September 11, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8016
Baltimore, MD 21244-8016

Re: CMS-1784-P

Re: Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs to Provide Refunds with Respect to Discarded Amounts Proposed Rule

Dear Administrator Brooks-LaSure:

On behalf of our combined over 330,000 members, the American College of Emergency Physicians (ACEP), the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP) and appreciate the opportunity to comment on the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) and Quality Payment Program (QPP) Proposed Rule, as many of the proposed policies have a significant impact on our members and the patients we serve.

Specifically, we wish to comment on the transitional care management (TCM) codes (99495 and 99496) describing high and moderate level medical decision-making services in transitions from a hospital setting to the patient's community setting such as home, rest home, or assisted living. The 2023 Current Procedural Terminology (CPT) code set currently includes a list of facility places of service as originating sites including inpatient hospital settings (acute hospital, rehabilitation hospital, long term acute care hospital, partial hospital), observation status in a hospital, or skilled nursing facility/nursing facility.

We request that the Centers for Medicare and Medicaid Services (CMS) allow transitional care management codes to be reported when the originating site is the emergency department or outpatient observation as well.

Patients with complicated presentations in the emergency department (ED) can often benefit from transitional care management services to facilitate a carefully coordinated seamless care plan to relocate the patient to the most suitable care site of service to prevent inpatient hospitalization or repeat ED visits. Low-income and other underserved patients are also at higher risk for ED visits and would likely benefit from TCM services, which would facilitate the establishment of routine, comprehensive primary care.

Among patients who are discharged from the ED, there is substantial variation in post-discharge outcomes. Among older adults in particular, the days after an ED discharge may be associated with an increased risk of hospitalization or unexpected death. An increasing share of ED visits result in discharge home rather than inpatient hospitalization. Therefore, to achieve optimal patient outcomes and the highest value use of the health care system, transitions of care management is an important service for patients with recent ED visits. Currently, the service of transition of care management is available for patients in the post-inpatient period but not in the post-ED period.

For example, a common clinical presentation evaluated in emergency departments is shortness of breath. For patients whose evaluations in the emergency department do not reveal low oxygen levels, signs of heart attack, sepsis or dangerous cardiac arrythmia, inpatient care is oftentimes not a covered service by their health insurance, including Medicare. However, although some of these patients will be found to have simple self-limited illness, others have a very real chance of progressing to dangerous outcomes in the days or weeks following their ED care despite a reassuring evaluation in the emergency department. Therefore, for patients with certain high-risk features of shortness of breath, like many other presenting complaints, it is paramount to promote urgent, moderate to high complexity reevaluation in the outpatient setting rather than hospitalize all patients. Common conditions that are anticipated to benefit from urgent, high complexity outpatient care after ED or observation discharge include heart failure, COPD, neck or back pain, or chest pain.

There are 131.3 million visits to the emergency department annually. Eighty-three percent of these patients are discharged.[1] Therefore, more than 108 million patients have the opportunity for care management to facilitate their transition from the ED to the community setting every year. A subset of these patients would necessitate moderate- or high-level medical decision making and urgent contact provided via transitional care management services. For example, one study of Medicare beneficiaries demonstrated that 40.5% of discharged patients followed up in the outpatient clinic within seven days. This would correspond to approximately 637,000 clinic visits each year for Medicare enrollees recently discharge from the ED, some of whom certainly received services of sufficient intensity to have justified the 99496 code, should it have been available to them.[2]

It is unlikely that emergency physicians providing the initial care will perform or report transitional care management services. Our goal is to coordinate with primary care clinicians such as family physicians, pediatricians, and internal medicine practitioners and enable them to provide transitional care management services to Medicare and Medicaid patients to optimize the ongoing care continuum.

We appreciate the opportunity to provide our comments. If you have any questions, please contact Erin Grossmann, ACEP's Regulatory and External Affairs Manager, at egrossmann@acep.org; Meredith Yinger, AAFP's Senior Manager of Federal Policy, at myinger@aafp.org; or Shari Erickson, ACP's Chief Advocacy Officer and Senior Vice President, Government Affairs and Public Policy, at serickson@acponline.org.

[1] https://www.cdc.gov/nchs/fastats/emergency-department.htm

[2] Lin MP, Burke RC, Orav EJ, Friend TH, Burke LG. Ambulatory Follow-up and Outcomes Among Medicare Beneficiaries After Emergency Department Discharge. JAMA Netw Open. 2020;3(10):e2019878. doi:10.1001/jamanetworkopen.2020.19878

Sincerely,

American College of Emergency Physicians

American Academy of Family Physicians

American College of Physicians