



March 18, 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,

On behalf of the American College of Physicians (ACP), I am writing to share ACP's recommendations to the Centers for Medicare and Medicaid Services (CMS) regarding coverage of and payment for telehealth and other remotely-provided services, particularly during the 2019 Novel Coronavirus Disease (COVID-19) national emergency. The College is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Many of the patients most at risk from the COVID-19 are or will be treated by internal medicine specialists, especially older patients and those with pre-existing conditions like heart disease, asthma, and diabetes.

The College sincerely appreciates the recent actions by CMS to provide regulatory flexibilities that help healthcare clinicians participating in both Medicare and Medicaid respond to and contain the spread of COVID-19, while also caring for the needs of their broader patient population during this time of crisis. ACP is particularly appreciative of CMS's March 17 announcement on policy changes that will significantly expand patient access to telehealth services, ease HIPAA rules, and allow physicians to waive deductibles for such services. However, ACP believes that additional steps can and should be taken immediately to help patients receive the care they need in the most timely, efficient, and safe manner possible.

First, the College strongly urges that CMS provide reimbursement for CPT codes 99441 – 99443, which are telephone evaluation and management services provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. While we sincerely appreciate the Agency raising awareness that there are virtual check-in codes (G2012 and G2010) already available and reimbursable, these codes have inherent limitations in terms of having to be patient-initiated and only covering a very limited amount of time (G2012 is limited to 5-10 minutes of medical discussion).

Therefore, allowing reimbursement for CPT codes 99441 – 99443 would offer an option for patients and physicians that need to conduct a longer conversation of up to 30 minutes if necessary and also would not require that the discussion be patient-initiated. Additionally, while over 90% of seniors currently report having cellphones, less than 40% of those phones are smartphones¹—making it much more challenging for this vulnerable population to be able to utilize more robust telehealth visits that require two-way audio and video service or even e-visits that utilize a patient portal from their home. For such patients, providing coverage and payment for telephone consultations that do not require smartphone capabilities is essential. Along these lines, while the College greatly appreciates the lifting of site restrictions for the provision of telehealth visits and the flexibility granted to physicians to use remote communication products that may not be fully compliant with HIPAA—and agrees that these changes are critical to ensuring greater access to medical services for patients while limiting the risk of infection—not all patients have immediate access to smart phones (particularly given the need for social distancing), so providing reimbursement for extended phone consultations is critical.

Second, the College strongly recommends that, during this emergency declaration, CMS make all types of telemedicine, including telehealth visits, virtual check-ins, phone consultations, and e-visits available to both new and established patients. We appreciate that Health and Human Services (HHS) has noted it will not conduct audits to ensure prior patient relationships for telehealth visits, however this flexibility was not extended to virtual check-ins or e-visits. While ACP recognizes the inherent challenges in this approach over the longer term, with clinicians having to provide non-face-to-face services and advice to patients for whom they have not yet provided a physician exam, the priority at this time is providing access to patients when and how they need it, particularly those that are more vulnerable to the effects of potential exposure to COVID-19.

Third, ACP calls on CMS to allow physicians to waive co-pays for all types of telemedicine services. In the guidance released yesterday, the Agency provided this flexibility for telehealth video visits, however this authority was not granted to physicians for virtual check-ins or e-visits. This approach can be confusing and burdensome for both patients and practices, who will then have to ensure they differentiate between which services do require a co-pay and which do not, and also disadvantages those that do not have access to appropriate telehealth technology.

Fourth, Medicaid provides vital health coverage during public health emergencies and natural disasters. We thank the administration for designating the COVID-19 pandemic an emergency through the Stafford Act, National Emergencies Act, and Public Health Service Act. Doing so will give states important flexibilities to meet patient demand by allowing care to be provided in non-traditional health care settings and permitting out-of-state physicians to provide care in states where they aren't licensed. Telehealth is used by most states as a means to deliver care to the Medicaid population. ACP believes that telehealth can be especially useful for primary

¹ Pew Research Center. <https://www.pewresearch.org/internet/fact-sheet/mobile/> [Accessed March 18, 2020]

care internists delivering care to patients under quarantine or as a way to prevent patients with less-severe symptoms from seeking care at hospital emergency departments.

Therefore, we strongly urge CMS to work with state and Medicaid programs to fully engage the full spectrum of remote telehealth video and telephone services. Nearly all Medicaid programs cover telemedicine delivered via live video, but fewer states cover remote patient monitoring or audio-only phone consults, which may be especially necessary in areas with limited broadband capacity. States should be encouraged to implement telehealth triage so that emergency departments aren't overburdened with non-emergency cases. Further, since some states [reimburse telehealth services at lower rates than in-person services](#), states should be strongly encouraged to provide reimbursement parity for COVID-19-related care. We also urge CMS to expedite state plan amendments and waivers necessary to facilitate telehealth and address COVID-19.

We commend you and the Administration for the numerous actions you have already taken to provide more options and flexibility for physicians to provide care via telemedicine and sincerely appreciate your urgent consideration of our recommendations to take even further necessary steps. Please contact Brian Outland, PhD, Director, Regulatory Affairs, by phone at 202-261-4544 or e-mail at boutland@acponline.org if you have questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. McLean". The signature is fluid and cursive, with the first name "Robert" being the most prominent.

Robert M. McLean, MD, FACP
President