

MARYLAND PSYCHIATRIC SOCIETY



September 11, 2023

Centers for Medicare & Medicaid Services
Department of Health and Human Services

Comments on CMS proposed rules: 2024 [Medicare Physician Fee Schedule](#) and [Quality Payment Program](#)

As a state medical organization with nearly 800 physician members who specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders, the Maryland Psychiatric Society (MPS) appreciates this opportunity to provide feedback on the CMS proposal for the 2024 Medicare Physician Fee Schedule and Quality Payment Program. In view of the psychiatric workforce shortage, opioid public health emergency, and national mental health crisis, we hope CMS will take steps to support psychiatrists serving Medicare members through reasonable payment rates, infrastructure supports, reduced administrative burdens, and flexibilities in modalities of care. Our specific feedback is below.

- **Increase access to mental health and substance use disorder services by increasing Medicare participation by psychiatrists.** Psychiatrists who do not accept Medicare cite reimbursement rates that are significantly lower than current market rates, administrative burdens associated with claims submission and payment, and difficulties meeting the complex needs of Medicare patients who are older and/or disabled. CMS should consider how their reimbursement strategy, including payment adjustments made through MIPS participation, aligns with the objective of increasing participation by psychiatrists, and where possible, minimize the disincentives to participation.
- **Maintain coverage and reimbursement for telehealth services.** MPS urges CMS to extend telehealth flexibilities, including the delay of in-person requirements for telehealth and the allowance of audio-only telehealth care. We strongly recommend that telehealth remains available when it is preferred by the patient, clinically appropriate, and accessible. Determination of whether an in-person visit is necessary for mental health and substance use disorder care should be left to clinical judgment. We strongly support maintenance of codes billed with POS 10 (“Telehealth Provided in Patient’s Home”) paid at the non-facility rate, constituting the same level of coverage as if the care had been provided in-person. Our [2023 member survey results](#) for 148 psychiatrists in Maryland indicate that 85 percent use telehealth in their practice and of those, 88 percent use both audio and visual and 12 percent use audio only. Over 50 percent were either concerned or very concerned about any possible in-person visit requirement for telehealth. About two-thirds were concerned that if audio-only telehealth reimbursement is lower than for audio-visual or in person visits, it could either minimally or significantly limit patient access to care.

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MARYLAND PSYCHIATRIC SOCIETY



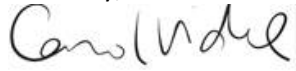
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- **Allow virtual supervision of residents.** We recommend that residents be permanently able to deliver telehealth services under virtual supervision. This will serve to (1) mitigate the growing psychiatric workforce shortage, particularly in subspecialties like geriatric and addiction psychiatry; (2) ensure that psychiatric residents are highly trained in the delivery of telehealth services; and (3) ensure that patients have access to care under high-quality supervision by the most appropriate teaching physician (e.g., a subspecialist as needed).
- **Increase the add-on psychotherapy codes in addition to the proposed increase in payment for stand-alone psychotherapy codes.** MPS appreciates the proposal to increase the relative value units for the work associated with the time-based, stand-alone psychotherapy codes (90832, 90834, 90837), but we urge a corresponding increase to the add-on psychotherapy codes (90833, 90836, 90838), which are impacted by the same time-based limitation. This CMS proposal not only deters psychiatrists from providing psychotherapy in conjunction with an E/M service, but it also further disincentivizes them from participating in Medicare at all.
- **Delay the new MVP, including new cost measures.** We do not support the proposed Mental Health and Substance Abuse MVP (MIPS Value Pathway) that includes two new episode-based cost measures (psychosis/related conditions and major depressive disorder) and lacks 3-4 of the of quality measures commonly reported by psychiatrists from 2019-2021 (data from PsychPro registry, 2022). If implemented as proposed, psychiatrists participating in MIPS risk up to a 9% decrease in payments over time. As proposed, the changes will threaten the ability of psychiatrists to practice and disincentivize them from participation, thus exacerbating issues of access for Medicare beneficiaries.

We urge CMS to strongly consider our above recommendations for the 2024 Final Rules.

Sincerely,



Carol Vidal, M.D., Ph.D.
President