AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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August 31, 2016

The Honorable Andy Slavitt
Acting Administrator
Center for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code-CMS-1654-P; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; (July 15, 2016)

Dear Acting Administrator Slavitt:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Notice of Proposed Rule Making (NPRM) on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year 2017, published in the July 15, 2016 *Federal Register (Vol. 81, No. 136 FR, pages 46162-46476).*

Overall, AACAP is pleased that CMS is continuing the process it begun in the CY 2016 PFS proposed rule (80 FR 41708 through 41711), whereby it solicited public comments on several important policy areas, including (1) improving payment for the professional work of care management services through coding that would more accurately describe and value the work of primary care and other cognitive specialties for complex patients (for example, monthly timed services including care coordination, patient/caregiver education, medication management, assessment and integration of data, care planning); and (2) establishing separate payment for collaborative care, particularly, how we might better value and pay for robust inter-professional consultation, between primary care physicians and psychiatrists (developing codes to describe and provide payment for the evidence-based Psychiatric Collaborative Care Model (CoCM), and between primary care physicians and other (non-mental health) specialists.

In general, our comments continue on the latter point above as invited in the current proposed rule and its proposals. In so doing, we positively associate AACAP with similar comments from the American Psychiatric Association (APA), as well as the American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC).

Psychiatric Care Collaboration

AACAP appreciates that CMS is proposing to further develop support for evidence-based approaches to caring for patients with behavioral health conditions, otherwise known as CoCM. AACAP commends CMS for accepting the code set and descriptors as recommended by the CPT Editorial Panel for this code set, while noting that new ideas will need to be developed and vetted to fully include children and the multiplicity of ways in which they receive care through integrated and collaborative care models. Along these lines, AACAP is dedicated to working closely with the other medical specialty societies to develop new pediatric codes that best serve our patients.

To the broader point, AACAP supports the initiation of separate payment for services furnished using this CoCM code set as G codes in CY 2017 to start January 1, 2017. AACAP believes that CMS support for temporary codes GPPP1, GPPP2, and GPPP3 for one year, which would parallel the CPT codes being created to report these services, will appropriately allow for necessary survey valuation recommendations to proceed through the RUC for 2018.

Complex Chronic Care Management Services (CPT codes 99487 and 99489)

Along the lines above, in addition to supporting the code descriptors, AACAP strongly supports the CMS proposal for CY 2017, following the RUC's prior recommendations, that would change the procedure status for CPT codes 99487 and 99489 from B (bundled) to A (active).

In addition, AACAP strongly supports the CMS proposal for CY, again based on the RUC's recommendation, that the values for work be set at 1.00 work RVUs for CPT code 99487 and that 0.50 work RVUs be assigned for CPT code 99489, as well as direct PE inputs consistent with the RUC recommendations.

Under the CMS proposal, these codes would differ in the amount of clinical staff service time provided; the complexity of medical decision-making as defined in the E/M guidelines (determined by the problems addressed by the reporting practitioner during the month); and the nature of care planning that was performed (establishment or substantial revision of the care plan for complex CCM versus establishment, implementation, revision or monitoring of the care plan for non-complex CCM).

Thank you for the opportunity to comment on these important proposed changes. If you have any questions, please direct them to Ronald Szabat, JD, LLM, Director, Government Affairs and Clinical Practice, rszabat@aacap.org or 202.587.9666.

Sincerely,

Gregory K. Fritz

Gregory K. Fritz, MD
President