AMERICAN PSYCHIATRIC ASSOCIATION

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February 1, 2021

Elizabeth Richter
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS-1734-IFC Interim Final Rule with Comment Period for Coding and Payment of Virtual Check-in Services (Vol. 85, No. 248 FR, pages 84472-85377)

Dear Acting Administrator Richter:

The American Psychiatric Association (APA), the national medical specialty society representing over 38,800 psychiatric physicians and their patients, appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) Final Rule on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year (CY) 2021, published in the *December 28, 2020 Federal Register.*

We greatly appreciate the accommodations CMS has made during this nationwide public health emergency (PHE) through the 1135 waivers that lifted restrictions on telehealth including recognizing the value of audio-only care. CMS understood this need for an additional modality of communication and rapidly responded by working with the physician community to create a workable coding solution for telephonic (audio-only) services that captured the time and effort spent providing care such as evaluation and management (E/M) services, and psychotherapies, to Medicare beneficiaries for the length of the PHE. **APA strongly urges CMS to support permanent coverage for audio-only services, which is seen as the digital equalizer for those that lack access to broadband internet or video-enabled devices and for those who cannot utilize dual audio-video devices.**

There are a growing number of individuals suffering from mental health and substance use disorders (MH/SUD) as reflected in the increasing number of calls to crisis hotlines and increasing rates of suicide. The COVID crisis has hit the elderly especially hard due to increased social isolation. There will be lasting MH/SUD impacts long after the end of the PHE. While we appreciate the establishment of an additional virtual visit code, G2252 (*brief communication technology-based service, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion*) for patient evaluation and assessment to determine the need for an in-person visit, it does not go far enough.

Coverage of an audio-only option for routine care, which increases access to necessary care for those Medicare beneficiaries who are most vulnerable, is needed.

Many older adults and people with disabilities, lack access to video-enabled devices or struggle to use the more complex video-enabled devices even if they have them. Likewise, many in racial/ethnic and low-income communities lack access to broadband or video-enabled devices. In 2019, the Federal Communications Commission (FCC) reported that between 21.3 and 42 million Americans lack access to broadband. According to a recent APA survey, approximately 60 percent of respondents stated that between 1-25 percent of their patients cannot access care via audio/video platforms. The ability to provide care via audio-only has been instrumental in keeping patients engaged in care. In general, when patients keep their first appointment, they are more likely to keep subsequent appointments; and when patients are satisfied with treatment, they are more likely to continue with their course of therapy. Since the public health emergency and the implementation of telehealth (including audio-only care), psychiatrists have seen a significant increase in patients keeping their appointments. Research also suggests that this results in better medication compliance, fewer visits to the emergency department, fewer patient admissions to inpatient units, and fewer subsequent readmissions. The ability to communicate between patients and psychiatrists according to an individuals' own needs is crucial to eliminating artificial barriers to care. **APA urges CMS to make permanent audio-only care as an option to in-person or audio-video telehealth services for all beneficiaries with MH/SUD when there lacks a reasonable alternative and it is medically appropriate. In addition, we urge CMS to continue to pay for these services at the same rate as in-person services.**

Thank you for the opportunity to comment. Please contact Rebecca Yowell, Director of Reimbursement Policy and Quality at byowell@psych.org with any questions.

Sincerely,

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CEO and Medical Director
American Psychiatric Association