

January 17, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services

RE: [CMS-1807-F] 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 American College of Rheumatology (ACR), representing over 10,000 rheumatologists and rheumatology interprofessional team members, is writing to respond to the CY 2025 Physician Fee Schedule and Quality Payment Program final rule released on November 1, 2024. Rheumatologists and rheumatology professionals provide ongoing care to Medicare beneficiaries with complex acute and chronic rheumatic diseases that require specialized expertise. This primarily non-procedure-based care impacts patients with serious conditions that can be difficult to diagnose and treat, including rheumatoid arthritis and other forms of inflammatory arthritis, vasculitis, systemic lupus erythematosus, and multiple other debilitating diseases that require complex diagnostic and management decisions.

The ACR thanks the Centers for Medicare and Medicaid Services (CMS) for its continued recognition of the value of complex medical decision-making provided by rheumatologists and cognitive care specialists in treating their patients. We particularly thank CMS for listening to and heeding the concerns we raised in response to the proposed rule regarding the use of chemotherapy administration codes when infusing biologics. According to the final rule, codes 96401-96549, which are typically used for chemotherapy administration, can also be used to bill for complex administration of certain drugs and biologics, meaning that if a medication requires complicated handling or monitoring during infusion, it may be appropriately billed using these codes depending on the specific clinical characteristics involved. This clarification will also provide complex clinical characteristics for the Medicare Administrative Contractors (MACs) to consider as criteria when determining payment of claims for these services.

This is highly appreciated because these codes are often utilized by rheumatologists to bill for complex drug administration, particularly for biologic medications such as tumor necrosis factor inhibitors, interleukin inhibitors, monoclonal antibodies, and selective co-stimulation modulators that are used to treat autoimmune or inflammatory diseases. These complex medications have a unique and highly targeted mechanism of action that can also carry a significant risk for adverse events. The elevated level of assessment and monitoring that is required prior to, during, and following the administration of these drugs defines their coding as complex. As such, the ACR is

appreciative of CMS for acknowledging the diverse groups of specialties that use CPT 96401-96549 and for its willingness to listen to the concerns of practicing rheumatologists who have dedicated themselves to providing highly quality care to Medicare beneficiaries with inflammatory diseases.

We look forward to continuing to serve as a resource to you and working with the agency to explore changes and improvements needed to ensure patients with rheumatic diseases have access to quality care. Please contact Colby Tiner, MA, Manager of Regulatory Affairs, at ctiner@rheumatology.org if we can assist or have questions.

Sincerely,

A handwritten signature in purple ink that reads "Carol A. Langford". The signature is written in a cursive, flowing style.

Carol A. Langford, MD, MHS
President, American College of Rheumatology