

Why audio-only telehealth visits must continue

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What's the news: The AMA is strongly urging the Centers for Medicare & Medicaid Services (CMS) to continue paying for audio-only telehealth visits beyond the COVID-19 public health emergency (PHE) and take the needed measures to compensate physicians for additional infection-control expenses incurred during the pandemic—including the purchase of personal protective equipment (PPE).

“Payment for audio-only visits has been a lifeline for patients during the COVID-19 PHE—the need for these services to be available will not diminish when the PHE ends,” AMA Executive Vice President and CEO James L. Madara, MD, told acting CMS Administrator Elizabeth Richter in a letter commenting on two distinct issues.

The other issue Dr. Madara commented on in his letter was the need to assure that practices are fairly compensated for taking the needed steps to protect patients and staff.

Dr. Madara said CMS needs to implement and pay for the AMA Current Procedural Terminology (CPT®) code 99072, which relates to the additional supplies and clinical staff time required to perform safety protocols for the provision of evaluation, treatment or procedural services during a public health emergency in a setting where extra precautions are taken.

The letter adds that this payment should be made without patient cost-sharing.

Why it's important: The importance of being able to provide service by phone was seen early in the pandemic. An analysis of Medicare claims data that found almost 500,000 audio-only telehealth visits were conducted during the week ending April 18, 2020.

“Discontinuing payment for these services would exacerbate inequities in health care, particularly for those who lack access to audio-video capable devices such as seniors in minority communities that have been devastated by COVID-19,” the letter says.

A recent JAMA study shows the wide use of audio-only visits by 41 California federally qualified health centers. From February through August, 48.5% of primary care visits for these safety-net institutions were conducted by phone, compared with 48.1% occurring in person and just 3.4% that used video, the study says.

Meanwhile, an AMA survey conducted last summer that found physician practices' PPE expenses rose an average of 57% since February 2020. Nearly all survey respondents reported instituting infection-control protocols such as previsit screening calls, checking patients' temperatures upon arrival and limiting the number of patients in the waiting room.

"Payment for these additional costs should be fully funded and not be subject to budget neutrality," Dr. Madara wrote. "CMS could use remaining money from the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to pay physicians for these costs and/or recognize the decreased expenditures during the months of the pandemic to waive budget neutrality."

More than 125 state medical societies and national specialty associations agree. Those organizations joined the AMA in letters sent to CMS and several private insurers such as Anthem, Aetna, Humana and UnitedHealth Group arguing for the adoption of code 99072.

What's next: The AMA's comments were submitted in response to an interim final rule in which CMS acknowledged that it received more than 500 invoices documenting practices' additional PPE costs and said it shares in the concerns regarding pandemic-related expenses.

CMS said it was updating the prices in its supply database but added that—in the interim—it was "finalizing CPT code 99072" as a bundled service grouped into payment with other services rather than as a separate item.

The agency sounded more open to continuing its policy of payment for audio-only visits and noted that "payments for 2022 and beyond would be informed by public comments."