March 10, 2023

Dr. Juan Schaening
First Coast Contractor Medical Director
Novitas Solutions
2020 Technology Pkwy
Suite 100
Mechanicsburg, PA 17050

Dear Dr. Schaening,

Thank you for convening the Multi-Jurisdictional Contractor Advisory Committee (CAC) meeting on February 28, 2023. I am writing on behalf of ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, an organization that advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to transform the health care delivery system –by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

The American Telemedicine Association is a nonprofit association of more than 400 member organizations focused on transforming healthcare through digital health innovation. These member organizations include healthcare providers who use remote monitoring to treat their patients and third-party vendors who support those providers with Remote Patient Monitoring (RPM)/Remote Therapeutic Monitoring (RTM) technology. Our members are very interested in the topic of the February 28th CAC meeting, "RPM/RTM for non-implantable devices." I participated as a listener to the meeting, as did many of our members. Below are ATA Action's comments in follow-up to the discussion during the meeting.

1. **Further limiting reimbursement for RPM and RTM could make remote monitoring business models under the current code constructs unsustainable, resulting in inequitable access to beneficial services.**

Our initial understanding of the context around this meeting was a concern on the part of the MACs that reimbursement rates for the supply of device codes (CPT code 99454 for Remote Physiologic Monitoring (RPM) and CPT codes 98976 and 98977 for Remote Therapeutic Monitoring (RTM)) were too high given the types of devices frequently used for purposes of transmitting patient data. If, indeed, such concern was a driver for holding this meeting, we

want to address it directly on behalf of our members.

The current total monthly reimbursement available for the supply of an RPM or RTM device (or multiple devices) plus time spent by clinical staff/QHCPs on monitoring and treatment management services is approximately $100 per patient, if and only if the patient transmits at least 16 days of data during a 30-day period and the clinical team spends an aggregate of 20 minutes during the month on treatment management services. If the patient transmits fewer than 16 days of data, no reimbursement is available for the supply of device code. This can reduce reimbursement to the practice by over half.

In a typical successful remote monitoring business model, a vendor of remote monitoring services typically provides, at a minimum, a patient-facing mobile application, a provider-facing software portal, and a device -- or frequently, more than one device -- for each patient in the program. It is often the case that the most successful remote monitoring programs also provide outsourced clinical staff to support the monitoring and treatment management services aspect of the program. The cost to vendors of running such a program means profit margins are exceedingly slim under the current reimbursement framework. Reducing reimbursement amounts for RPM and/or RTM programs could lead to reduced access to clinically effective remote monitoring services for those who stand to benefit most.

2. **Reimbursement for RPM and/or RTM should not be limited to specific conditions.**

Per the Palmetto GBA MAC website, we also understand that one intended purpose of the February 28th meeting was to "obtain advice from CAC members and subject matter experts (SMEs) regarding the strength of published evidence on remote physiologic monitoring (RPM) and remote therapeutic monitoring (RTM) for non-implantable devices and any compelling clinical data to assist in defining meaningful and measurable patient outcomes (e.g., decreases in emergency room visit and hospitalizations) for our Medicare beneficiaries to assist in the determination of whether [a Local Coverage Determination] should be developed."[1] **We strongly urge the MACs to refrain from issuing any LCDs that limit the conditions for which remote monitoring may be considered "medically necessary."**

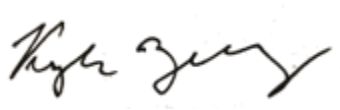
Several subject matter experts (SMEs) commented during the meeting on the efficacy of RPM and/or RTM for improving care for patients living with diabetes (Type 1 and Type 2), heart failure, COPD, sleep apnea, asthma (particularly in pediatric populations), hypertension, and

[1] *Multi-Jurisdictional RPM/RTM for Non-Implantable Devices Contractor Advisory Committee Meeting: February 28, 2023*. Feb. 13, 2023. https://www.palmettogba.com/palmetto/jmb.nsf/DIDC/RLB4F3GX2D~Medical%20Policies~LCD%20Development%20Meetings#:~:text=Medical%20Policies-,Multi%2DJurisdictional%20RPM%2FRTM%20for%20Non%2DImplantable%20Devices%20Contractor,Committee%20Meeting%3A%20February%2028%2C%202023&text=MACs%20will%20host%20a%20Multi,be%20held%20via%20webinar%20only.

post-COVID hospital discharge, among others, and we agree with the SMEs that remote monitoring is an effective method of managing patients with these conditions. We are also aware of a number of other conditions that were not discussed on the call for which remote monitoring is highly effective. Examples include: neurologic conditions such as epilepsy, migraines, and stroke rehabilitation/prevention; chronic pain; behavioral health conditions such as anxiety, depression, and substance use disorder; gastrointestinal conditions such as Irritable Bowel Syndrome and Colitis; and urological conditions such as chronic UTIs. As several SMEs noted in their remarks on the call, data around these use cases is not yet widely available – and will not likely become available if remote monitoring services for these use cases are not reimbursed. Excluding any conditions from reimbursement is premature and will be damaging for patients suffering from those excluded conditions.

We thank you for your consideration of these comments, and we are happy to make ourselves available at your convenience for further discussion.

Sincerely,



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