



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

September 9, 2024

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Attention: CMS-1809-P
P.O. Box 8010
Baltimore, MD 21244-8010

Dear Administrator Brooks-LaSure,

On behalf of the American Psychological Association Services (APA Services), I would like to express our support for three specific provisions within the Calendar Year (CY) 2025 Medicare Hospital Outpatient Prospective Payment System (OPPS) proposed rule, all of which have the potential to expand access to behavioral health services in communities that have long lacked access to these services. APA Services is the companion organization of the American Psychological Association, which is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 157,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science.

First, APA Services strongly urges CMS to finalize its proposed revisions to the Medicaid “four walls” rule that applies to certain clinical settings. Specifically, we support the proposed rule’s exception for services provided by Indian Health Services and other tribal clinics, as well as its permission for a state option to expand the exception to behavioral health clinics and clinics located in rural areas. We agree with CMS that several barriers to mental and behavioral health treatment continue to persist, particularly in the rural and underserved communities where that this proposed rule would have the greatest impact. These include, but are not limited to, a lack of transportation, stigma against mental health treatment, and mistrust of the mental health care system.

Second, APA Services supports the historic rate increase within the proposed rule for Intensive Outpatient (IOP) and Partial Hospitalization Program (PHP). Supporting access to mental and behavioral health services necessarily involves adequately sustaining the workforce of qualified professionals who deliver those services. The increase in payment rates, as outlined in the proposed rule, will help safeguard beneficiary access to care in IOPs and PHPs.

Finally, APA Services commends CMS for its groundbreaking proposal to reimburse for digital mental health treatment (DMHT) devices as incident to professional behavioral health services. This proposal will increase Medicare beneficiaries’ access to evidence-based non-drug therapies for many of the most common mental health conditions, including depression, generalized anxiety disorder, insomnia, and others.



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Unfortunately, CMS did not address in this rule the new proposed DMHT device G-codes nor propose ambulatory payment classification (APC) group assignment for these codes. The technical/facility component of many incident-to items and services paid under OPSS, where the hospital incurs the costs and responsibility for furnishing these items and services to registered hospital patients. This approach is already in place for many digital device services, such as the technical/facility components of the remote therapeutic monitoring (RTM) and remote physiologic monitoring (RPM) services. The same approach can be applied to DMHT device services furnished incident-to a behavioral therapy plan of a physician or other qualified health care professional where the onboarding, education, and furnishing of the DMHT device supply are provided by a hospital to a registered hospital patient. Therefore, we strongly encourage CMS to recognize code GMBT1 (“Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan”) under OPSS and assign an appropriate APC rate to this code.

To establish an appropriate payment rate for GMBT1 under OPSS, CMS can use the approach taken by the Agency when establishing OPSS payment amounts for services assigned to New Technology APCs, which relies in part on invoices submitted by stakeholders to provide a basis for the cost of supplying a DMHT device. APA Services recommends that CMS use these invoices, any additional invoices that are submitted, and the current rates for RTM/RPM onboarding/education, to assign a new technology APC to GMBT1.

Thank you again for the opportunity to weigh in on these proposed rules. With Medicaid serving as the largest single payer of behavioral health services, we believe these proposals will set an important precedent for expanded coverage of these services through other health coverage programs. Please contact Stephen Gillaspie, Ph.D., Senior Director of Health & Health Care Finance at sgillaspie@apa.org or Andrew Strickland, J.D., Senior Legislative and Regulatory Counsel at astrickland@apa.org if our organization or members can serve as a resource to CMS in any way.

Sincerely,

Katherine B. McGuire
Chief Advocacy Officer
American Psychological Association Services, Inc.