



Advancing Health Care Policy
for Mental Health and Addiction

FOR IMMEDIATE RELEASE
September 13, 2021

Contact: Tiffany Huth
Phone: 202.487.8057
Email: Huth@abhw.org

ABHW COMMENTS ON CMS' PHYSICIAN FEE SCHEDULE PROPOSED RULE

Washington, DC (September 13, 2021) – The [Association for Behavioral Health and Wellness](#) (ABHW), the national voice for payers that manage behavioral health insurance benefits for over 200 million people, submitted comments on the Centers for Medicare and Medicaid Services' (CMS) [CY 2022 Physician Fee Schedule Proposed Rule](#) [CMS-1751-P].

[ABHW](#) members applaud CMS for taking a broader strategy to create a health care system that results in better accessibility, quality, affordability, empowerment, and innovation. These qualities are especially important in behavioral health, not only because of the recent COVID-19 pandemic, but also to address the long-standing issues created by systemic health inequity for minority communities.

[ABHW](#) submit the following comments for consideration; among others:

- **Revised Timeframe for Consideration for Services Added to the List on a Temporary Basis** - ABHW commends CMS' actions to date to expedite the addition of telehealth services by creating Category 3, which has greatly expanded access to behavioral health services. We also support a glidepath to ensure enough time for researching the benefits/program integrity issues of these telehealth services, as well as allowing individuals ample time become comfortable post-pandemic.
- **Implementation of Provisions of the Consolidated Appropriations Act (CAA), 2021** - ABHW strongly supports policies that would remove the in-person evaluation requirement to ensure those with mental health diagnoses can receive the care they need. While the CAA made strides by eliminating the previously imposed geographic restrictions, it also introduced a new burden by requiring an in-person visit within six months prior to the telehealth visit for a mental health service. As such, ABHW recommends CMS urge Congress to remove this burdensome requirement so mental health services can be readily available.

- **Payment for Medicare Telehealth Services Furnished Using Audio-Only Communication Technology** - ABHW supports patient access to audio-only behavioral health services for the duration of the PHE and recommends that the appropriate regulatory agencies conduct research to determine how best to leverage audio-only technology as a modality to provide quality, evidence-based and clinically appropriate behavioral health services as a long-term strategy. One way to do this would be to create an audio-only claims coding modifier so that it can be used to track utilization and conduct effectiveness research to differentiate between audio-visual and audio-only services. As such, we strongly support the proposed audio-only modifier in the proposed rule.

Additionally, ABHW, along with the Better Medicare Alliance, the Healthcare Leadership Council, the American Psychological Association, the American Psychiatric Association, and the National Council for Mental Wellbeing, spearheaded a [stakeholder letter](#) urging CMS to finalize the proposed audio-only modifier in the Physician Fee Schedule.

Full comments can be found [HERE](#).

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[ABHW](#) is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW's members include national and regional health plans who care for more than 200 million people. Together we work to reduce stigma and advance federal policy on mental health and addiction care. Member companies - Aetna Behavioral Health, AmeriHealth Caritas, Anthem/Beacon, Centene Corporation, Cigna, Kaiser Permanente, Magellan Health, New Directions Behavioral Health, and Optum.