January 18, 2024

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CPT Editorial Panel
American Medical Association (AMA)
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Barbara Levy, MD
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RE: Interested Party Comments on Tab 50 – Remote Monitoring

Dear Dr. Jagmin, Dr. Levy, and members of the CPT Editorial Panel,

The Peterson Health Technology Institute (PHTI) welcomes the opportunity to provide feedback on the American Medical Association's (AMA) February meeting Tab 50 – Remote Monitoring. In general, we believe that additional evidence is needed prior to AMA lending its endorsement to the proposed changes to remote monitoring codes.

PHTI is an independent, non-profit that provides rigorous, evidence-based evaluations of innovative digital health technologies to improve health and lower costs. Founded by the Peterson Center on Healthcare in 2023, PHTI analyzes the clinical benefits and economic impact of digital health solutions, as well as their effects on health equity, privacy and security. As patients, providers, payers, and investors struggle to evaluate the efficacy of new digital health technologies, PHTI helps close that information gap, accelerating the adoption of high-value technology in health care. Our goal is to promote the adoption of high-value technologies and raise the bar for industry innovation through timely, practical, digital health technology assessments.

PHTI's initial assessments, which will be published this Spring, will focus on remote patient monitoring (RPM) for diabetes management and virtual musculoskeletal (MSK) care (which may or may not use remote therapeutic monitoring (RTM) codes). These reports will be available free of charge on the PHTI website. Many digital health companies have been launched to support people with diabetes through remote patient monitoring using blood glucose measurement and patient engagement. Virtual MSK includes a range of digital health solutions that assert many of the same benefits of in-person physical therapy through enhanced access to a virtual platform and the convenience of participating at home on patients' own schedules.

While there is a significant and growing body of evidence about the efficacy of RPM and RTM services, there are few independent health technology assessments that compare clinical performance across digital health solutions. We believe this baseline research is necessary to inform both public and private purchasers of health care about which remote monitoring services are effective—for which populations, and over what time period. Evidence about these clinical outcomes, which may vary by condition and solution, should guide decisions about what level and duration of reimbursement are justified. As PHTI's work proceeds, we envision our assessments and their conclusions supporting coverage and adoption decisions of these technologies. Without this type of information, it is premature for the AMA to take

actions that would significantly consolidate RPM and RTM codes, making it more difficult to evaluate the performance of these services by condition, solution, and patient group.

Recently, the Bipartisan Policy Center (BPC) released a Peterson grant-funded report on remote monitoring (inclusive of RPM and RTM), which looks broadly at ways to improve the use of remote monitoring services. The report contains a diverse set of federal policy recommendations: the Center of Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) should use its authorities to encourage the optimal use of RPM, which could include better defining for whom RPM is appropriate and over what duration of time. The report also recommends that the Centers for Medicare and Medicaid Services (CMS) work with the AMA and relevant medical specialty societies to develop additional RTM billing codes to allow for use cases beyond musculoskeletal, respiratory, and cognitive behavioral therapy, and that Congress should request the Medicare Payment Advisory Commission (MedPAC) to report on the impact of RPM and RTM on clinical outcomes and cost by disease state, and on any new billing thresholds or code durations, at least every three years. BPC conducted interviews and roundtable with health policy experts, federal officials, technology leaders, medical providers, payers, consumers, and academics. BPC also conducted a comprehensive literature review to inform its findings.

PHTI believes coverage and payment decisions for technology should follow the evidence. The evidence-base is growing, and there is additional evidence generation needed on how RPM and RTM work, for whom, in which clinical settings, and over what duration to net meaningful clinical benefit. Given this need, PHTI believes current data does not support coding simplification of RPM and RTM services at this time.

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Thank you for the opportunity to provide comments on this proposal that would impact thousands of Americans' access to clinically important technologies. PHTI greatly appreciates the Panel's interest on these technologies. We hope we can be a resource to you as you move forward in this work, and look forward to working with you to revise the proposal. Please contact Mairin Mancino at mmancino@phti.com with any questions.

Sincerely,

Caroline Pearson
Executive Director
Peterson Health Technology Institute