

March 18, 2020

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

Re: COVID-19 and Services That Are Important for Patients and Physicians

Dear Administrator Verma:

The American Medical Association (AMA) appreciates the strong efforts that the Centers for Medicare & Medicaid Services (CMS) is undertaking to ensure that our nation's health care professions and institutions can rapidly respond to the COVID-19 pandemic. The AMA remains committed to working closely with CMS to implement additional approaches to contain the virus and provide care to patients. We urge you to consider two important requests as they relate to COVID-19 and services that are important for patients and physicians during this crisis—remote physiologic monitoring, and telephone evaluation and management (E/M) services.

### **Remote Physiologic Monitoring**

We just learned that there has been a misunderstanding of important Current Procedural Terminology® (CPT®) codes, describing remote physiologic monitoring (RPM). CPT codes 99453-99458 describe important services to treat COVID-19 at home. It appears that the heading “Chronic Care Remote Physiologic Monitoring” in the CMS Final Rule for the 2019 Medicare Physician Fee Schedule has led CMS staff to interpret these services to only apply to patients with chronic disease or conditions. This heading appears to have originated with the agenda tab title from both the CPT Editorial Panel September 2017 meeting and the AMA/Specialty Society RVS Update Committee (RUC) January 2018 meeting. While it is true that the typical patient receiving these services may have a chronic condition (e.g., heart failure), these codes describe remote physiologic monitoring for any patient, regardless if they are monitored for an acute or chronic condition.

The AMA is deeply concerned about hospital capacity. RPM and telephone E/M services are important as patients can monitor their oxygen saturation levels using pulse oximetry. Nurses, working with physicians, would be able to check in with patients to monitor these levels to determine if home treatment continues to be safe, eliminating unnecessary emergency department and hospital visits.

**We believe that was a simple misunderstanding and we ask that you join us in clarifying that these codes describe RPM for any patient and promoting the RPM services as a useful tool in combatting COVID-19.**

**99453** Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

(Do not report 99453 more than once per episode of care)

(Do not report 99453 for monitoring of less than 16 days)

**99457** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

(Report 99457 once each 30 days, regardless of the number of parameters monitored)

(Do not report 99457 for services of less than 20 minutes)

(Do not report 99457 in conjunction with 93264, 99091)

(Do not report 99457 in the same month as 99473, 99474)

**99458** Each additional 20 minutes (List separately in addition to code for primary procedure)  
(Use 99458 in conjunction with 99457)

(Report only 99457 if you have not completed 20 minutes of additional treatment regardless of time spent)

(Do not report 99458 for services of less than 20 minutes)

### **Telephone Evaluation and Management**

We applaud CMS for providing greater flexibility in providing office visits to patients through a variety of communications vehicles that patients and physicians have readily available. However, our physician members are extremely concerned that our most vulnerable, the elderly, may not have access to a computer or smart phone in their home. Even when they do have smart phones, the elderly in rural areas may not have enough connectivity in their homes. We acknowledge that CMS is paying for G2012 virtual check-in; however, this assumes that communications will be brief. Physicians are likely to require longer telephone calls to adequately assess patients for COVID-19 symptoms and their level of risk for severe impact, and to educate them on self-monitoring and management of these symptoms as well as preventing the spread of infection. The CPT phone calls provide greater flexibility.

**Physicians are reaching out to us every day to advocate for immediate payment implementation of the telephone evaluation and management codes, currently described in CPT. Relative values are assigned and published for these codes. CMS can simply change the status of these codes from non-covered to active. Some commercial insurers have announced payment of CPT codes 99441-99443. We urge Medicare to also provide these important services to all patients, including those being treated within the Rural Health Clinic program.**

**99441** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided 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; 5-10 minutes of medical discussion

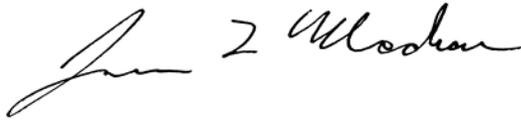
The Honorable Seema Verma  
March 18, 2020  
Page 3

**99442** 11-20 minutes of medical discussion

**99443** 21-30 minutes of medical discussion

The AMA appreciates your consideration of our request. If you have any questions, please feel free to contact Margaret Garikes, Vice President, Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD