



American Society of Pediatric Nephrology

6728 Old McLean Village Drive, McLean, VA 22101, ph. 703.556.9222; fax 703.556.8729

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:

The American Society of Pediatric Nephrology (ASPN) is pleased to provide these comments on the Calendar Year 2025 Medicare Physician Fee Schedule (MPFS) proposed rule. Founded in 1969, ASPN is a professional society composed of pediatric nephrologists whose goal is to promote optimal care for children with kidney disease and to disseminate advances in the clinical practice and basic science of pediatric nephrology. ASPN currently has over 700 members, making it the primary representative of the Pediatric Nephrology community in North America.

We will be providing comments on the following provisions of the rule:

- Payment for Medicare Telehealth Services
- Telemedicine Evaluation and Management (E/M) Services CPT Codes
- Proposals for Payment for Dental Services Inextricably Linked to ESRD Services
- Coverage of Compounded Immunosuppressive Drugs
- RFI for Services Addressing Health-Related Social Needs

Payment for Medicare Telehealth Services

Since the beginning of the pandemic, audio-only care has emerged as an important tool for ASPN's members to deliver care to children with kidney disease. It has equalized opportunities for virtual care for children who live in areas without robust broadband networks and who may have fewer socioeconomic advantages. Therefore, ASPN thanks the Centers for Medicare & Medicaid Services (CMS) for recognizing the value of audio-only care to beneficiaries and urges the agency to finalize this proposal.

CMS proposes to revise definition of interactive telecommunications systems 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. Our members and their patients and families have benefited from the availability of audio-only services and recognize that the same level of service can be delivered with an audio-only connection as with an audio-visual connection. Often it is challenging to conduct video calls

because the internet is unstable. This revision will ensure these patients will have the same access to telehealth as other patients, and they will not be forced to travel for a visit when a virtual visit would be medically appropriate.

We also support the agency's proposal to continue to allow a distant site practitioner to use their practice location instead of their home address when providing telehealth services from their home through CY 2025. There are serious safety concerns for physicians when providing their home address, and we urge CMS to make this policy permanent moving forward.

Telemedicine E/M Services CPT Codes

CMS proposes not to accept the entire family of 17 CPT codes developed to recognize the full spectrum of virtual care. ASPN agrees with the agency's decision not to accept these new telehealth CPT codes 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 values between the existing E/M codes and this family of telehealth services is basically equivalent. The new telehealth CPT codes would have caused unnecessary confusion and administrative burden for providers, and we appreciate the agency's approach.

Pediatric patients with kidney disease are unique in that they receive coverage across three payors, Medicare, Medicaid and private payors. To the extent possible, ASPN requests that CMS harmonize this policy across Medicaid and as private payors to avoid any regulatory burden for physicians until the CPT code book can be revised accordingly.

Proposal for Payment for Dental Services Inextricably Linked to ESRD Services

ASPN supports the proposal to cover dental or oral examination performed as part of a comprehensive workup prior to the initiation of Medicare-covered dialysis services to treat end-stage renal disease (ESRD), as well as medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with dialysis services for ESRD. We believe that this will improve the health outcomes of our pediatric patients who are receiving dialysis. However, we are concerned that pediatric patients may have trouble finding a pediatric dentist who will provide these services, as most pediatric dentists do not take Medicare. To the extent that the agency can ensure children who are dually eligible can receive care from a pediatric dentist who accepts Medicaid, we believe that this will benefit children. Additionally, we would like to work with the agency to explore other policies to ensure that pediatric patients have access to this important benefit if this proposal is finalized.

Coverage of Compounded Immunosuppressive Drugs

ASPN strongly supports the agency's proposal to include orally and enterally administered compounded formulations for immunosuppressive drugs covered under the Part B-ID benefit. Children frequently require liquid formulations of immunosuppressive drugs, many of which are not commercially available and must be compounded. We appreciate that CMS responded to our input and proposed this change so that the Part B-ID formulary includes all the drug formulations that children require.

While we appreciate that the agency addressed access to compounded immunosuppressive drugs, this only resolves a part of the challenge children on Medicare experience gaining access to compounded drugs. We look forward to continuing to work with the agency to ensure that our patients on Medicare have access to all the compounded medications required for their care, which are typically not required by adults.

RFI for Services Addressing Health-Related Social Needs

ASPN continues to support the Social Determinants of Health Risk Assessment (G0136) that CMS finalized in last year's rulemaking. Pediatric nephrologists serve as the medical home for most of their medically complex patients, and many ASPN members already incorporated queries about social determinants of health (SDOH) as part of medical visits. As the agency looks at potential barriers to implementing this new code, we would again note that the evidence-based screening tool used for adults has not been validated with children. It is critical that SDOH screens be tailored for children, specifically recognizing that children are dependent on their caregivers for housing, food, transportation and other necessities to support their health and well-being. There must be a validated tool available for children and their caregivers so that G0136 can be used in a meaningful fashion when providing pediatric care.

ASPN appreciates the opportunity to offer comments on CMS' CY 2025 MPFS proposed rule. Please contact our Washington representative Erika Miller at emiller@dc-crd.com if we can provide additional information or clarification regarding these comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Meredith Atkinson", is positioned above the printed name.

Meredith Atkinson, MD
President