

September 9, 2024

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

Submitted electronically at <https://www.regulations.gov/>

**Re: File Code CMS–1807–P. Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments**

Dear Administrator Brooks-LaSure:

The Association of Cancer Care Centers (ACCC) appreciates the opportunity to offer comments to the Centers for Medicare and Medicaid Services (CMS) on the calendar year (CY) 2025 Physician Fee Schedule (PFS) proposed rule and other changes to Part B payment and coverage policies, published in the Federal Register on Wednesday, July 31, 2024 (89 Fed. Reg. 61596). ACCC is the leading education and advocacy organization for the multidisciplinary cancer care community including physicians, nurses, social workers, pharmacists, researchers, hospital executives, administrators, financial navigators, and other oncology team members who care for millions of patients and families fighting cancer. ACCC represents more than 44,000 cancer care professionals from over 1,700 private practices, hospital-based cancer programs, large healthcare systems, and major academic centers across the country, as well as members from 23 managed oncology state societies.

ACCC respectfully offers the following comments to CMS in response to the CY 2025 PFS proposed rule. In summary, we recommend that CMS:

- Continue to accept formal and informal input regarding the new Medicare reimbursement codes for patient navigation services;
- Finalize the proposed Medicare payment for digital mental health treatment devices furnished incident to or integral to behavioral health care treatment under a behavioral health treatment plan of care; and
- Finalize its proposals to extend Medicare coverage of certain telehealth services and continue to work with Congress to extend the flexibilities for the provision of such services permitted during the Covid-19 public health emergency (PHE) on a permanent basis.

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**CMS proposal (89 Fed. Reg. 61668):**

CMS issued a broad Request for Information (RFI) on the new Medicare coding and payment for Community Health Integration (CHI) services, Principal Illness Navigation (PIN) services, Principal Illness Navigation- Peer Support (PIN-PS) services, and Social Determinants of Health (SDOH) Risk Assessment, which went into effect on January 1, 2024. CMS expressed an interest in engaging interested parties on additional policy refinements that CMS might consider in future rulemaking.

**ACCC comment:**

ACCC members greatly appreciate the introduction of the new Medicare reimbursement codes and payment and believe they have potential to meaningfully expand access to patient navigation services. Many ACCC members are working to implement these codes in their practices. As these efforts continue to move forward, ACCC members may identify areas that could benefit from clarification, policy refinement, or policy change.

ACCC therefore requests that CMS maintain an open dialogue with its members and other interested stakeholders regarding possible matters for future guidance, policy change, or rulemaking as implementation of the new coding and payment progresses.

**CMS proposal (89 Fed. Reg. 61742):**

CMS proposes Medicare payment to billing practitioners for digital mental health treatment (DMHT) devices furnished incident to or integral to professional behavioral health care services used in conjunction with ongoing behavioral health treatment under a behavioral health treatment plan of care.

**ACCC comment:**

ACCC members strongly support the proposed Medicare payment for digital mental health devices. ACCC believes that equitable access to the full range of cancer care services, including mental health services, is a critical component of a high-quality cancer care and health care system. Technological advances, such as digital mental health services, can improve access to these important services for those in remote settings as well as for the cancer patient population overall.

**CMS proposal (89 Fed. Reg. 61621):**

CMS proposes to extend Medicare coverage of certain telehealth services on a provisional basis.

**ACCC comment:**

ACCC strongly supports CMS' proposal to extend Medicare coverage for certain telehealth services, whether on a provisional or permanent basis, and encourages CMS to continue to work with Congress to permanently extend the flexibilities for the coverage of such services permitted during the Covid-19 public health emergency (PHE). ACCC members and the cancer patients they serve have greatly benefited from the enhanced flexibility and access to

care afforded by the ability to provide certain cancer care services via telehealth. Such access promotes equitable access to cancer care services, particularly for those in remote areas or for whom in-person visits can pose a hardship. ACCC recognizes that Congressional action will be needed to make such access permanent in a number of cases.

\* \* \*

Thank you for this opportunity to share the oncology care provider perspective on the CY 2025 PFS proposed rule. As the association representing the multidisciplinary cancer care team, ACCC is uniquely suited to participate in this dialogue with CMS in its efforts to maintain a stable and equitable Medicare payment system. If you have any questions relating to our comments, please feel free to contact Nicole Tapay, Director of Cancer Care Delivery & Health Policy, at [ntapay@acc-cancer.org](mailto:ntapay@acc-cancer.org) or (640) 250-0398.

Respectfully Submitted,



Meagan O'Neill, MS  
Executive Director  
Association of Cancer Care Centers (ACCC)