



Ohio Association of Rheumatology

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September 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: File Code CMS-1784-P. Medicare and Medicaid Programs; CY
2024 Payment Policies under the Physician Fee Schedule and Other
Changes to Part B Payment, etc.

Dear Administrator Brooks-LaSure:

The Ohio Association of Rheumatology (OAR) is a leading professional organization for the specialty of rheumatology that advocates and protects patient access to all appropriate treatments for rheumatic diseases. On behalf of the physician and non-physician practitioner members of the OAR, we appreciate the opportunity to offer comments to the Centers for Medicare & Medicaid Services (CMS) on the Calendar Year (CY) 2024 Payment Policies Under the Physician Fee Schedule and Quality Payment Program (QPP), published in the *Federal Register* on August 7, 2023 (88 Fed. Reg. 52262).

Notably, the OAR endorses CMS's work to address two outstanding issues in evaluation and management (E/M) visit payment: implementing separate payment for the office/outpatient (O/O) E/M visit complexity add-on code and continuing to delay a revised definition of split (or shared) visits.

We strongly support CMS's proposal for O/O E/M Visit Complexity Add-on HCPCS code G2211. The add-on code more accurately represents the additional resources needed to treat patients with a single, serious, or complex condition. As such, the complex add-on code will provide a more accurate representation of the resources needed to treat patients with complex rheumatic diseases. For rheumatologists, this code

will address these services that have been underpaid for many years and address the necessity for continuity, coordination, and consistency of care for our patients.

The OAR also supports CMS's proposed delay of the implementation of a revised definition for the "substantive portion" of a split (or shared) visit as more than half of the total time through at least December 31, 2024. During this period, the OAR recommends that CMS adopt the recently finalized CPT guidelines for determining when a physician may report a split or shared E/M visit.

We also approve CMS's proposals to continue paying for telehealth services provided nationwide and to patients in their homes, as well as the continuation of payment for audio-only visits and all Medicare telehealth services covered in 2022 through the end of 2024. As explained by the American Medical Association, "[the] value of telehealth services, particularly during the COVID-19 PHE, has been abundantly clear, and these flexibilities have enhanced patient access to care." We likewise join our colleagues to urge CMS to support legislation for the permanent extension of these patient-centered Medicare telehealth policies.

Regrettably, just as vigorously as we support these efforts, the OAR must oppose the proposed reduction to the 2024 Medicare conversion factor. We recognize that these cuts are largely based on legal mandates and therefore join the AMA to strongly urge CMS "to use every policy lever available to reduce the proposed budget neutrality reduction for physician services in 2024 and to close the gap between the Medicare physician payment update and the rising cost of practicing medicine."

Thank you for the opportunity to comment on these important matters.

Sincerely,

A handwritten signature in cursive script that reads "Elisabeth Roter". The signature is written in dark ink and is positioned above the typed name.

Elisabeth S. Roter, MD
President, Ohio Association of Rheumatology