issues

ACCC Comments on 2021 Proposed OPPS and PFS Rules

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On Oct. 5, ACCC provided comments to the Centers for Medicare & Medicaid Services (CMS) on the agency's proposed CY 2021 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 December. Below are highlights from these comment letters.

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

- Not finalize its proposal to further reduce the payment rate for separately payable drugs acquired under the 340B Program to protect rural and underserved providers and beneficiaries. ACCC believes that the proposal to further reduce payment for 340B drugs fails to account for the numerous harmful effects it will have on patient access to care. Instead ACCC urges CMS to continue its current policy of paying average sales price minus 22.5 percent for 340B drugs.
- Finalize its proposed changes in the level of supervision of non-surgical extended duration services as long as hospitals retain the flexibility to determine how best to staff these services, with respect to both the individuals who may be providing the services and how the hospital chooses to meet the supervision requirements.
- Reverse, not extend, its requirement for prior authorization for certain outpatient department services. ACCC member

institutions continue to experience increases in unnecessary and burdensome prior authorizations, delaying patient care and increasing the administrative burden on hospitals. To protect patients, CMS should reverse its prior authorization policies finalized last year instead of extending them to additional service categories.

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:

- Mitigate the detrimental impact of increased payment for office/outpatient evaluation and management visits, which have been offset by reductions to surgery and radiology oncology services, among others, by seeking a balanced approach to payment for all services. ACCC is deeply concerned about the impact of offset reductions on radiation oncology and surgery. The agency's own CY 2021 financial impact analysis for changes in the rule as a whole predicts a 6 percent decrease in Medicare PFS payments for radiation oncology and radiation treatment centers and an 11 percent decrease for radiology. All of the surgical specialties included in this analysis would also face a decrease in total allowed

charges if CMS's proposals are implemented.

- Not finalize its proposal to assign certain section 505(b)(2) drug products to multiple source drug codes for purposes of Part B payment, which would not lower prices for providers and would create uncertainty about reimbursement rates.
- Finalize its proposal to increase flexibilities for telehealth services and communication technology-based services, which expand access to services for patients in need. Specifically, ACCC supports CMS's proposals to allow the specific communication technology-based services codes to be billed by licensed clinical social workers and clinical psychologists, as well as physical therapists, occupational therapists, and speech-language pathologists who bill Medicare directly for their services. In addition, ACCC supports CMS's proposals to adopt two new G codes, for remote evaluation of downloadable images/recorded video and for virtual check-in, that would allow certain nonphysician practitioners who cannot independently bill for evaluation and management services to bill for these services.

Read these comment letters in their entirety at accc-cancer.org/advocacy. **OI**

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