April 8, 2020

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned organizations applaud the actions taken by CMS to date to facilitate and enhance the ability of our healthcare workforce to focus on COVID-19 treatment and relief by providing regulatory flexibilities through the duration of this national emergency. The actions taken by CMS have provided relief to physicians in the form of temporary enrollment flexibilities, the ability to collect advance payments, payment of audio-only telephone calls, the addition of new telehealth benefits, and the waiver of some existing documentation requirements, among other important actions. We believe that these actions will be instrumental in providing a pathway for our physicians and other clinicians to focus on patient care during this public health emergency.

However, we write to you at this time regarding additional emergency actions that we urge CMS to take as soon as possible. We believe these actions will compliment those taken to date by CMS and will further enable physicians to provide necessary care to those suffering from COVID-19, as well as their broader patient populations as needed and appropriate.

Respectfully, we strongly urge CMS to take the following actions:

- **Provide payment parity between telephone evaluation and management (E/M) codes (99441-99443) and office visit E/M codes.**
- **Immediately provide guidance to Medicare Administrative Contractors (MACs) to ensure that recent CMS guidance and rules are followed appropriately to enable the payment of telephone E/M claims.**

<u>Pay Parity for Telephone E/M Claims</u>

As we noted earlier, the undersigned organizations are extremely supportive of the interim final rule from CMS that provides coverage and payment for telephone E/M services (CPT codes 99441-99443) for the duration of this public health emergency. However, in the rule, CMS states that:

> "…we are finalizing on an interim basis for the duration of the PHE for the COVID-19 pandemic, …work RVUs as recommended by the AMA Relative Value Scale Update Committee (RUC) of 0.25 for CPT code 99441, 0.50 for CPT code 99442, and 0.75 for CPT code 99443. We are finalizing the HCPAC and RUC-recommended direct PE inputs which consist of 3 minutes of post-service RN/LPN/MTA clinical labor time for each code."

These RVUs are significantly lower than RVUs for office visit CPT codes 99201-99215. While we understand that CPT codes 99201-99215 are available via telehealth and at comparable rates as if these were in-person visits, we are concerned that many patients are unable to connect via telehealth with their physicians, as they may not have devices compatible to facilitate the use of telehealth. We have heard from our physicians that during this crisis, they have been able to conduct successful audio-only telephone visits with patients, in lieu of in-person or telehealth visits, obtaining about 90 percent of the information they would collect using audio and video capable equipment.

Patients are foregoing visits with their doctor all-together or speaking to their physician via telephone audio only. As you may imagine, the fact that the rates for audio-only phone calls are considerably lower than that for office visit E/M codes creates a financial hardship for practices using these audio-only calls at a time when they are already struggling to stay afloat. Additionally, not reimbursing for telephone visits (99441-99443)—at a payment level on par with in-person visits—disproportionally affects physicians and practices taking care of elderly and underserved patients. Many of these patients are managing multiple chronic conditions, do not have smartphones, or may have a smartphone, but do not know how to use FaceTime or Skype. These individuals are the ones who most need to practice social distancing from physician practices and clinics—and in some cases, from their own family members—to protect themselves from exposure to the virus while still receiving uninterrupted care. **Accordingly, we strongly encourage CMS to provide (at least temporarily) parity between office visit codes (99201-99215) and telephone E/M codes (99441-99443) to ensure that patients have maximum ability to engage with their doctors during this public health emergency.** This could be done by correlating RVUs from CPT codes 99212-99214 to 99441-99443.

Guidance to MACs on Telephone Visits

As we have noted, many patients do not have video-capable devices and/or adequate internet or cellular coverage to conduct an encounter by any means other than on their land lines. The coverage of telephone calls by CMS is a great addition to the toolbox for physicians. Following the publishing of the interim final rule by CMS on March 31st, our specialties have heard from our members that MACs are denying claims for telephone E/M services, even though CMS established payment for these services retroactive to March 1st.

We understand that CMS may not have transmitted guidance on this subject at the time of this letter, but **we urge you to provide guidance/instructions to MACs as soon as possible to enable them to transmit reimbursement for these claims now that they are billable under Medicare. We also urge CMS to include within this guidance, instruction to MACs to remedy telephone E/M claims that were rejected albeit for a lack of guidance from CMS.** It is critically important that physician practices not have interruptions in reimbursement of claims during this pandemic so that they can move swiftly to care for patients.

Our organizations sincerely appreciate the agency's swift actions to combat COVID-19. We urge you to consider our recommendations in this letter to build upon existing efforts so that patients can get the critical care they need during these difficult times. Should you have any questions regarding the matters contained herein, please reach out to Corey Barton, MPH, at the American College of Physicians at cbarton@acponline.org.

Thank you,

American Academy of Allergy, Asthma & Immunology
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Nephrology
American Academy of Neurology
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association for the Study of Liver Diseases
American Association of Clinical Endocrinologists
American Board of Internal Medicine Foundation
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Gastroenterology
American College of Obstetricians and Gynecologists
American College of Rheumatology
American College of Physicians
American Gastroenterological Association
American Geriatrics Society
American Medical Association
American Medical Group Association
American Medical Society for Sports Medicine
American Osteopathic Association
American Podiatric Medical Association
American Psychiatric Association
American Society for Clinical Oncology
American Society for Gastrointestinal Endoscopy
American Society of Hematology
American Society of Transplantation and Cellular Therapy
American Thoracic Society
ASN Alliance for Kidney Health
Endocrine Society
Heart Rhythm Society
Infectious Diseases Society of America
Medical Group Management Association
Primary Care Collaborative
Renal Physicians Association
Society for Adolescent Health and Medicine
Society for Post-Acute and Long-Term Care Medicine
Society of General Internal Medicine The Gerontological Society of America