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VIA ELECTRONIC SUBMISSION: <http://www.regulations.gov>

August 27, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-1809-P
P.O. Box 8016,
Baltimore, MD 21244-8016

Dear Administrator Brooks-LaSure:

The Association of Diabetes Care & Education Specialists (ADCES) appreciates the opportunity to comment in response to the *Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, etc.* proposed rule (CMS-1809-P) as published in the *Federal Register* on July 22, 2024 (the “proposed rule”).

ADCES is an interdisciplinary professional membership organization dedicated to improving prediabetes, diabetes, and cardiometabolic care through innovative education, management, and support. With more than 12,000 professional members including nurses, dietitians, pharmacists, and others, ADCES has a vast and diverse network of practitioners working to optimize care and reduce complications. ADCES supports an integrated care model that lowers the cost of care, improves experiences, and helps its members lead so better outcomes follow.

Below is feedback from ADCES on Section X. A. 1. *Payment for Outpatient Therapy Services, Diabetes Self-Management Training, and Medical Nutrition Therapy When Furnished by Institutional Staff to Beneficiaries in Their Homes Through Communications Technology.*

We thank the agency for the open lines of communication on this issue over the past 18 months. As we raised in our comments¹ to the CY2024 MPFS proposed rule Section II. D. and our March 2024 joint letter² with the American Diabetes Association, no longer allowing diabetes self-management training (DSMT) and medical nutrition therapy (MNT) to be delivered from the hospital outpatient department (HOPD) setting when provided via telehealth would have created serious access issues for beneficiaries with diabetes attempting to receive these cost-effective services that help prevent complications related to diabetes. These services are provided by the same professionals in the

¹ https://www.adces.org/docs/default-source/tofile/adces-comments-to-cms-1784-p_cy24-mpfs-proposed-rule.pdf

² <https://www.adces.org/docs/default-source/tofile/adces-ada-letter-to-cms-re-telehealth-dsmt-from-hopd-setting-in-cy25-mpfs.pdf>

HOPD setting as in the outpatient setting (where DSMT may now explicitly be billed for regardless of which member of the DSMT team furnishes the service³). CMS's decision to continue covering DSMT and MNT via telehealth from the HOPD setting will provide consistency for providers and beneficiaries alike.

We request one point of clarification in the final rule related to this section. In the proposed rule, CMS states:

*“To the extent that therapists and DSMT and MNT practitioners continue to be distant site practitioners for purposes of Medicare telehealth services, we anticipate aligning **our policy** for these services with policies under the PFS and continuing to make payment to the hospital for these services when furnished by hospital staff.”* [Emphasis ours]

To help us better educate our members and accredited DSMT programs and their hospital billing departments, we request that the final rule be specific as to which “policy” CMS is referring to and exactly what changes are proposed to be made as these details were not included in the proposed rule.

ADCES appreciates the opportunity to comment on this proposed rule. We hope to work with CMS to support the proposed policies contained within this rule as well as future policies to improve access to care for people with diabetes, prediabetes, obesity, and other cardiometabolic conditions. Please contact ADCES director of advocacy Hannah Martin at hmartin@adces.org should you have any questions regarding ADCES' comments.

Sincerely,



Matthew Hornberger, MBA, Chief Executive Officer



Hannah Martin, MPH, RDN, Director of Advocacy

³ [https://www.ecfr.gov/current/title-42/part-410/section-410.78#p-410.78\(b\)\(2\)\(x\)](https://www.ecfr.gov/current/title-42/part-410/section-410.78#p-410.78(b)(2)(x))