



October 5, 2020

Seema Verma, Administrator Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1734-P  
P.O. Box 8016  
Baltimore, MD 21244-8016  
Submitted electronically to <http://www.regulations.gov>

*RE: CMS-1734-P, Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies;*

Dear Administrator Verma,

Children's Wisconsin appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) proposed rule updating Medicare physician payment policy for calendar year (CY) 2021, including the physician fee schedule (PFS) and quality payment program (QPP). Medicare changes often have a downstream effect on the Medicaid program, which is a critical source of coverage for children, as well as private payers. We appreciate the opportunity to provide comments on how the proposed rule may have direct and/or indirect implications for child health and well-being.

Children's Wisconsin (Children's) is the state's only independent health care system dedicated solely to the health and well-being of children. We serve children from every county in the state at our inpatient hospitals in Milwaukee and the Fox Valley and have more than 30 primary, specialty and urgent care clinics. In addition, Children's focuses on all elements of pediatric well-being by providing school health nurses, dental care, foster care and adoption services, family resource centers, child health advocacy, health education, health insurance, child welfare services, pediatric medical research and the statewide poison hotline.

Over 50 percent of our patients are covered by Medicaid, including many kids with some of the most complex conditions. Our Children's Community Health Plan is the largest BadgerCare Plus/Medicaid HMO in southeast Wisconsin covering more than 126,000 people.

Although the proposed rule applies predominantly to the Medicare program, Medicaid and private payers often adopt Medicare policies without additional scrutiny. Medicare changes and other related policies, like the ones in the proposed rule, often do not include an examination of the impact on children and their providers, yet these policies often end up affecting them either directly or indirectly. Additionally, as it relates to telehealth, some Medicaid programs have mechanisms to adopt Medicare telehealth policies. Therefore, we ask CMS to consider the impact of changes to Medicare telehealth payment policies on the Medicaid program and children's access to care.

Since the COVID-19 pandemic began, Children's has been working especially hard to prioritize offering telehealth visits for our patients in order to ensure access to needed health care services. In the nine months preceding March 2020, we completed approximately 600 virtual visits for our patients. Since mid-March, we completed over 50,000 virtual visits. The flexibilities and waivers authorized by federal regulatory and legislative bodies, along with actions taken by state officials and private insurers, allowed for the rapid expansion and adoption of telehealth across the spectrum of care which was critical in supporting our work to deliver needed services to patients. While we have resumed care in our clinics and transitioned safely back to in-person visits, we continue to look for ways to promote telehealth when it is appropriate and aligns with our criteria for the best care and value to our patients and families.

We support the addition of the proposed codes to the Medicare telehealth services list on a permanent basis. Implementing telehealth payment policies that capture the value and cost of this type of care is essential to maintaining the progress made with telehealth during the COVID-19 pandemic. While the flexibilities provided during the pandemic have transformed health care delivery, our own data collected through family surveys indicate the vast majority of families highly recommend the service and see it as a positive alternative to in-person visits. Below is one testimonial demonstrating the value this option has brought to one family:

*"YES!!! YES!! YES!!! Telehealth has the potential to be a game changer for our family. Although we live closer to several other children's hospitals, we travel over an hour to Children's Wisconsin because of the specialized care that they offer for my daughter's specific conditions. In order for us to visit the hospital, even for a clinic visit, she has to miss almost an entire day of school. It is not unusual for my daughter to miss up to 35 days of school a year so if we could keep the in-person visits to a minimum, it would make a huge impact on her academic abilities. The other more important piece is that my daughter is prone to frequent sinus and lung infections. By utilizing telehealth, we will be able to limit her time spent in the hospital environment protecting her from any unnecessary exposure to illness. We have also noticed that when she can be treated from home, her anxiety and stress level has been reduced. The hospital is a huge part of her world, but it comes with many stressors for a little girl (and her parents). I would love to see telehealth become a more standard method of treatment. While it will never replace the physical, in-person visits, there are many mental and physical benefits for patients...it would quite literally change our lives."*

While the pandemic has naturally focused attention on physical health care needs, at Children's we are extremely concerned about the impact the pandemic is having on children's mental and behavioral health (MBH). One of Children's top priorities prior to the pandemic was expanding our MBH services and reaching children in new ways to respond to the increased demand for care. Telehealth has proven to be critical tool for us to meet the MBH needs of children and their families. At Children's, almost 40 percent of our telehealth visits during the public health emergency have been for MBH services. Importantly, approximately a quarter of these MBH virtual visits have been conducted via audio-only. We have found that many families simply do not have the technology capabilities to complete a video visit and some children are more comfortable with audio-only care.

Our patients with MBH concerns need us now more than ever and we are seeing many new patients who are seeking care. It's critical during this time of increased stress and anxiety that we are able to reach children to address their needs; waivers that facilitated audio-only telephone communications for behavioral health have been instrumental in helping us do that. We urge CMS to further explore the agency's authority to add certain audio-only codes when shown to be a safe and appropriate method of care delivery and continue to use its emergency authority to maintain this flexibility while individuals and communities are impacted by the pandemic. CMS should work with Congress to address any statutory changes needed to make this modality, specifically for MBH services, available after the public health emergency ends and further explore other Medicare telehealth policy changes.

Lastly, we urge CMS to add therapy services and physical therapy, occupational therapy, and speech-language pathology codes to the Medicare Telehealth list (see detailed comments below). At Children's, offering these services via telehealth during the public health emergency has proven successful at continuing progress on the vital therapies for growth, development and support for families, especially given the frequency in which patients attend these appointments. Moving forward, we have found that many of these services can appropriately be delivered via telehealth and should be provided as an option should the provider and patient deem that it is in the interest of the patient's health and well-being.

Please consider adding these Therapy Services, Physical Therapy, Occupational Therapy, and Speech-Language Pathology to the Category 3 or permanent Medicare list.

**CPT 97161- 97168; 97110; 97112; 97535; 97750:** Appropriate interventions for patients that are not able to access clinic services. Able to assess, prescribe or adjust appropriately via video in order to safely treat patients.

**CPT 97116:** Appropriate to assess gait and recommend adjustments via video visit for patients not requiring hands on facilitation.

**CPT 97535:** Appropriate intervention for patients via telehealth who are unable to access in clinic services. Can see patient in home environment and help with navigating.

**CPT 97760 & 97761:** Appropriate for follow-up situations where therapist is able to answer questions problem solve.

**CPT: 92521-92524:** There are robust online testing resources available and with addition of headsets that can hear discrete sounds, this can be an ideal assessment medium for patients to get a comprehensive picture of how they are functioning in their typical environment. Use of these codes requires some triage in advance to ensure that patients will comply and actively participate in sessions. There are some situations with 92524 where in clinic testing is needed using specialized software, so telehealth should not be utilized in those cases.

**CPT 92507:** While not all patients are candidates, this provides a great solution for patients who will actively engage in an electronic medium. It allows provider to provide treatment in functional environments and promotes carryover of skills more quickly for many patients.

Finally, we are supportive of CMS' proposal to unlink immunization administration (IA) codes from adult therapeutic injection codes, thereby increasing the payment rates for providers administering vaccinations to children and adults. This is important, as Medicaid and private payers may rely on the Medicare PFS to set their rates for vaccine administration.

Thank you for your consideration of these comments.

A handwritten signature in black ink, reading "Michelle Mettner". The signature is fluid and cursive, with the first name "Michelle" and last name "Mettner" clearly distinguishable.

Michelle Mettner  
Chief Government & Legal Officer  
Children's Wisconsin