June 11, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: *Multistakeholder Consensus Views on the Benefits of Remote Monitoring Innovations in the Medicare Program*

Dear Administrator Verma:

We represent a wide – and growing – coalition of stakeholders that span the healthcare and technology sectors who support connected health technologies. A consistently growing body of evidence demonstrates that connected health technologies such as "telehealth," "mHealth," "store and forward," "remote patient monitoring," and other modalities – improve patient care, reduce hospitalizations, help avoid complications, improve patient engagement (particularly for the chronically ill), and increase efficiency. These tools which focus on incorporating patient-generated health data (PGHD) range from wireless health products, mobile medical devices, telehealth and preventive services, clinical decision support, chronic care management, and cloud-based patient portals.

Until January 1, 2018, CMS reimbursement for general physiological remote monitoring did not exist. However, in the 2018 Physician Fee Schedule (PFS), CMS distinguishes between remote monitoring services and telehealth. In its final rule, CMS permitted separate payment for remote physiological data monitoring by activating and unbundling Current Procedural Terminology® (CPT) Code 99091 ("physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver"). The code, which has several limitations, allows reimbursement to physicians and qualified healthcare professionals who rely upon PGHD to monitor patients from wherever they may be.

While CMS has taken this commendable step forward in unbundling CPT 99091, we believe CMS must continue the commitment carefully articulated in the 2018 PFS Final Rule: to consider new digital health CPT codes created by the American Medical Association CPT Editorial Panel. We stand in agreement with CMS that RM are paid under the same conditions as in-person physician services and can be a significant part of ongoing medical care.

We note that the CPT Editorial Panel has, at its September 2017 meeting, approved new remote monitoring codes to better reflect these services:[1]

- 990X0: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- 990X1: device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- 994X9: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

Each of these codes was developed through concerted and thoughtful deliberations of the American Medical Association's (AMA) Digital Medical Payment Advisory Group (DMPAG) comprised of experts in digital medicine services as well as coding, valuation and coverage. The DMPAG in turn submitted applications for the creation of these new codes to the independent CPT Editorial Panel which vetted and approved the applications for new codes. The CPT Editorial Panel, among other relevant factors, considered significant supporting clinical documentation. It is our understanding that the AMA's RVS Update Committee's (RUC) undertook a valuation of these codes to which CMS has access. We urge CMS to cover, price and pay those new CPT codes utilizing the RUC information. There is an existing body of evidence demonstrating that these services will increase value and improve patient health outcomes, particularly for patients with multiple co-morbidities, chronic conditions, and those facing access barriers due to geography, limited mobility, medical fragility.

We also wish to emphasize that CPT 99091 is distinct from the new AMA CPT codes in both, the services covered as well as in who may provide the service. We therefore urge CMS to maintain CPT 99091 in its active and unbundled status. Furthermore, CMS should release and study related claims data that will yield important and unique insights on how these services are being employed. We urge CMS to keep CPT 99091 and activate, cover, price, and pay new CPT Codes 990X0, 990X1, or 994X9.

As a community in support of connected health innovations in the Medicare system, we eagerly await the release of the next proposed and final Medicare Physician Fee Schedule, and plan to provide further input to promote the use of remote monitoring innovations in the delivery of care.

[1] *See* https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/september-2017-summary-panel-actions.pdf.

Sincerely,

Alliance for Home Dialysis

American Academy of Neurology

American Association for Respiratory Care

American Heart Association

American Medical Association

American Society of Nephrology

American Telemedicine Association

Baxter Corporation

Biocom

CareSync

Center for Telehealth at the University of Mississippi Medical Center

Clarify Health Solutions

Cohens Veterans Bioscience

College of Healthcare Information Management Executives

Connected Health Initiative

DaiWare, Inc.

Dogtown Media

Early Signal

eCare21

eMedicalSentry

HealthLoop

HealthTagApp

Healthcare Information and Management Systems Society (HIMSS)

Healthcare Leadership Council

InTouch Health

Kencor Health

Life365

LifeWire

Medici

Mount Sinai Health System

Nex Cubed

Otsuka America Pharmaceutical, Inc.

Personal Connected Health Alliance (PCHAlliance)

Podimetrics

Proteus Digital Health, Inc.

PtPal

Qualcomm Life

ResMed

Rimidi

RxLive

secureHIM

StartUp Health

Stroll Health

TeleHealth Suites, LLC

Trax Health

TytoCare

University of Pittsburgh Medical Center

University of Virginia Health System

Validic

ValidCare