

## DMPAG Presentation Brief

Thank you for your interest in presenting to the Digital Medicine Payment Advisory Group (DMPAG). Due to the high volume of requests, the AMA requires that the following questionnaire be completed. Please submit the form to Martha Espronceda at [martha.espronceda@ama-assn.org](mailto:martha.espronceda@ama-assn.org).

Disclaimer: This document is used to facilitate the collection of background information only. The American Medical Association (“AMA”) Digital Medicine Payment Advisory Group (“DMPAG”) does not wish to receive from you, and you agree not to provide to the AMA, any of your confidential information. The AMA is under no obligation to select you and/or your representative(s) to present to DMPAG. Selection to present to DMPAG does not imply and is not intended as a promotion or endorsement by the AMA or DMPAG of any third-party organization, product, drug, or service.

**Your Name**

**Your Title**

**Company Name**

**Company Background (Brief Description)**

**Product Name**

**Product area of clinical specialty**

**Describe the medical service being provided (This should describe the actual clinical intervention that is occurring to the patient. It should not describe the device/product itself.)**

**What types of providers are currently billing for the service or may bill in the future (e.g. Physician, non-physician qualified health care professional (QHP), clinical staff, etc)?**

**Does this require a new CPT code or is it currently covered by an existing code?**

Yes

No

**If yes. Explain what code is currently being used for reporting.**

**Describe the obstacles you are encountering as your service is adopted into clinical practice.**

**Detail any work undertaken with medical specialties (eg, meetings with physician leaders, work on coding changes in CPT/HCPCS).**

**Describe why you wish to present to DMPAG and expected outcomes (eg, advice on correct coding, clinical feedback on a technology.)**