

September 24, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1715-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Submitted Electronically

Re: File Code CMS-1715-P; CY 2020 Revisions to Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies (August 14, 2019)

Dear Administrator Verma:

I am writing to you on behalf of 120,000 members of the National Association of Social Workers. We are the largest and oldest professional social work organization in the United States. NASW promotes, develops, and protects the practice of social work and professional social workers.

Thank you for the opportunity to submit comments on CMS-1715-P. NASW is providing comments on the following areas:

- I. Ambulance Physician Certification Statement Requirement
- II. Care Management Services
- III. Coinsurance for Colorectal Cancer Screening Tests
- IV. Evaluation and Management Payment and Coding Policies
- V. Health and Behavior Assessment and Intervention Codes
- VI. Hospice
- VII. Opioid Treatment Programs
- VIII. Quality Payment Program
- IX. Skilled Nursing Facility

**I. Ambulance Physician Certification Statement Requirement**

NASW appreciates CMS's proposal to add social workers to the definition of a non-physician certification statement. Social workers in the health care environment frequently work with patients who arrive or leave health care facilities by ambulance and may have knowledge of the circumstances surrounding the beneficiary's transport. Adding social workers as a signatory to the certification statement will help facilitate ambulance transport.

## **II. Care Management Services**

NASW appreciates CMS's consideration of ways both to enhance care management services to Medicare beneficiaries and to increase beneficiaries' use of these services. For each type of care management service, education of and informed consent by beneficiaries is essential. The association's comments on specific care management services follow.

1. **Transitional Care Management (TCM) services:** NASW supports CMS's proposal to allow TCM codes to be billed concurrently with the 14 Healthcare Common Procedure Coding System (HCPCS) codes listed in Table 17 (pages 40549–40550) of the proposed rule.
2. **Chronic Care Management (CCM) services:** NASW supports CMS's proposal to adopt new codes denoting increments of clinical staff time for non-complex CCM services.
3. **Principal Care Management (PCM) services:** NASW supports CMS's proposal to implement distinct coding and payment for PCM services. Such services could be very useful for beneficiaries living with illnesses such as cancer, multiple sclerosis, and chronic obstructive pulmonary disease, for example. Moreover, the association supports the creation of separate codes for PCM services provided by a physician or other qualified health care professional and those directed by a physician or other qualified health care professional. NASW also believes the required elements of PCM services could mirror those of CCM services.

## **III. Coinsurance for Colorectal Cancer Screening Tests**

NASW shares the concern expressed in previous public comments that the beneficiary coinsurance for colorectal cancer screening involving biopsy or tissue removal poses a barrier to care for beneficiaries. Yet, the association recognizes that changing such coinsurance is beyond the scope of the proposed rule.

Thus, NASW encourages CMS to implement a requirement that the physician who plans to furnish a colorectal cancer screening notify the beneficiary in advance that a screening procedure could result in a diagnostic procedure if polyps are discovered and removed, and that coinsurance could apply in such situations. The association recommends that such notice be provided both in writing (using standardized language) and in conversation with the beneficiary to promote informed consent. Both types of communication are essential, given the number of forms beneficiaries have to sign before procedures and the stress of such procedures. NASW offers the following suggestions for this process:

1. NASW believes it is customary for beneficiaries to have an office visit before colorectal screening procedures. During such a visit, the physician or other staff member would explain the form in full and answer the beneficiary's questions. The provider would give a copy of the form to the beneficiary to take home and review before the procedure.
2. On the day of the procedure, the provider would review the form with the beneficiary. Both the provider and the beneficiary would sign the form attesting that the conversation took place and that the beneficiary consents to the coinsurance, if applicable.
3. Following the procedure, the provider would meet with the beneficiary to explain whether the procedure was considered diagnostic. The provider would then clarify whether or not coinsurance would be required. This information would be added to the previous form, which the provider and the beneficiary would again sign.
4. One copy of the signed form would be retained in the medical record, where it would serve as a mechanism to monitor compliance with the notification requirement; another copy would be given to the beneficiary.

The association recommends that CMS develop a beneficiary-oriented flier addressing coinsurance for colorectal tests and that providers be encouraged to disseminate this flyer when they obtain informed consent. The flyer would supplement the information available on Medicare.gov and in the *Medicare and You* handbook.

#### **IV. Evaluation and Management Payment and Coding Policies**

NASW strongly opposes CMS's proposal to implement reimbursement cuts to clinical social work services and other provider services. The proposed cuts for clinical social workers (CSWs) of a minus four (-4) percent in 2020 for code revisions or a minus seven (-7) percent in 2021 to increase reimbursement for evaluation and management services in 2021 will have serious harmful repercussions for beneficiary access to much-needed mental health services. CSWs are already one of the lowest reimbursed Medicare providers and these additional cuts will have a significant impact on social work reimbursement. The reduction in reimbursement will result in a decreased workforce and access to care barriers, especially in rural and underserved areas. NASW urges CMS to reconsider its proposals to cut reimbursements in 2020 or 2021 and not move forward with the proposals. Both proposals would negatively impact beneficiaries' services provided by CSWs and other providers.

#### **V. Health and Behavior Assessment and Intervention Codes**

NASW supports the new Health and Behavior Assessment and Intervention (HBAI) codes for health and behavior services and their work and practice expense values. These services are highly relevant to Medicare beneficiaries in improving their health and well-being as they focus on psychosocial factors important to physical health and treatment. As you are aware, the nation's health care system has changed. The health care field has diversified and a wider range of professionals are participating in the health care delivery system. We encourage CMS to consider the valuable role that CSWs play in delivering these services and request that CSWs be allowed to seek independent reimbursement when providing these services in an outpatient

setting under Medicare Part B. CSWs play a crucial role in helping beneficiaries improve their physical well-being. Just as nurse practitioners and physician assistants are now allowed to provide physician services, CSWs have the skills to provide health and behavior services related to a physical illness and have been doing so for decades in inpatient settings. All 50 states recognize the health and behavior assessment services as being within the scope of practice for CSWs. NASW encourages CMS to allow CSWs to receive reimbursement for HBAI services.

## VI. Hospice

NASW appreciates CMS review of the role of Medicare providers in a hospice setting. We support the addition of a physician assistant who may be the beneficiary's attending physician. It is important for beneficiaries to have the option to continue relationships with previous health care professionals during end of life care. Per your request for comments regarding the hospice role of other non-physician providers, social workers are important members of the hospice interdisciplinary team and attend to the biopsychosocial aspects of hospice care to help patients, families, and their caregivers to navigate the health care and emotional issues that arise during end of life. This includes, but is not limited to, psychosocial assessments, supportive counseling, care coordination, access to relevant resources, psychosocial education, and bereavement counseling. During end of life care, social workers also help patients to overcome barriers to accessing quality care.

## VII. Opioid Treatment Programs

NASW provides the following comments regarding the proposal for opioid treatment programs (OTPs).

1. **Definition:** Initial assessment and treatment planning activities are generally the first part of Opioid Use Disorder (OUD) treatment. Diagnosis, identification of psychosocial factors which may influence substance use, identification of needs during treatment, and identification of aftercare services are integral parts of the treatment process. Substance use treatment is often non-linear which means treatment planning cannot always be linear and must, at times, be revised. These activities are typical of any substance use treatment program and should be included in the definition of OUD treatment services covered by Medicare.
2. **Bundled Payment:** The Substance Abuse and Mental Health Services Administration (SAMHSA) certification standards at § 8.12(f)(5)(i) state that counseling services provided in OTPs must be provided by a professional qualified to "assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan..." Though CSWs would qualify to provide therapy or counseling services as listed in this section, they were noticeably absent from the designation of professionals listed and should be added. NASW urges CMS to add CSWs as one of the qualified professional types.
3. **Telecommunications:** The opioid epidemic continues to have a devastating impact on rural communities. These communities were, initially, amongst the most affected areas of

the epidemic. Posing additional complicating factors are the lack of access to treatment services and treatment providers and limited transportation in some areas. NASW supports teletherapy for individual counseling provided the OTP adheres to ethical regulations regarding privacy and practice standards.

4. **Copayment:** NASW supports the proposal to set copayment at zero. However, the parameters should be clearly outlined in future notice and comment rulemaking and include specific data that indicates the resolution of the opioid epidemic in rural, urban and suburban settings.
5. **Medication-Assisted Treatment (MAT) in the Emergency Department (ED):** NASW supports the use of MAT in emergency departments. Making allowances for interventions in these settings may reduce delays in accessing medication and services and can make the transition to treatment more seamless. Additionally, in communities with fewer treatment resources, EDs may be the best option for individuals with OUDs seeking to be connected to OTPs. The volume of people that EDs treat translates into increased opportunities to interact with people with OUDs.

### **VIII. Quality Payment Program**

CSWs were excluded from the Quality Payment Program (QPP) in 2019. NASW conducted a recent survey requesting member feedback about participation in the 2020 QPP. Seventy-five (75) percent of the CSWs who participated in the survey reported that they would like to be excluded from the QPP in 2020. Thus, NASW requests CMS to continue to exclude CSWs from its QPP.

### **IX. Skilled Nursing Facility**

NASW reminds CMS of an unresolved issue regarding the ability of Medicare beneficiaries to receive services from a CSW while they are residents in a skilled nursing facility (SNF). Under the current regulations, independent CSWs cannot bill Medicare Part B for services provided to SNF residents. This is problematic for the many beneficiaries who enter the SNF setting who are unable to continue receiving the much-needed CSW services that began before they entered the SNF. As you are aware, a Medicare beneficiary in a nursing home bed can be transferred unexpectedly to a skilled nursing bed within the same building, room, and bed. When this Medicare beneficiary is receiving mental health treatment from a CSW, treatment must discontinue abruptly, causing the Medicare beneficiary to suffer the loss of mental health services and their provider during a critical time when continuous mental health treatment is needed. Despite explanation, the Medicare beneficiary does not understand why the services were withdrawn and feels abandoned during a critical time of their recovery. The current regulation is also a barrier to services for the many beneficiaries who develop anxiety, depression or a variety of other challenges while they are residents in a SNF. A very high proportion of SNF residents experience these mental health challenges.

In June 28, 2002, proposed rule 67 FR 43845, CMS indicated it would address comments received on the October 29, 2000 proposed rule entitled, "Clinical Social Worker Services," 65

FR 62681 in the final physician rule dated December 31, 2002, of the Federal Register, Vol. 67, No. 251. Instead, CMS announced that it would not address this issue in the final rule, but in future rulemaking. NASW encourages CMS to address this issue so that Medicare beneficiaries can receive the mental health treatment they require when they are in a SNF. NASW requests reimbursement to CSWs who provide mental health services to Medicare beneficiaries in a SNF by adding them to the Consolidated Billing psychotherapy exclusion list which currently includes psychologists and psychiatrists.

Thank you for considering NASW's comments. If you have any questions or desire additional information, please do not hesitate to contact me at 202-336-8295 or [naswceo@socialworkers.org](mailto:naswceo@socialworkers.org) or Mirean Coleman, Clinical Manager, at 202-336-8265 or [mcoleman.nasw@socialworkers.org](mailto:mcoleman.nasw@socialworkers.org).

Sincerely,

Handwritten signature of Angelo McClain in cursive script.

Angelo McClain, PhD, LICSW  
Chief Executive Officer