



233 N. Michigan Ave., 21st Fl.  
Chicago, IL 60601

phone » (312) 233-1100  
fax » (312) 233-1090  
web » www.ahima.org

September 30, 2020

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: **CMS-1734-P**  
PO Box 8016  
Baltimore, Maryland 21244-1850

RE: Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2021; Proposed Rule (CMS-1734-P)

Dear Administrator Verma:

On behalf of the American Health Information Management Association (AHIMA), thank you for the opportunity to provide comments on the proposed changes to the Payment Policies Under the Physician Fee Schedule for Calendar Year (CY) 2021, as published in the August 17, 2020 *Federal Register* (CMS-1734-P).

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Our comments and recommendations on selected sections of the Physician Fee Schedule proposed rule are below.

## **II. Provisions of the Proposed Rule for the PFS (85FR50076)**

### **II-D-1(c) –Telehealth and Other Services Involving Communications Technology: Proposed Temporary Addition of a Category 3 Basis for Adding to or Deleting Services From the Medicare Telehealth Services List (85FR50098)**

Seema Verma

**CMS-1734-P – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2021**

Page 2

In response to the COVID-19 public health emergency (PHE), CMS removed the rulemaking requirement for adding or deleting services on the Medicare telehealth services list. We recommend that the rulemaking requirement be eliminated permanently so that CMS can continue to consider the addition of services on a subregulatory basis as they are recommended by the public or identified internally.

We agree that it would be disruptive to both clinical practice and beneficiary access to abruptly eliminate Medicare payment for telehealth services as soon as the PHE ends without first providing an opportunity to use information developed during the PHE to support requests for permanent changes to the Medicare telehealth services list. We support CMS' proposal to create a third category of criteria for adding services to the Medicare telehealth services list on a temporary basis.

**II-D-2 –Telehealth and Other Services Involving Communications Technology: Technical Refinement to the Medicare Telehealth Services List To Reflect Current Coding** (85FR50110)

AHIMA supports the proposed technical coding changes to the Medicare telehealth services list to reflect CY 2020 CPT code changes.

We also agree with amending CMS' regulations to stipulate that when new codes are issued to replace codes that describe the same clinical services that are currently on the Medicare telehealth services list, the new codes will be considered to be successor codes to those that are already on this list, and the list will be updated accordingly.

**II-D-4 –Telehealth and Other Services Involving Communications Technology: Proposed Technical Amendment to Remove References to Specific Technology** (85FR50112)

We support CMS' proposed regulatory amendment that would remove language specifying that “[t]elephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.” We agree that the reference to “telephones” might cause confusion. Deleting this language removes outdated references to specific types of technologies, and technology requirements for an interactive telecommunication system that may be used to furnish a Medicare telehealth service are adequately described in other regulatory text.

**II-D-5 –Telehealth and Other Services Involving Communications Technology: Communication Technology-Based Services (CTBS)** (85FR50112)

We agree that beneficiary consent is necessary for communication technology-based services and that it is appropriate for this consent to be documented by auxiliary staff under general supervision, as well as by the billing practitioner.

**II-D-6 –Telehealth and Other Services Involving Communications Technology: Comment Solicitation on Continuation of Payment for Audio-only Visits** (85FR50113)

Seema Verma

**CMS-1734-P – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2021**

Page 3

We believe there will continue to be a need for audio-only interactions to determine the necessity of an in-person visit. We recommend that CMS develop a permanent coding and payment policy for a service similar to a virtual check-in but for a longer unit of time.

**IV. Quality Payment Program (85FR50275)**

**Promoting Interoperability Performance Category Performance Period**

AHIMA supports the 90-day reporting period for CY 2022 for eligible clinicians for the Promoting Interoperability performance category as proposed by CMS. We agree with CMS that this performance period offers programmatic consistency and stability for eligible clinicians reporting for the Promoting Interoperability performance category. The performance period also aligns with the CY 2022 electronic health record reporting period for the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals.

**Proposed Changes to Query of Prescription Drug Monitoring Program (PDMP) under the Electronic Prescribing Objective**

AHIMA shares CMS' concern that PDMP queries are not fully integrated into existing health information systems and workflows, requiring providers to log separately into PDMP databases and manually enter the data into the certified electronic health record technology to document completion of the query. Our members are also concerned that separate sign-in to a non-integrated PDMP requires hand entry of demographic data elements to search for a specific patient, which may increase the probability of erroneously matching a patient to another individual's health information, which in turn raises patient safety concerns. For that reason, we support CMS' proposal to maintain the Query of PDMP measure as optional for the performance period in CY 2021.

**Health Information Exchange Objective: Engagement in Bi-directional Exchange Through Health Information Exchange (HIE) Alternative Measure**

AHIMA appreciates CMS' continued efforts to identify opportunities for eligible clinicians to earn credit in the Promoting Interoperability Performance Category by attesting to health information technology or interoperability activities in lieu of the reporting of specific measures. We agree with CMS that incentivizing participation in HIEs that support bi-directional exchange will contribute to a longitudinal care record for patients and will facilitate care coordination across settings. For that reason, we support CMS' proposed alternative measure under the Health Information Exchange Objective.

Availability of this optional measure will offer eligible clinicians the chance to reduce current reporting burden associated with the program while preserving the opportunity to report the two existing measures (the Support Electronic Referral Loops by Sending Health Information measure and the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure). This will particularly impact eligible clinicians who participate in HIEs

**Seema Verma**

**CMS-1734-P – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2021**

**Page 4**

that do not have the capacity to enable bi-directional exchange for every patient transition or referral made by the clinician.

### **Conclusion**

AHIMA appreciates the opportunity to comment on the CY 2021 Medicare Physician Fee Schedule proposed rule. AHIMA is committed to working with CMS and the healthcare industry to improve the quality of health information for the provision of excellent patient care, as well as for the other important purposes that this information is used.

If AHIMA can provide further information, or if there are any questions regarding this letter and its recommendations, please contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Dr. Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer