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Via electronic submission (www.regulations.gov)

February 1, 2021

Elizabeth Richter
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Attention: CMS-1734-IFC

RE: CMS-1734-IFC Interim Final Rule with Comment Period for Coding and Payment of Virtual Check-in Services

Dear Acting Administrator Richter:

The Association of American Medical Colleges ("the AAMC" or "Association") welcomes this opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) 2021 Physician Fee Schedule Interim Final Rule published December 28, 2021 (85 Fed. Reg 84472). The AAMC is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

Teaching physicians work at academic medical centers, where they provide high quality patient care, while also supervising medical residents and students as part of their daily work. Typically, they belong to what are among the largest physician group practices in the country, often described as "faculty practice plans." These practice plans generally are organized into large multi-specialty group practices that deliver care to the most complex and vulnerable patient populations, many of whom require highly specialized care.

Teaching physicians treat a disproportionate share of patients for whom social determinants of health, such as housing, nutrition, and transportation, contribute significantly to additional health challenges, adding greater complexity to their care. The COVID-19 pandemic has posed enormous challenges and placed tremendous stress on our entire health care system. Teaching

hospitals, medical schools, and teaching physicians have mobilized on all fronts to contain and mitigate COVID-19.

We thank CMS for immediately acting to reduce regulatory burden and provide flexibility during the national pandemic. The AAMC strongly supports the waivers and regulatory changes established by CMS in response to the COVID-19 public health emergency (PHE), which help to address the crisis caused by COVID-19 by facilitating the widespread use of telehealth and other communication technology-based services.

Virtual Check-In Visits

The AAMC commends CMS for allowing separate payment for audio-only E/M services, CPT codes 99441-99443, during the public health emergency, and setting payment for these codes at the same rate as the most analogous office/outpatient E/M codes. These audio-only services have been particularly important for Medicare beneficiaries who may not have access to or may not feel comfortable with interactive audio/video technologies. However, CMS states in the final rule that these audio-only E/M services will not be recognized for Medicare payment after the public health emergency ends. Acknowledging that the need for audio-only interaction could remain after the PHE, CMS establishes on an interim basis HCPCS code G2252, *Brief communication technology-based service, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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; 11-20 minutes of medical discussion*. CMS states that this service involves an assessment to determine the need for an in-person service.

While the AAMC supports the establishment of HCPCS code G2252 for virtual check-in visits for longer units of time, the AAMC strongly urges CMS to continue to allow separate payment for the telephone evaluation and management codes (99441-99443) after the public health emergency ends. Initial reports suggest that lack of video services or discomfort regarding the use of video may particularly affect vulnerable populations, including the elderly, those with low socioeconomic status, and certain races and ethnicities. Therefore, eliminating coverage for these important audio-only services will result in inequities in access to services for specific populations.

Data from the Clinical Practice Solutions Center (CPSC),[1] which contains claims data from 90 physician faculty practices, shows that approximately 30% of telehealth services were provided using audio-only telephone technology in April and May 2020. The proportion of telephone/audio-only visits increased with the age of the patient, with 17% of visits delivered via audio-only interaction for patients 41-60 years of age, 30% for patients 61-80 years of age, and 47% of visits for patients over 81. CMS also released data showing that nearly 1/3 of Medicare beneficiaries received telehealth by audio only telephone technology at the peak of telehealth

[1] The Clinical Practice Solutions Center (CPSC), owned by the Association of American Medical Colleges (AAMC) and Vizient, is the result of a partnership that works with member practice plasn to collect data on provider practice patterns and performance. This analysis included data from 65 faculty practices.

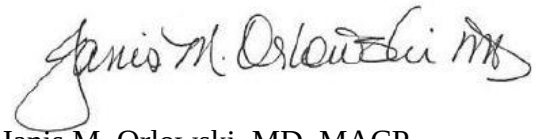
use.[2] The data demonstrate the importance of coverage and payment for telephone services for Medicare beneficiaries and support the need for this to continue.

In addition, patients in rural areas and those with lower socio-economic status are more likely to have limited broadband access, making it more difficult to receive telehealth services by audio and video interactions. For these patients, their only option to receive services remotely is through a phone. Many services can be clinically appropriate when provided via an audio-only interaction, and that option should exist for patients. We would welcome the opportunity to work collaboratively with CMS and other stakeholders to establish guardrails surrounding the use of audio-only visits to ensure that the services are clinically appropriate. This could involve establishment of guidelines for the provision of these services, a framework to measure quality, privacy protections, and monitoring utilization.

Therefore, the AAMC strongly recommends continued payment for audio only/telephone E/M services beyond the end of the PHE to patients who need telecommunications-based services in the home but do not have access to video connection or cannot successfully use one. Allowing access to audio-only visits is in line with President Biden's position in Executive Order on Advancing Racial Equity and Support for Underserved Communities." As an alternative to adding these services to the Medicare telehealth list, which has statutory requirements on the use of audio-video technology and originating site limitations, we encourage CMS to cover these telephone E/M services under the same authority it has used to pay for other communications technology-based services, such as virtual check- ins and remote technology. As part of its annual rulemaking for physician payments in the past, CMS has created payments for a number of telecommunications-based E/M services to patients in their homes, and in its first interim final rule on COVID flexibilities, CMS authorized payment for telephone- based E/M services using this authority.

The AAMC appreciates your consideration of the above comments. Should you have any questions, please contact Gayle Lee at galee@aamc.org.

Sincerely,



Janis M. Orlowski, MD, MACP
Chief Health Care Officer

[2] ASPE Issue brief: Medicare beneficiary use of telehealth visits: Early Data from the Start of the COVID-19 Pandemic (7/18/2020); Health Affairs Blog; Early Impact Of CMS Expansion Of Medicare *Telehealth* During COVID-19. *Seema Verma*. July 15, 2020 (https://www.healthaffairs.org/do/10.1377/hblog20200715.454789/abs/)