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PENNSYLVANIA

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JOINT ECONOMIC

United States Senate

WASHINGTON, DC 20510

May 27, 2016

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20001

Dear Acting Administrator Slavitt:

I am writing to request your attention to the opioid epidemic that is facing our Nation. Policymakers are focused on putting forward commonsense solutions at every level of government to address this problem. Earlier this year, the Senate passed the Comprehensive Addiction and Recovery Act which would take a number of important steps to improve prevention and education efforts on this issue, launch an evidence-based intervention program and strengthen prescription drug monitoring programs among others.

In addition to the work of Congress, the Administration also has taken significant steps and announced new policies to help combat prescription drug abuse. Earlier this year, for example, the Centers for Disease Control (CDC) developed the *CDC Guideline for Prescribing Opioids for Chronic-Pain* for primary care clinicians. These guidelines provide twelve recommendations to primary care clinicians about the appropriate prescribing of opioids. In these guidelines, the CDC specifically recommends that clinicians “use urine testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.”

Laboratory testing for drugs of abuse is vital to ensuring that millions of Americans receive necessary and appropriate treatment. Without these vital tests, physicians are not able to ensure that their patients; (including millions of Medicare beneficiaries); are properly using prescribed medications. And while the CDC has issued guidelines to encourage appropriate testing, I am concerned that CMS’ actions could negatively impact our Nation’s ability to address this epidemic by diminishing access to these vital tests.

In November 2015, CMS issued its Final Determination for coding and payment of definitive testing for drugs of abuse. This determination resulted in the creation of four HCPCS Codes, G0480-G0483, and it reduced reimbursement for these essential laboratory tests by as much as 50 percent. CMS made this determination in spite of opposition from stakeholders and its own, Protecting Access to Medicare Act (PAMA) mandated, public advisory committee which met to consider this issue. Specifically with respect to coding, the final determination failed to adopt drug specific Current Procedural Terminology (CPT) codes which were developed by a

workgroup composed of leading clinical laboratories, physicians and public and private payers, including CMS. Unlike the more accurate and specific CPT codes, the four G Codes that CMS adopted lacked transparency as to what tests are being ordered and what drugs are being tested. Furthermore, they are being reimbursed at a rate that fails to adequately compensate laboratories for the cost of running the tests. In addition, the adoption of G Codes is now creating operational burdens for laboratories because many commercial payers do not recognize the CMS G codes - they recognize the CPT codes. Additionally, the continued use of these G codes directly conflicts with Congress' intent when it enacted PAMA, which capped any reimbursement reductions at ten percent per year and which relies upon private sector pricing to help set Medicare rates.

I respectfully request that CMS recognize the CPT codes for definitive drug testing and establish appropriate levels of reimbursement for those codes. We as a Nation must come together to leverage all of the tools we have to address the opioid epidemic.

Sincerely,

A handwritten signature in blue ink that reads "Bob Casey, Jr." in a cursive, stylized font.

Robert P. Casey, Jr.
United States Senator