September 27, 2019

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: CY 2020 Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B (CMS-1715-P)

Dear Administrator Verma,

I am writing on behalf of the National Psoriasis Foundation (NPF) to provide comments on the proposed Medicare Physician Fee Schedule (PFS) for 2020. NPF advocates for the more than eight million individuals in the US living with psoriasis and psoriatic arthritis, an immune-mediated systemic inflammatory diseases that manifest in the skin and joints and that are associated with a number of other comorbidities. The NPF drives efforts to cure psoriatic disease and to improve the lives of those living with these conditions. We appreciate the opportunity to provide feedback on the PFS and how the proposed changes may impact Medicare beneficiaries with psoriatic disease. In the following pages, we will offer comments on specific provisions of the proposal.

RVU for Phototherapy Codes (96900, 96910, 96912, 96920, 96921, 96922)

A number of therapies exist to treat psoriasis. These include longstanding and novel oral medications, biologics, topicals and phototherapy or light treatment.

Phototherapy is a critical treatment option for patients, including Medicare beneficiaries, with psoriasis and should be appropriately reimbursed to ensure beneficiaries have continued access to this safe and effective treatment option. Phototherapy, or light therapy, is used to treat and manage various skin and related disorders, including psoriasis. In addition, the treatment benefits millions of individuals living with eczema, cutaneous lymphoma, and vitiligo, among other dermatologic disorders. Phototherapy is a well-proven, safe, and effective therapy most commonly administered in a physician’s office or hospital outpatient setting. Phototherapy is a particularly necessary treatment option for certain patients, such as persons with suppressed immune systems who might not be a candidate for biologic treatments, pregnant women, and pediatric patients.

For individuals with psoriasis who are unable to receive treatment in an office setting or who need to initiate therapy immediately, home phototherapy is also an essential treatment option. In 2017, the University of Pennsylvania, in partnership with the NPF and under the leadership of principal
investigator and dermatologist Dr. Joel Gelfand, was awarded a grant to study psoriasis phototherapy treatment options, which aims to compare home-based phototherapy and phototherapy that requires visiting a doctor’s office.\textsuperscript{1} The NPF has been privileged to have the opportunity to partner on this project to develop a better understanding of this important treatment option and the role it can play in advancing health outcomes for the psoriasis community.

Given the importance of phototherapy as a treatment option, we are pleased to see that the relative value units (RVUs) for multiple phototherapy codes (96900, 96910, 96912, and 96913) were increased in the proposed PFS for 2020. This follows a positive trend of increases in RVUs over the past several years following a proposal to substantially cut the RVUs for these codes in the 2014 rule.

We remain concerned, however, that the reductions in the RVUs for laser skin treatments (codes 96920, 96921, and 96922) proposed in this rule could reverse this progress and reduce access to this low-cost, high-value and clinically recommended treatment for managing psoriasis. Laser therapy is typically used to treat localized plaques while phototherapy is used to treat large areas of skin involvement. We encourage CMS to re-evaluate these proposed cuts and ensure that these payment policies do not create barriers to care for Medicare beneficiaries with psoriasis who could stand to benefit from phototherapy as a treatment option.

As the Administration weighs proposals to reduce drug prices and out-of-pocket expenses for medications, it is worth reiterating that phototherapy can delay or minimize the need for more expensive biologic and novel medications. With this in mind, ensuring adequate access to this treatment type could help alleviate pressure on federal health care budgets created by the expansion of new therapies. Given the importance of access to phototherapy, the NPF is concerned about any actions that could limit reimbursement and reduce access, particularly since access is already challenged in many areas of the nation. The body of evidence clearly demonstrates the effectiveness of this therapy, and this proposal to reduce the payment rate for some codes could create a deterrent for providers to offer this medically necessary—and cost effective—treatment option.

**Online Digital Evaluation Service (e-Visit)**

We commend CMS for the continued focus on promoting non-traditional methods for treating patients by proposing new non-face-to-face online digital evaluation services that “require a clinical decision that otherwise would have been provided in the office.”\textsuperscript{2} As telehealth or “e-visits” continue to demonstrate a proven track record of success for treating patients with psoriasis, we are pleased that CMS has expanded the use of online services for patients with chronic diseases.

As we mentioned in our previous comments, a well-rounded regimen of care that includes online services is a natural fit for patients to manage their psoriatic disease. Currently, dermatologists use photos and other images to diagnose and treat a number of conditions, including psoriasis. In fact, a recent study conducted at the University of Southern California sought to determine whether online

\begin{itemize}
  \item \textsuperscript{2} CY 2020 Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B
\end{itemize}
clinical services led to equivalent improvements in a patient’s psoriasis compared to in-person care.\textsuperscript{3} The study allowed patients or their primary care doctor to upload pictures of the skin to a secure site to be reviewed by a dermatologist, who then provided a diagnosis to the patient and primary care physician. The results showed that patients who accessed dermatological care online had equivalent clinical outcomes as those visiting a doctor’s office. Furthermore, the study found that “compared with the patients in the in-person group, the patients in the online group experience greater improvement in severity of [their] psoriasis.”\textsuperscript{4} With this study in mind, it is fair to suggest that online services – similar to the e-visits proposal – could have potential to outpace in-person care and lead to better health outcomes for patients with dermatological conditions like psoriasis.

NPF believes expanded online health care services are most helpful when part of an on-going, multi-faceted relationship between patient, physician, and the entire care team. These services can help to facilitate regular and appropriate maintenance of ongoing treatment plans. Having access to an online or virtual appointment option could encourage more regular checks-in, could help patients take a more proactive role in their treatment plan, and lead to better health outcomes for those living with chronic illnesses like psoriasis. However, in order for online services to be successful in advancing treatment and made more widely available to patients as an option, physicians need to be appropriately and adequately reimbursed. Additionally, CMS must ensure that online services complement and not supplant in-person access to physicians, particularly for initial visits and at other junctures such as when there is a more significant change in symptoms. The NPF is appreciative of CMS’s commitment to expanding access to needed services and helping patients and providers connect across the myriad ways that technology now allows. Inclusion of these new codes is a positive step forward for the patient’s access to care and we encourage CMS to work with the NPF and provider groups to ensure this policy is crafted in a way that enables widespread adoption and, ultimately, enhanced beneficiary access.

**Evaluation and Management (E/M) Services**

The NPF recognizes the Administration’s efforts to increase flexibility and minimize physician regulatory burden while also improving beneficiary access to care. We are concerned, however, that the proposal to consolidate and cut the evaluation and management (E/M) services codes for new patients could have unintended negative implications for patient care. As noted within the proposal, “many stakeholders have continued to express objections to our assignment of a single payment rate to level 2-4 office/outpatient E/M visits stating that this inappropriately incentivizes multiple, shorter visits and seeing less complex patients.”\textsuperscript{5} We share this opinion, as previously mentioned, psoriasis and psoriatic arthritis are complex, chronic conditions that are associated with multiple serious comorbidities such as heart disease, diabetes, inflammatory bowel diseases and depression. Therefore, it is critical that providers who treat psoriatic disease patients are appropriately incentivized to deliver the level of care our patient community requires. We are concerned that the proposal to adopt a single payment rate for these services could lead to access barriers, reduced time with physicians, more frequent office visits and copay costs, and a worsening of overall beneficiary health outcomes. We urge you to reconsider the

\textsuperscript{3} Armstrong A, et al “Online Care is Equivalent to In-Person Care in Managing Psoriasis: A Multi-centered Randomized Controlled Trial” AAD 2018

\textsuperscript{4} Armstrong A, et al “Online Care is Equivalent to In-Person Care in Managing Psoriasis: A Multi-centered Randomized Controlled Trial” AAD 2018.

\textsuperscript{5} CY 2020 Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B
policy as proposed and to work with the provider community, particularly the American College of Rheumatology and American Academy of Dermatology, to craft a policy that better aligns with the goals of providing regulatory relief while not compromising patient care.

We appreciate your consideration of our comments. If you or your colleagues have any questions, please feel free to contact the NPF by reaching out to Matthew Moran, Federal Government Relations & Health Policy Manager, at mmoran@psoriasis.org.

Sincerely,

Patrick Stone, Vice President of Advocacy & Government Relations