The use of telemedicine has skyrocketed during the COVID-19 pandemic. In part because specific regulatory barriers were lowered, but also because an infrastructure was already in place to help manage workflow and facilitate payment.

The story of how telehealth has flourished in the public health emergency and insights about where digital health may go next were presented during “Coverage, Payment and Coding for Digital Medicine and Telehealth: The Present and Future,” an extended session at the AMA CPT® and RBRVS 2020 Annual Symposium.

The event, held virtually this year, attracts coding professionals from across the nation to learn the latest changes to the Current Procedural Terminology (CPT®) code set and review developments from the AMA/Specialty Society RVS Update Committee (RUC).

Getting the spotlight this year was the work of the AMA Digital Medicine Payment Advisory Group (DMPAG), which identifies barriers to digital medicine adoption and proposes comprehensive solutions on coding, payment, coverage, clinical integration and more.

Joseph C. Kvedar, MD, a professor of Dermatology at Harvard Medical School and senior advisor of virtual care at Mass General Brigham, serves as DMPAG co-chair and he summarized the panel’s mission as answering the four main questions physicians have about digital medicine tools:

- Does it work?
- Will I receive proper payment?
- Will I be liable and what are the risks?
- Will it work in my practice or workflow?
Dr. Kvedar summarized a pre-COVID-19 AMA survey that compared levels of physician digital health adoption in 2019 and 2016. The survey showed that, ahead of the pandemic, the percentage of physicians who saw patients via televisits grew to 28% from 14% while the percentage of physicians who used remote patient monitoring (RPM) technology rose to 22% from 13%.

“We were delighted when we got that information,” said Dr. Kveder, who is also president of the American Telemedicine Association and editor-in-chief of *npj Digital Medicine*, a Nature Partner Journal.

DMPAG’s accomplishments include:

- Ongoing efforts to educate legislators, payers and others regarding coding, coverage and payment for digital medicine.
- Defining terminology.
- Identifying coding gaps in digital medicine.
- Development of RPM coding and its acceptance by the Centers for Medicare & Medicaid Services (CMS).
- CMS coverage of augmented intelligence-driven retinal diagnostic imaging starting in 2021.

Regarding the use of augmented intelligence (or AI, often called artificial intelligence), Dr. Kveder said it’s a “relatively a short story,” but he added that it’s an important one.

“This will change the practice of medicine,” he said. “If we get involved and steer the ship, it will change it for the better.”

Read how this ophthalmologist is doing health care AI the right way.

**Big bang theory**

The other co-chair of DMPAG, Ezequiel “Zeke” Silva III, MD, described how adoption of the technology exploded this spring as physicians sought to continue providing care to their patients while allowing them to stay at home and avoid potential exposure to the coronavirus.

The rapid adoption of telehealth was the “largest pilot study in the history of the universe,” said Dr. Silva, medical director of radiology for the Methodist Hospital Texsan in San Antonio.
In addition to the need for services, adoption was facilitated by CMS when it lowered regulatory barriers after the public health emergency was declared Jan. 31. The declaration, renewed three times already, allowed all Medicare and Medicaid beneficiaries to become eligible to receive telemedicine services and removed geographic restrictions on its use.

“In normal times, from a regulatory-statutory perspective, that probably would’ve taken years to achieve,” Silva said. “But, because of the public health emergency, it almost literally happened overnight.”

In addition to those factors, AMA advocacy has also served to push adoption forward. Dr. Silva noted several areas where AMA advocacy had made a difference—including clarification that remote patient monitoring could be used for both patients with chronic and acute conditions.

“As technology evolves, the physician voice is critical to that innovation,” he said.

**New codes’ nuances noted**

The third speaker, DPMAG member David Kanter, MD, MBA, is also a member of the CPT® Editorial Panel, which ensures that codes reflect the latest medical care available to patients.

Dr. Kanter, vice president of medical coding for Mednax Services Inc., highlighted the many digital medicine codes that have had broad adoption by Medicare and commercial payers. There have been six such codes this year dealing with communication tools. Other recently developed digital medicine codes concern remote monitoring and screening utilizing augmented intelligence.

Dr. Kanter noted the nuances of each. E-consult codes, for example, are not to be used when the sole purpose of the interprofessional communication is to arrange the transfer of care and that patient consent must be obtained before their information is shared in a consult.

In addition to helping secure payment for collecting and interpreting data through RPM, other new codes facilitate payment for equipment setup, calibration and removal. Other codes cover patient education and training in using RPM equipment.