

# AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY

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September 9, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1807-P)

Dear Administrator Brooks-LaSure:

On behalf of the American Clinical Neurophysiology Society (ACNS), thank you for the opportunity to provide comments on the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (MPFS) proposed rule. Founded in 1946, ACNS is the professional home of more than 1,500 physicians, researchers and allied health professionals devoted to the establishment and maintenance of standards of professional excellence in clinical neurophysiology in the practice of neurology, neurosurgery, and psychiatry. ACNS members utilize neurophysiology technique in the diagnosis and management of patients with disorders of the nervous system and in research examining the function of the nervous system in health and disease.

Clinical neurophysiology is a subspecialty under the umbrella of neurology. ACNS members focus attention not just on electroencephalography (EEG), but also on evoked potentials, electromyography, nerve conduction studies, autonomic studies, intraoperative neuromonitoring, polysomnography and other sleep technology, quantitative neurophysiological methods, magnetoencephalography, sleep disorders, epilepsy, neuromuscular disorders, movement disorders brain stimulation, brain-computer interfacing, and related areas. Many of the patients we treat are Medicare beneficiaries; consequently, the payment policies and other provisions of the proposed rule are of importance to our members.

As such, we appreciate the opportunity to provide comments on the following issues:

- Conversion Factor
- Payment for Medicare Telehealth Services
- Telemedicine Evaluation and Management (E/M) Services CPT Codes
- RFI for Services Addressing Health-Related Social Needs

## **Conversion Factor**

ACNS continues to encourage the agency to work with Congress to update the conversion factor to mitigate payment cuts to the MPFS. Continued cuts and lack of updates to payments for physicians' services will have a devastating effect on physician practices and will likely create access to care issues. Many of our physician members have had to shutter their practices, retire early, or have stopped seeing Medicare patients in recent years. We encourage

the agency to work with Congress to at the very least maintain or increase physician payment levels in CY 2025 to avoid disruption to the care of Medicare beneficiaries. As we have stated previously, the PFS is the only Medicare fee for service program that does not receive annual updates. Since 1992, the conversion factor has increased by approximately \$2.00. We can think of no other profession that would still provide its professional services based on this type of increase, and yet physicians continue to do just that. This remains an untenable situation, and while we understand that the agency cannot act on its own, we encourage the agency to reach out to congressional members to collaborate on fixing the Medicare physician payment system.

### **Payment for Medicare Telehealth Services**

Since the telehealth flexibilities were implemented during the pandemic, ACNS members have been able to utilize these flexibilities, by increasing patient access to care using audio-only options, which help provide medically necessary services to patients who are at higher risk from contagious infectious diseases, those with limited mobility, and patients with a disability such as severe epilepsy. ACNS applauds CMS' proposal to revise the definition of an interactive telecommunications system to include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician is technically capable of using an audio/video system, but the patient is not capable of, or does not consent to, the use of video technology. ACNS urges CMS to finalize this proposal so that our members can continue to provide care to patients.

However, we note that the change in definition, if finalized, will not change the fact that the telehealth flexibilities allowing coverage and payment for audio-only services expire at the end of 2024. We encourage CMS to work with Congress to implement permanent changes to the payment for audio-only services.

Coverage of audio-only services has benefitted patients that ACNS members serve, patients who often have difficulty using the digital devices required to establish a simultaneous audio/visual connection, or they may not have access to the high-speed internet connection required to complete audio/visual visits. Making this flexibility permanent will help to ameliorate existing health disparities as patients with limited or no access to in-person or video visits are typically the most vulnerable patients.

ACNS also supports the agency's proposal to allow distant site practitioners to use their currently enrolled practice location instead of their home address when providing telehealth services from their home through CY 2025. This is critical to protecting the safety and privacy of providers and we encourage CMS to make this provision permanent.

### **Telemedicine Evaluation and Management (E/M) Services CPT Codes**

ACNS supports the agency's proposal not to accept the entire family of 16 of the 17 CPT codes developed to recognize the full spectrum of virtual care, and to instead direct providers to continue to use the appropriate modifier and place service codes for E/M codes. As the agency recognizes, the relative work values between the existing E/M codes and this family of telehealth services is essentially equivalent. The new telehealth CPT codes would have caused unnecessary confusion and administrative burden for providers, and we appreciate the agency's approach.

While we agree with the agency's approach, we are concerned about potential confusion for providers working with private payors who may adopt the new CPT code set to report telemedicine E/M services, as well as the impact on patients with dual insurance coverage.


CMS should work with the CPT Editorial Panel to create a unified system to report these services moving forward, and CMS should request that the CPT Editorial Board no longer adopt the new telehealth codes. If this is not possible, we recommend that CMS provide sub-regulatory guidance to ensure that providers understand the specifics of reporting telemedicine services, and how those services are correctly reported on Medicare claims. While this may seem redundant given the agency's previous work on this issue, the new telemedicine E/M codes will be published in the 2025 edition of the CPT code book. This fact alone will create confusion among providers, coders, billers, and any other personnel that interact with the CPT code set. Clear guidance from the agency may help alleviate confusion.

**Request for Information for Services Addressing Health-Related Social Needs**

ACNS continues to support the Social Determinants of Health Risk Assessment Tool (G0136) and the Community Health Integration Services (G0019 & G0022) that were finalized in the CY 2024 MPFS final rule. Patients that have epilepsy, have experienced a stroke, and those with limited mobility often lack access to transportation, which can negatively impact health outcomes for these patients. It is important that providers can assess the patient's social determinants of health with a validated tool to ensure that these factors do not negatively impact the patient's care. It is also critical to support the continuum of care for our patients, as is done through the Community Health Integration Services.

ACNS appreciates the opportunity to offer comments on CMS' CY 2025 MPFS proposed rule. Please contact Stefanie Rinehart at [srinehart@dc-crd.com](mailto:srinehart@dc-crd.com) if we can provide additional information or clarification regarding these comments.

Sincerely,



Meriem Bensalem-Owen, MD, FACNS  
President