September 27, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1715-P and CMS-1717-P
P.O. Box 8016
Baltimore, Maryland 21244-8016

SUBMITTED ELECTRONICALLY VIA http://www.regulations.gov

Re: Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1715-P) and CY 2020 Medicare Hospital Outpatient Prospective Payment System Proposed Rule (CMS-1717-P)

Dear Administrator Verma,

The Epilepsy Foundation appreciates the opportunity to provide comments on the proposed rules outlining revisions to the Medicare Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System (OPPS) for 2020. We are concerned that reductions in the values for the new long-term EEG (electroencephalograph) and video EEG (VEEG) professional and technical service codes will impede people with epilepsy’s access to needed care and urge the agency to appropriately value these critical services.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the approximately 3.4 million individuals living with epilepsy in the United States. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition characterized by seizures, which are sudden surges of electrical activity in the brain, that affects a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime.

Long-term VEEG is the key diagnostic tool for people whose seizures do not respond to basic treatment. Because it is both prolonged and with video, there is a greater chance of capturing abnormalities that could confirm a diagnosis and also recording the episodes in question. In most cases, long-term VEEG monitoring will help answer important questions including: Are the events epilepsy or not? If not epilepsy, what are they? If epilepsy, what type? If focal (in a specific area of the brain), where is the likely focus? Epilepsy is a spectrum condition with a wide range of seizure types and control varying from person-to-person, so this type of comprehensive information is necessary for epilepsy specialists and other treating healthcare providers to establish the most effective treatment plan for each individual.
While most people are treated with medications, EEG monitoring is often needed to clarify seizure type and decide which medicines may be most appropriate to try. If medications do not work, EEG monitoring is critical to determine where seizures may arise in the brain and if surgery or an implanted device may be possible. EEG monitoring is also critically important to determine if a person can have epilepsy surgery, which is potentially curative.

Long-term EEG and VEEG can be performed in an inpatient hospital setting or outpatient in-home setting. Both settings are critical to ensuring that all people with epilepsy have access. Long-term EEG and VEEG in a hospital setting helps ensure patient safety, as patients’ medications are reduced to obtain a seizure and monitor related activity. Additionally, if a person is considering epilepsy surgery inpatient EEG monitoring is needed as electrodes may need to be implanted in the brain to localize the seizure onset. While medications cannot be safely lowered outside of a hospital setting, EEG monitoring with or without video in a home setting can still yield helpful information and may be the only option for some people with epilepsy who are unable to access epilepsy centers for various reasons including long travel distances or the inability to drive.

The proposed values and reimbursement levels for the new EEG and VEEG professional and technical codes are significantly lower than the current codes. Such reductions are likely to delay effective diagnosis and treatment, which is dangerous for people with epilepsy and seizures and can increase overall healthcare costs. For those living with epilepsy, delays increase risk of subsequent seizures, brain damage, disability and death. Each year, more than 1 in 1,000 people with epilepsy die from Sudden Unexpected Death in Epilepsy (SUDEP) and people with poorly controlled epilepsy are at greater risk of dying from SUDEP. Delays also increase healthcare costs for the individual and the healthcare system—with epilepsy-related medical costs associated with uncontrolled epilepsy being 2-10 times higher than those associated with controlled epilepsy. Surgical outcomes may also worsen, since the epilepsy presurgical evaluation requires significant attention to detail to identify the exact part of the brain to be removed.

Epilepsy imposes an annual economic burden of $19.4 billion on the United States. Realizing what a significant public health concern epilepsy is, the HHS Healthy People 2020 includes a national objective to “increase the proportion of people with epilepsy and uncontrolled seizures who receive appropriate medical care” which includes access to tools such as long-term EEG and VEEG monitoring. The Epilepsy Foundation urges CMS to not finalize the policies in its PFS and OPPS rules that would dramatically reduce reimbursement for EEG and VEEG services and instead, appropriately value these services so that people with epilepsy have access and can be diagnosed and treated in a timely manner. If you have any questions, please contact Vice President of Government Relations & Advocacy Laura Weidner at lweidner@efa.org.

Sincerely,

Jacqueline French, MD
Chief Medical & Innovation Officer
Epilepsy Foundation

Philip M. Gattone, M.Ed.
President & CEO
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