The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services (CMS)  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244  

Dear Administrator Verma,

As supporters of the epilepsy community, we are writing with our concerns regarding the reductions in the values for the new long-term EEG (electroencephalograph) and video EEG (VEEG) professional and technical service codes included in the Calendar Year 2020 Medicare Physician Fee Schedule (PFS) Proposed Rule and the facility fee payments included in the Calendar Year 2020 Hospital Outpatient Prospective Payment System (OPPS) Proposed Rule. Access to these complex, specialized testing services is critical for the 3.4 million Americans with active epilepsy and particularly the more than one million Americans with uncontrolled or intractable epilepsy. Should the proposed rules’ changes go into effect as outlined, we are seriously concerned that access to these critical services could be jeopardized—delaying patient diagnosis and effective treatment.

Long-term EEG monitoring with the recording of simultaneous VEEG captures a patient’s brain waves before, during, and after a seizure while making a video recording of the patient’s behavior to make interpretation of the EEG more accurate. This enables epilepsy specialists to determine what type of seizures a patient is having, identify which part(s) of the brain are involved, and establish the most effective treatment plan. Treatment options may include medication, implanted medical devices, and/or surgery, which can be curative.

We are very concerned that the proposed payment reductions included in the PFS and OPPS proposed rules could impede patient access to long-term EEG and VEEG services, delaying effective diagnosis and treatment. Delays increase risk of subsequent seizures, brain damage, disability and death, and increase healthcare costs for the individual and the healthcare system. Epilepsy-related medical costs associated with uncontrolled epilepsy are 2 to 10 times higher than with controlled epilepsy. Surgical outcomes may also worsen, since epilepsy pre-surgical evaluation requires significant attention to detail to identify the exact part of the brain to be removed.

Due to the importance of these services, we ask CMS to carefully consider all stakeholder comments and requests on the proposed rules before proceeding with new payment rates under PFS and OPPS for 2020. 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 being seen by an epilepsy specialist with access to tools such as long-term EEG monitoring to accurately diagnose and treat intractable epilepsy. We believe that reductions of the magnitude proposed in the rules could impede progress towards this goal, are not in the best interests of Medicare beneficiaries living with epilepsy, and are likely to increase healthcare costs. We, instead, urge CMS to appropriately value these important services so that, together, this goal can be achieved and more people with seizures and epilepsy have access to high-quality EEG testing services.

Sincerely,

Earl Blumenauer  
Member of Congress

Brad R. Wenstrup, D.P.M.  
Member of Congress

Terri Sewell  
Member of Congress

Cathy McMorris Rodgers  
Member of Congress

Brian Fitzpatrick  
Member of Congress

Bobby L. Rush  
Member of Congress

Ted Deutch  
Member of Congress

Juan Vargas  
Member of Congress

David P. Roe, M.D.  
Member of Congress

Eleanor Holmes Norton  
Member of Congress
Jackie Walorski  
Member of Congress

Sheila Jackson Lee  
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Trey Hollingsworth  
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Xochitl Torres Small  
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Ed Perlmutter  
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Susan Wild  
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Michael Guest  
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Jim Banks  
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Cindy Axne  
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Emanuel Cleaver, II  
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Lisa Blunt Rochester  
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Brian Higgins
Member of Congress