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December 30, 2019

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SUBMITTED VIA ELECTRONIC MAILING

Ms. Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1715-F  
P.O. Box 8016  
Baltimore, MD 21244-8013

[Submitted online at: <https://www.regulations.gov/comment?D=CMS-2019-0111-41965>]

**Re: CMS-1715-F Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule**

Dear Administrator Verma:

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), I am pleased to submit the following comments on the “Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule” published in the Federal Register on November 15, 2019.

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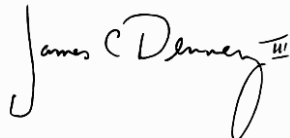
It is our understanding that comments will only be accepted and considered concerning the evaluation and management (E/M) proposals in the final rule, so these comments only address this section of the rule. Despite the fact that Otolaryngology-Head and Neck Surgery is projected to receive an overall 5% positive impact, the AAO-HNS continues to have significant philosophical concerns regarding the agency's chosen methodology for these policies and the incongruity with other policies propagated by CMS in the final rule. Additionally, there is a considerable likelihood that these policies will result in fundamental changes in the physician-patient relationship for those undergoing surgical procedures.

The AAO-HNS maintains that the revaluation process of the E/M codes was inappropriately conducted by the AMA, based on the disproportionate representation of primary care specialties and the poorly designed survey instrument which was not representative of "typical patients" across the House of Medicine. This is amplified by the failure of CMS to include the updated E/M values to all office-based E/M services. This decision cannot be justified by referencing prior inaccurate survey data from the RAND Corporation calling into question the volume of post-operative visits across the 10 and 90-day global surgical packages. The physician work performed during the post-operative visits with individual patients is based on the level of service of that particular visit, not the number of visits a patient requires either as part of a global package or follow-up medical care.

It is concerning that CMS is trying to remedy the perceived volume problem related to global services with the above solution that is, at best, tangentially related. It is also interesting that this comes at a time when CMS and other payers are exploring alternative payment methodologies, many of which include "bundled services". As CMS explores significantly altering payment for surgical services by devaluing or eliminating the "global package", it is imperative that they consider the significant change that this will cause in the physician-patient relationship for surgical care. Most worrisome will be the financial incentive for patients to not to come into the office to receive recommended postoperative care. This disruption of the care continuum has the potential to actually increase cost of care related to complications and may result in diminished quality of the final result. This will also affect the continuity of care likely in ways similar to those noted when the "80-hour work week" was introduced to medical training programs. **For each of these reasons, we strongly encourage CMS to reconsider their decision not to apply the E/M values in the final rule to the corresponding E/M values in the global surgical package.**

The American Academy of Otolaryngology-Head and Neck Surgery appreciates the opportunity to provide comment and recommendations regarding these important policies on behalf of our members. We look forward to working with CMS as it continues its efforts to improve patient access to quality care. If you have any questions or require further information, please contact [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org).

Respectfully submitted,



James C. Denny, III  
Executive Vice President and CEO