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Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Avenue, SW
Washington D.C. 20201

BY ELECTRONIC DELIVERY

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B For CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program

Dear Administrator Verma:

The Consumer Technology Association (CTA™) appreciates the opportunity to submit comments on the Medicare Physician Fee Schedule (PFS) proposed rule for calendar year (CY) 2018 (the "Proposed Rule").[1] The Centers for Medicare & Medicaid Services (CMS) published the Proposed Rule in the Federal Register on July 20, 2017.

CTA is the trade association representing the $321 billion U.S. consumer technology industry, which supports more than 15 million U.S. jobs. More than 2,200 companies – 80 percent are small businesses and startups; others are among the world's best known brands – enjoy the benefits of CTA membership including policy advocacy, market research, technical education, industry promotion, standards development and the fostering of business and strategic relationships. CTA also owns and produces CES® – the world's gathering place for all who thrive on the business of consumer technologies. Profits from CES are reinvested into CTA's industry services.

[1] 82 Fed. Reg. 33,950 (July 21, 2017).

In brief, CTA is submitting comments in response to CMS's "Comment Solicitation on Remote Patient Monitoring."[2] Over the past few years, the field of medicine has begun to experience a transformative change led by rapid technological advancements in health information technologies and remote healthcare services. These changes have begun to disrupt the current models of healthcare delivery as well as the established payment framework.

CTA's membership includes medical device manufacturers and general health and fitness firms that are commercializing technologies focused on improving patient care through remote patient monitoring services while empowering consumers and patients in their own care. These services aim to change the way healthcare is delivered, improve patient outcomes, and enable medical efficiency. CTA therefore appreciates CMS's thoughtful solicitation on whether to make separate payments for Current Procedural Terminology (CPT®)[3] codes that describe remote patient monitoring.

We fully agree with CMS that remote patient monitoring services are not and should not be considered Medicare telehealth services as defined under section 1834(m) of the Social Security Act. Rather, remote patient monitoring services involve the interpretation of medical information without a direct interaction between the practitioner and beneficiary and, as such, are paid under the same conditions as in-person physicians' services and without additional requirements or restrictions, unlike coverage for telehealth services. With that background, we offer our brief comments below.

CMS Should Make Separate Payments for CPT® Codes That Describe Remote Patient Monitoring

The potential economic benefits of remote monitoring technologies are enormous. At least one report has estimated that use of these devices "could enable societal benefits worth more than $500 billion per year, based on the improved health of users and the reduced cost of care for patients with chronic diseases" and generate $170 billion to $1.6 trillion per year in value in 2025 arising from "improving quality of life and extending health life spans for patients with chronic illnesses, and reducing cost of treatment."[4] In addition, remote patient monitoring technologies have begun to revolutionize the way healthcare practitioners work with patients and families to deliver care. Evidence demonstrates that when qualified healthcare professionals are able to monitor beneficiaries with more regularity, patients may avoid costly hospitalizations and rehospitalization.[5]

Unlike telehealth services, CMS does not recognize remote patient monitoring as a distinct category of service. In fact, a 2017 U.S. Government Accountability Office (GAO) report on telehealth and remote monitoring indicates that CMS has not conducted a separate analysis of remote patient monitoring services, stating that the "number of Medicare beneficiaries who use this service is unknown."[6] Nevertheless, a Medicare Payment Advisory Commission (MedPAC) report has shown that, in calendar year

[2] *Id*. at 33,975–76.
[3] CPT Copyright 2016 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
[4] James Minyika et. al., Unlocking the Potential of the Internet of Things, McKinsey Global Institute at 8, 37 (June 2015).
[5] *Id*. at 39.
[6] US GAO, Health Care: Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs, GAO-17-365, at 15 (April 2017), *available at* http://www.gao.gov/assets/690/684115.pdf.

2014, Medicare spent $70 million for remote cardiac monitoring services accounting for 265,000 beneficiaries.[7] That same year, Medicare spent $119 million for "remote monitoring" of heart rhythms through implantable cardiac devices (such as pacemakers) accounting for 639,000 beneficiaries.[8] Quite simply, while Medicare spending on certain remote patient monitoring services is extensive, CMS does not generally recognize it as a distinct service and separate service used to treat a variety of diseases or conditions.

CMS specifically seeks comments on CPT codes 99090 and 99091.[9] CPT code 99090 describes "[a]nalysis of clinical data stored in computers (e.g., ECGs, blood pressures, hematologic data)."[10] CPT code 99091 describes "collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional (QHCP), qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time."[11] Both codes are classified as "miscellaneous services" in the CPT and are "bundled" with other services when covered under Medicare.[12] This means that the services covered by these codes do not receive separate coverage or payment, but must be billed and reimbursed with other codes that do receive separate coverage and payment. In addition, CPT code 99090 has no payment valuation under the PFS.[13] Furthermore, if the services described by CPT code 99091 are provided on the same day a patient presents for an evaluation and management service, the services provided under CPT code 99091 are bundled with the evaluation and management service and not separately reported.[14]

These codes provide physicians or clinicians a means to track miscellaneous services (in this case, analysis of physiologic data) that are adjunct to other covered services. These services can entail use of technologies that allow for collection of clinical data in a manner that is more convenient for patients and more efficient for physicians. To encourage practitioners to perform the data collection and analysis services described by these codes, CMS should pay for these services separately so that there is no risk that the services will be undercompensated. We therefore encourage CMS to unbundle CPT codes 99090 and 99091 when billed for purposes of analyzing clinical data stored in computers as well as for the collection and interpretation of physiologic data so that practitioners may receive separate reimbursement for these services. Moreover, the services described in 99091 should not be considered a part of an evaluation and management services.

Codes 99090 and 99091 do not explicitly describe remote patient monitoring services, however. Neither code mentions the word "remote" or includes a technical component for the use of remote patient monitoring technology, and, unlike code 99091, code 99090 does not specify a time increment for the service.[15] Therefore, though CPT codes 99090 and 99091 are important for identifying the data collection and analysis services they describe, they are imperfect when it comes to describing remote patient

[7] MedPAC, Report to Congress: Medicare and the Healthcare Delivery System, at 237-38 (June 2016).
[8] *Id*.
[9] 82 Fed. Reg. at 33,975.
[10] AMA, CPT 2017 Professional at 676 (2016).
[11] *Id*.
[12] *Id*.
[13] Values for CPT codes under the PFS are available in Addendum B to the Proposed Rule.
[14] AMA, CPT 2017 Professional at 674 (2016).
[15] *Id.* at 676.

monitoring services. Therefore, CTA recommends that CMS work with and support the efforts of the American Medical Association's (AMA's) Digital Medicine Payment Advisory Group to address the lack of available remote patient monitoring codes as well as coverage and payment for these services.

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CTA thanks CMS for this opportunity to comment on the Proposed Rule and appreciates CMS's time and consideration of the important issue of supporting remote patient monitoring services to provide Medicare beneficiaries with better care. We would be happy to discuss our comments with you. If you have any questions, please do not hesitate to contact me at 703.907.7644 or jkearney@cta.tech.

Respectfully submitted,

/s/ Julie M. Kearney

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