



Sound Policy. Quality Care.

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April 20, 2020

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Attention: CMS-1744-IFC  
P.O. Box 8016  
Baltimore, MD 21244-8016

Submitted online via regulations.gov

**RE: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency**

Dear Administrator Verma:

On behalf of more than 100,000 specialty physicians from 14 specialty and subspecialty societies, and dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care, the undersigned members of the Alliance of Specialty Medicine (the "Alliance") write in response to proposals outlined in the aforementioned interim final rule.

***First and foremost, we thank you for your commitment and dedication to protecting the health and safety of Americans during these unprecedented times.*** The Alliance applauds you for taking swift action to ensure clinicians and other healthcare providers have the necessary flexibility to continue caring for our patients during the COVID-19 pandemic.

**Using "Audio-Only" Functionality for Office/Outpatient E/M Services**

CMS heard from clinicians that the ability to provide evaluation and management (E/M) services using "audio-only" functionality was essential for beneficiaries that either 1) did not have both audio and visual technological capabilities, or 2) refused to utilize the "video" component of their audio-visual communication device. To address this concern, CMS "activated" the telephone E/M service codes (CPT codes 98966-98968 and 99441-99443) effective March 1, 2020, and for the duration of the COVID-19 public health emergency.

Members of the Alliance appreciate CMS' effort to provide flexibility here, but we are concerned that the reimbursement amount for the telephone E/M service codes are not reflective of the work involved in delivering a robust E/M service using "audio-only" functionality. To address this challenge, we urge CMS to use its authority to waive the "video" requirement for furnishing office/outpatient E/M services (CPT 99201-99205 and 99211-99215) via telehealth. This is an important change needed to support physician practices as they seek to deliver medically necessary care under unprecedented conditions, encourage the remote delivery of care to mitigate risk of infection, and provide for appropriate reimbursement for the physician work involved. Additionally, we believe this change would be consistent with CMS' recent rulemaking that allows for level selection based on time or medical decision

making alone for office/outpatient E/M services delivered via telehealth, with no requirement for documentation of history or physical exam in the medical record. If CMS is unable to use its authority to waive the “video” requirement, we urge the agency to increase reimbursement for the telephone E/M services to a level that is commensurate with the office/outpatient E/M services. Finally, we urge CMS to monitor implementation of these and other virtual care service policies by the Medicare Administrative Contractors (MACs).

#### Direct Supervision by Interactive Telecommunications Technology

CMS has offered considerable flexibility by temporarily revising its direct supervision requirements in a way that would allow a physician to observe a patient and to furnish assistance and direction to in-person clinical staff from a remote location. While we appreciate the ability for physicians to temporarily isolate at home while continuing to provide direct supervision of in-office clinical staff, **we are deeply concerned about the flexibility to provide at-home administration of Part B drugs.**

Specialists that manage conditions that rely on Part B drugs, such as cancer, rheumatoid arthritis, ulcerative colitis and macular degeneration, believe the risks of at-home administration of complex drugs outweigh the benefits to patients. This is largely due to the fact that drugs used to treat these conditions have significant side effect profiles, including idiosyncratic infusion reactions. Many of these medications require advanced clinical skill to administer, special office-based equipment to handle infusion reactions, and the need for special storage conditions. We also note the policy, if utilized by practices, would significantly increase their liability.

For the reasons above, **we urge CMS to reconsider its policy on providing at-home administration of Part B drugs, and, if maintained, that CMS ensures this policy will be limited to the period of the current pandemic.**

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We appreciate the opportunity to provide comments on the aforementioned issues of importance to the Alliance. Should you have any questions, please contact us at [info@specialtydocs.org](mailto:info@specialtydocs.org).

Sincerely,

American Association of Neurological Surgeons  
American College of Mohs Surgery  
American College of Osteopathic Surgeons  
American Gastroenterological Association  
American Society of Cataract and Refractive Surgery  
American Society for Dermatologic Surgery Association  
American Society of Echocardiography  
American Society of Plastic Surgeons  
American Society of Retina Specialists  
American Urological Association  
Coalition of State Rheumatology Organizations  
Congress of Neurological Surgeons  
North American Spine Society