



The Honorable Seema Verma
Administrator
Centers for Medicare & Medicare Services
U.S. Department of Health and Human Services
ATTN: CMS-1715-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

ASET - The Neurodiagnostic Society is the largest national professional association for individuals involved in the study and recording of electrical activity in the brain and nervous system. We are writing to express substantial concerns regarding the Centers for Medicare & Medicaid Services (CMS) proposed Physician Fee Schedule rule (MPFS) that would significantly cut Long Term Monitoring (LTM) EEG professional and technical reimbursements in all healthcare settings – Epilepsy Monitoring Unit, Critical care and ambulatory in-home monitoring. Many neurological abnormalities cannot be seen in a short term 20 minute routine EEG study. The duration of the procedure must be adjusted accordingly. Some abnormalities are triggered by sleep, some by drowsiness and others are triggered by every day normal activities or by a specific stimulus. Long Term EEG Monitoring is not only necessary, but fundamental to accurately diagnose certain patient populations, as it is at times difficult to replicate the ideal circumstances in a hospital room or in a 20 minute study. While ASET recognizes that coding changes can result in reimbursement fluctuations, these particular cuts would not only endanger thousands of jobs and an entire field of medical study, but most important, patient's safety and lives. We respectfully request reconsideration of the proposed rule and that it not be finalized in its current form.

We feel that the proposed series of LTM EEG codes are undervalued, particularly when compared to the existing reimbursement rates for the LTM EEG codes currently in place. Maintenance, as associated with intermittent and continuous monitoring codes, involves ensuring the quality, integrity and security of the recording. This requires the EEG technologist to maintain and adjust electrode placement, correct electrode impedances, and fix camera positioning. To maintain the integrity of the recording, EEG technologists regularly must work with patients to make adjustments throughout the long-term monitoring service. EEG technologists must identify artifacts, whether physiologic or non-physiologic, and minimize or eliminate them. Responsibilities during maintenance also include review of need for medicine to reduce excessive artifacts; grounding of equipment; articulate instrumentation schematics for troubleshooting; address networking, loss of connectivity and data recovery tools all while maintaining a safe recording environment for the patient. The proposed TC RVU does not adequately reflect the time for maintenance with these long-term monitoring services.



The Honorable Seema Verma
September 21, 2019
Page Two

In the proposed rule, routine EEG services of 20-40 minutes in duration are illogically valued higher than a 24-hour EEG with setup, review of data and a technical report. Additional routine EEG services are valued higher than intermittent monitoring of a 24-hour EEG, including review of data, technical description and maintenance. Long-term EEG monitoring is more intense in time and resources than a routine EEG, whether monitored intermittently or continuously.

ASET acknowledges and is greatly appreciative that RUC based a number of its RVU reimbursement rate recommendations for Long Term Monitoring EEG on information gained from a recent survey of Neurodiagnostic Technologists. But we feel that the methodology used to calculate the values is flawed because it was based on flawed data from the survey. When this survey was administered by AMA, it was the first time that such a survey had been presented to membership in our profession, therefore the rate of return was not as hoped. It also became apparent as the process moved forward that there was a lack of understanding of many of the questions and their intent. Consequently, the survey responses did not accurately align with the technical work performed in Long Term Monitoring. Therefore, we are requesting that the Neurodiagnostic Technologist survey be re-administered, based on lessons learned from the previous survey, so that data that is a more accurate reflection of our profession can be considered in the 2020 evaluation for implementation in 2021.

Lastly, the direct impact of the proposed lower reimbursement rates on patient safety must not be ignored. As a result of these reimbursement cuts, patients could receive limited and inaccurate test results due to inadequate testing. Epilepsy that is not treated properly could result in poor quality of life, including death. Without proper and accurate testing, diagnosis and treatment, this population will again return to a place of misunderstanding and discrimination. They have just begun to return to society and live full and prosperous lives. The critical role LTM plays in the diagnostic processes of patients with stroke, brain injury, CJD, encephalopathy, etc., also cannot be overstated.

For all these reasons, ASET opposes these proposed reimbursement cuts, and it is our hope that the final rule takes into account these concerns by implementing a rule that is equitable and realistic. The proposed technical component values do not reflect the level of time and expertise required to perform this specialized service.

Sincerely,

A handwritten signature in cursive script that reads "Connie Kubiak".

Connie Kubiak, R. EEG/EP T., CNIM, CLTM, FASET
ASET President