

ISSUES

ACCC Comments on 2020 Proposed OPPS and PFS Rules

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On Sept. 27, ACCC provided comments to the Centers for Medicare & Medicaid Services (CMS) on the agency's proposed CY 2020 Outpatient Prospective Payment System (OPPS) and Physician Fee Schedule (PFS) rules. CMS is expected to release the final CY 2020 Medicare payment rules in early November. Below are highlights from these comment letters.

Specific to the proposed OPPS Rule, ACCC recommended that CMS:

- Not finalize its proposal to reduce reimbursement to 40 percent of the OPPS rate for certain clinic visits furnished at excepted off-campus provider-based departments and reverse the policy that was implemented in CY 2019.
- Not finalize its proposal to continue to pay average sales price (ASP) minus 22.5 percent for separately payable drugs purchased under the 340B Program, including drugs furnished in non-excepted hospital off-campus provider-based departments.
- Finalize the Hospital Outpatient Payment Panel's recommendation to apply a status indicator of Q1 to CAR-T codes to enable them to be separately payable when no other service is performed.
- Not finalize its proposals with respect to the clinical laboratory date of service rule except that it should allow blood banks and centers to continue to bill hospitals.
- Not finalize its proposal to require hospitals to make public lists of gross

charges and payer-specific negotiated rates.

- Not finalize its proposal to require prior authorization for certain outpatient department services.

In its letter, ACCC supports the proposal regarding changes in the level of supervision of outpatient therapeutic services in hospitals and critical access hospitals, but seeks clarification on how it will apply to chemotherapy and radiation oncology.

Specific to the proposed PFS Rule, ACCC recommended that CMS:

- Finalize its proposed revisions to the Transitional Care Management and Chronic Care Management services codes and payment to encourage further utilization of these services, reduce costs, improve patient outcomes, and ensure that healthcare professionals are appropriately compensated for services provided.
- Continue the payment freeze for radiation therapy G-codes for CY 2020. ACCC appreciates CMS's proposal to stabilize payment for radiation therapy services until such time as billing for radiation therapy services can be appropriately re-evaluated.
- Proceed with caution when proposing any bundled payments under the PFS, including possible expansion of the use of the monthly enhanced oncology services (MEOS) payment outside the Oncology Care Model (OCM), to ensure that any proposed model is thoroughly vetted to

minimize any negative impact to patient access.

- Finalize its proposed changes to the evaluation and management (E/M) current procedural terminology codes and documentation guidelines, including the proposed revisions to the add-on G-codes for these services. ACCC believes that the changes to payment for E/M services finalized last year would have dramatically reduced reimbursement for E/M services to physicians by creating a single payment rate across four levels of E/M services. ACCC believes that adoption of the American Medical Association's guidelines for documentation of these codes will help ensure that physicians will be compensated at potentially more appropriate reimbursement rates.
- Propose simple, easy-to-implement rules governing notification of the options for infusion therapy services under the home infusion therapy benefit.
- Withdraw the payment reduction for non-excepted off-campus provider-based departments, which is supposed to be equivalent to the PFS rate for such services, but is instead proposed to continue to be set at 40 percent of the OPPS rate for the same services for CY 2020.

Read these comment letters in their entirety at acc-cancer.org/advocacy.

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