

December 3, 2012

Marilyn Tavenner, MHA, RN
Principal Deputy Administrator and Chief Operating Officer
Centers for Medicare & Medicaid Services
Room 305H, Humphrey Building
200 Independence Avenue, SW
Washington, D. C. 20201

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 [CMS 1590-FC]

Dear Ms. Tavenner:

The undersigned medical specialty societies are writing to (1) express our gratitude for your continued support and level of attention CMS has given to the issue of appropriate payment for transitions of care management services provided to Medicare beneficiaries with multiple chronic conditions, and (2) to comment on the CMS decision to bundle the new complex chronic care coordination codes.

Transitions of Care Management (TCM) Services

The Centers for Medicare and Medicaid Services (CMS) payment policies for transitions of care management services (described by CPT codes 99495 and 99496), as described in the above captioned interim final rule and effective January 1, 2013, will allow physicians and other qualified healthcare providers to coordinate Medicare beneficiaries' care transitions from facility to non-facility settings. We support all these policies and we thank CMS for recognizing these important services that the undersigned organizations provide to vulnerable Medicare patients. This is an enormous step forward as it helps to ensure that the most vulnerable, sickest patients receive the care they need immediately after discharge from the hospital and, later on, in the most responsive manner at home.

The undersigned also intend to work with CMS to address any implementation or payment policy issues that arise going forward.

Implementation of the TCM codes will allow practitioners and practices to invest in patient centered team based care, which will help achieve the CMS goal of promoting the creation of advanced primary care practices and will help improve the quality and efficiency of care.

Complex Chronic Care Coordination (CCCC) codes

The undersigned are disappointed that CMS chose not to make separate payment for these codes (99487-99489). We believe that making separate payment for these codes is essential to achieving the

CMS goal of promoting the establishment of Advanced Primary Care Practices (APCP), as described in the interim final rule. That said, we understand that implementing these codes presents rulemaking process timeline issues, and a number of complex payment policy issues including attribution and identifying practices and practitioners who qualify to bill these services. Our goal is to work with CMS to establish separate payment for these codes in CY 2014 and we intend to meet with CMS to present our proposal in time for inclusion in the CY 2014 rule making cycle.

Again, we thank you for the time and attention you have paid to the TCM services issue and we look forward to continuing to work with CMS to establish separate payment for the CCCC codes.

Sincerely,

American Academy of Family Physicians

American Academy of Home Care Physicians

American Academy of Neurology

American Academy of Pediatrics

American Academy of Physician Assistants

American Association of Clinical Endocrinologists

American College of Physicians

American College of Rheumatology

American Gastroenterological Association

American Geriatrics Society

American Nurses Association

American Osteopathic Association

American Society for Gastrointestinal Endoscopy

American Thoracic Society