision of a physician;
- Establish a new HCPCS G-code and payment rate for administering a SDOH risk assessment as part of a comprehensive social history when medically reasonable and necessary in relation to an E/M visit; and
- Establish two new HCPCS G-codes and payment rates for time-based monthly patient navigation services under the general supervision of a physician addressing a serious high-risk condition, illness, or disease expected to last at least three months and that places the patient at significant risk of hospitalization, nursing home placement, acute exacerbation/decompensation, functional decline, or death.

ASTS urges CMS to recognize that End Stage Renal Disease (ESRD) is a high-risk condition expected to last at least three months and that places a patient at significant risk of hospitalization, nursing home placement, exacerbation, decompensation, functional decline or death. We believe that the proposal to provide payment for patient navigation services for patients with ESRD, if finalized, has the potential to significantly impact ESRD patients' understanding of the clinical benefits of transplantation, and to thereby increase positive health outcomes while decreasing costs for this vulnerable patient population. Many ESRD patients are not adequately managed during the initial phases of their condition and are first diagnosed as the result of an Emergency Room (ER) visit. For this reason, we believe that an ER visit should be included as a triggering event for the provision of patient navigation services for ESRD patients.

***ASTS Recommendation:*** *ASTS supports CMS proposals to create a number of new HCPCS codes to report Community Health Integration, Risk Assessment, and patient navigation services for the Nation's medically underserved populations.*

***ASTS Recommendation:*** *ASTS urges CMS to make the new G codes established for patient navigation services allowable when these services are provided in conjunction with an ER visit for patients with ESRD.*

ASTS appreciates the opportunity to comment on the 2024 PFS Proposed Rule. If you have any questions, please do not hesitate to contact ASTS' Associate Director, Advocacy, Emily Besser, MA, CAE, at [Emily.Besser@asts.org](mailto:Emily.Besser@asts.org).

Respectfully,



Elizabeth Pomfret, MD  
President