



September 11, 2017

Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Room 445–G, Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

*via electronic submission*

**Re: CMS-1676-P**

**Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program**

**§ II. Provisions of the Proposed Rule for PFS, D. Medicare Telehealth Services, 2. Adding Services to the List of Medicare Telehealth Services**

To whom it may concern:

We are writing to express our strong support for the Centers for Medicare and Medicaid Services (CMS) proposed Calendar Year (CY) 2018 Physician Fee Schedule (PFS) Section II. D. 2. Adding Services to the List of Medicare Telehealth Service, in particular CPT codes 90839 and 90840, CPT codes 96160 and 96161, and HCPCS code G0506. Inclusion of these codes in the Medicare Physician Fee Schedule recognizes the value of care planning, psychotherapy and health risk assessment via telemedicine for people living with Alzheimer's disease and other forms of dementia including vascular disease, Lewy body dementia, and frontotemporal degeneration. The proposed rule would help improve quality of life for people living with dementia, support family caregivers, strengthen clinical practice, and reduce costs to federal and state health programs.

A year ago, we wrote<sup>i</sup> in strong support of CMS including G0505 (Assessment and care planning for patients with cognitive impairment) in the CY 2017 Medicare Physician Fee Schedule. The proposed CY 2018 CPT and HCPCS codes referenced above build on

this important enhancement to clinical assessment and access to care via two-way, interactive communications between patients or their representatives and providers.

Provisions in the CY 2018 PFS Proposed Rule also would complement numerous federal and state legislative initiatives, and ongoing public and private sector work to transform clinical practice. The ability of people living with dementia to enjoy a higher quality of life at home for longer periods of time will be advanced by these policy and practice changes.

**CPT Codes 90839 and 90840 (Psychotherapy for crisis; first 60 minutes) and (Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary services))**

We support CMS establishing CPT codes 90839 and 90840 (Psychotherapy for crisis; first 60 minutes) and (Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary services)) in the PFS for telemedicine. Just like any other Medicare beneficiary, a person living with dementia may experience a crisis requiring psychotherapy. However, there is a point in the progression of any dementia diagnosis where an individual may lose capacity to engage with a psychotherapist or participate actively in his or her own care.

Caregivers also would benefit this service. According to the Alzheimer's Association's 2017 Alzheimer's Disease Facts and Figures report, more than one third of the 15 million unpaid caregivers for people with dementia are themselves over the age of 65, meaning they are Medicare beneficiaries<sup>ii</sup>. Aside from the anticipated grief of losing their loved one, caregivers also are dealing with their own day-to-day struggles and many experience depression. Behavioral and sleep changes for somebody living with dementia, for example, can overwhelm a caregiver. Crisis intervention might be extremely helpful to the caregiver as well as the patient.

We request that CMS clarify how a practitioner can bill for this code: does this code require the practitioner to be in direct contact with the patient, or can the practitioner be in contact with the patient's representative or staff providing care? Additionally, we request that CMS clarify what it means by "mobilizing resources" – would this include family or other caregivers in addition to staff at the originating site?

**CPT Codes 96160 and 96161 (Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument) and (Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument))**

We support CMS establishing CPT codes 96160 and 96161 (Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument) and (Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument)) for

telehealth. As CMS notes in the proposed rule, the addition of these services could be used to help streamline billing for some services already on the telehealth list. The health risk assessment, especially when it involves assessing the caregiver's health risk (e.g. depression inventory), would prove to be valuable to beneficiaries with dementia. According to research published by the Family Caregiver Alliance, between 40 to 70 percent of caregivers have clinically significant symptoms of depression, with approximately one quarter to one half of these caregivers meeting the diagnostic criteria for major depression.<sup>iii</sup>

**HCPCS Code G0506 (Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service))**

We support CMS's plan to include G0506 as an add-on code on its telehealth list for CY 2018. While this service ordinarily may not be provided in-person, this would make it administratively easier for telehealth providers to plan for the complex care needs of patients with Alzheimer's disease and other forms of dementia. Comprehensive care planning is essential for patients with complex diseases to maintain their quality of life. We also appreciate that G0506 may encompass people who have cognitive impairment but may not yet have been diagnosed with a form of dementia or may be susceptible to one of these diseases or disorders.

We request that CMS clarify whether physicians or other billing practitioners may bill for codes 96160/96161 and G0506 contemporaneously, or whether CMS requires a delay between the assessments.

We agree with CMS that adding the aforementioned codes to the telehealth list would be administratively easier for providers and, in turn, help improve care for the millions of people living with Alzheimer's disease or other forms of dementia.

We all know the public health, budgetary and macro-economic statistics about dementia. Unfortunately, all too many people know first-hand the individual human toll. By creating the clinical practice and telehealth reimbursement and payment infrastructure necessary to support providers in working with beneficiaries and family members on telehealth services comprehensive care planning, CMS would help overcome false and damaging assumptions that clinicians' only purpose is to prescribe and that diagnosis is futile or harmful in the absence of available disease modifying therapeutic agents. This is a time of great and deserved hope as Congress and the National Institutes of Health have begun to address chronic underfunding of research aiming for scientific breakthroughs to prevent or stop dementia in its tracks by 2025. People living with dementia want breakthroughs and many participate in clinical trials to advance the science. But people living with dementia today cannot rest all their hopes in what science will produce in the coming years. They need what the proposed rule and aforementioned codes can deliver now: hope for the future and improved quality of life today.

As the final rule is developed, we urge CMS to recognize the progressive and debilitating nature of Alzheimer's disease and other forms of dementia to ensure that informal caregivers are included fully -- at the appropriate stages and in accordance with patient preferences -- in care planning, health risk assessments, and psychotherapy sessions. As dementia progresses, it may not be possible for the beneficiary to be involved directly in such discussions or aspects of their care, but the beneficiary's autonomy and decision-making should be respected and facilitated to the greatest degree possible.

Thank you for considering our views and for your commitment to better supporting people with dementia by making these new codes permanent by 2019. Please contact Ian Kremer, executive director of Leaders Engaged on Alzheimer's Disease (LEAD Coalition)<sup>iv</sup> at [ikremer@leadcoalition.org](mailto:ikremer@leadcoalition.org) or 571-383-9916 with questions or for additional information.

Sincerely,

Abe's Garden Alzheimer's Center of Excellence

ActivistsAgainstAlzheimer's Network

African American Network Against Alzheimer's

AgeneBio

Paul S. Aisen, MD (Keck School of Medicine of USC, Alzheimer's Therapeutic Research Institute\*)

Allergan

Alliance for Aging Research

Alliance for Patient Access

Alzheimer's & Dementia Alliance of Wisconsin

Alzheimer's Disease Resource Center, Inc. (ADRD)

Alzheimer's Drug Discovery Foundation

Alzheimer's Foundation of America

Alzheimer's Greater Los Angeles

Alzheimer's Mississippi

Alzheimer's Orange County

Alzheimer's San Diego

Alzheimer's Tennessee

Alzheimer's Texas

American Association for Geriatric Psychiatry

American Geriatrics Society

American Medical Women's Association

ARGENTUM | Expanding Senior Living

Laura D. Baker, PhD (Wake Forest University Health Sciences\*)

Banner Alzheimer's Institute

David M. Bass, PhD (Benjamin Rose Institute on Aging\*)

Beating Alzheimer's by Embracing Science

Benjamin Rose Institute on Aging

B'nai B'rith International

Soo Borson MD (Minnesota Brain Aging Research Collaborative\*)

James Brewer, M.D., Ph.D. (UC San Diego and Alzheimer's Disease Cooperative Study\*)

BrightFocus Alzheimer's Disease  
Research

Christopher M. Callahan, MD (Indiana  
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Caregiver Action Network

CaringKind

Center for BrainHealth at The University  
of Texas at Dallas

Center for Elder Care & Advanced  
Illness, Altarum Institute

Center to Advance Palliative Care

Sandra Bond Chapman, PhD (Center  
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Texas at Dallas\*)

ClergyAgainstAlzheimer's Network

Cleveland Clinic Foundation

Coalition Against Major Diseases

CorTechs Labs

Suzanne Craft, PhD (Wake Forest  
School of Medicine\*)

Critical Path Institute

Jeffrey Cummings, MD, ScD (Cleveland  
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Health\*)

CurePSP

Darrell K. Royal Fund for Alzheimer's  
Research

Dementia Alliance International

Department of Neurology, Washington  
University School of Medicine

ElevatingHOME

Gary Epstein-Lubow, MD (Alpert  
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Faith United Against Alzheimer's  
Coalition

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Hadassah, The Women's Zionist  
Organization of America, Inc.

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University School of Medicine,  
Department of Neurology\*)

Indiana University Center for Aging  
Research

Kathy Jedrzewski, PhD (University of  
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Johns Hopkins Memory and Alzheimer's  
Treatment Center

Johns Hopkins School of Nursing  
Center for Innovative Care in Aging

Katherine S. Judge, PhD (Cleveland  
State University\*)

Keck School of Medicine of USC,  
Alzheimer's Therapeutic Research  
Institute

Keep Memory Alive

Diana R Kerwin, MD (Texas Alzheimer's  
and Memory Disorders\*)

Walter A. Kukull, PhD (School of Public Health, University of Washington\*)

Latino Alzheimer's and Memory Disorders Alliance

LatinosAgainstAlzheimer's

Layton Aging and Alzheimer's Disease Center, Oregon Health & Science University

LeadingAge

Lewy Body Dementia Association

Linked Senior, Inc

Lutheran Services of America

Kostas Lyketsos, M.D., M.H.S. (Johns Hopkins Memory and Alzheimer's Treatment Center\*)

Minnesota Brain Aging Research Collaborative

David G. Morgan, PhD (USF Health Byrd Alzheimer's Institute\*)

Mount Sinai Center for Cognitive Health

National Alliance for Caregiving

National Association of Activity Professionals

National Association of Area Agencies on Aging (n4a)

National Association of Chronic Disease Directors

National Association of Counties (NACo)

National Association of Nutrition and Aging Services Programs

National Association of States United for Aging and Disabilities

National Certification Council for Activity Professionals

National Committee to Preserve Social Security and Medicare

National Consumer Voice for Quality Long-Term Care

National Hispanic Council On Aging (NHCOA)

National Task Group on Intellectual Disabilities and Dementia Practices

Neurocern, Inc

Neurotechnology Industry Organization

New York Academy of Sciences

NFL Neurological Center

Noah Homes

NYU Alzheimer's Disease Center

NYU Langone Center on Cognitive Neurology

NYU Langone Health

Patient Engagement Program, a subsidiary of CurePSP

Pioneer Network

Piramal Imaging S.A.

Planetree

Prevent Alzheimer's Disease 2020

Eric Reiman, MD (Banner Alzheimer's Institute\*)

ResearchersAgainstAlzheimer's

Second Wind Dreams, Inc./ Virtual Dementia Tour

Rudolph Tanzi, PhD (Department of Neurology, MGH/Harvard Medical School\*)

The Association for Frontotemporal Degeneration

The Evangelical Lutheran Good Samaritan Society

The Michael J. Fox Foundation for Parkinson's Research

The Youth Movement Against  
Alzheimer's

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UsAgainstAlzheimer's, LEAD Coalition  
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USF Health Byrd Alzheimer's Institute  
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WomenAgainstAlzheimer's

*\* Affiliations of individual researchers are for identification purposes only and do not necessarily represent the endorsement of affiliated institutions.*

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<sup>i</sup> [http://www.leadcoalition.org/?wpfb\\_dl=178](http://www.leadcoalition.org/?wpfb_dl=178)

<sup>ii</sup> [https://www.alz.org/documents\\_custom/2017-facts-and-figures.pdf](https://www.alz.org/documents_custom/2017-facts-and-figures.pdf)

<sup>iii</sup> <https://www.caregiver.org/caregiver-health>

<sup>iv</sup> <http://www.leadcoalition.org> Leaders Engaged on Alzheimer's Disease (the LEAD Coalition) is a diverse national coalition of member organizations including patient advocacy and voluntary health non-profits, philanthropies and foundations, trade and professional associations, academic research and clinical institutions, and home and residential care providers, and biotechnology and pharmaceutical companies. The LEAD Coalition works collaboratively to focus the nation's strategic attention on dementia in all its forms -- including Alzheimer's disease, vascular disease, Lewy body dementia, and frontotemporal degeneration -- and to accelerate transformational progress in detection and diagnosis, care and support, and research leading to prevention, effective treatment and eventual cure. One or more participants may have a financial interest in the subjects addressed.