



American  
**College**  
of Allergy, Asthma  
& Immunology

<<First Name>> <<Last Name>> <<Title>>  
<<State>> Medical Association

As the size and scope of the COVID-19 Pandemic has spread, patients are expressing reluctance to come to their physician's office for fear of encountering a COVID-19 patient or are simply reluctant to leave their home out of a general fear of being exposed to a COVID-19 positive patient while in public space. These are patients who need routine follow-up for non-COVID-19 related reasons or patients who are ill with something other than COVID-19 who require medically necessary treatment.

The American College of Allergy, Asthma and Immunology and its Advocacy Council want to encourage you to take steps to ensure patients in your state receive the care they need during the COVID-19 Pandemic.

President Trump's declaration of the COVID-19 Pandemic as a "National Health Emergency" has authorized individual states to waive various rules and regulations to facilitate the delivery of care. We applaud the changes already announced, particularly opening the telehealth benefit to broader groups of physicians and patients. We ask you to advocate for additional changes to the telehealth policies that will facilitate the ability of physicians to deliver medically necessary care to their patients via telephone.

In particular, further expansion of the Medicaid and commercial insurers telehealth benefit policies will greatly enable our ability to care for our patients who need medical attention but remain in their homes to help minimize their exposure to the corona virus.

As you know, Medicare, Medicaid and many commercial insurers require that, as a condition of payment for a telehealth visit, the patient encounter occur using "an interactive telecommunications system." It will not be easy for physicians who do not

currently have these systems in place to acquire them quickly.

Medicare<sup>1</sup> and most insurers define an “interactive telecommunications system” as “multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. In addition, Medicare and most payers do not include “telephones”, in the definition of interactive telecommunication systems.

**We are writing to urge you to advocate to waive the prohibition on the use of a telephone visit for purposes of a telehealth patient encounter to Medicaid and commercial insurers in your state.**

CMS published Medicaid FAQs where a question about Medicaid and telehealth is stated. It declares that ***states have the flexibility to include telephonic communication under their telehealth benefits.*** It is up to individual states to determine whether they wish to include telephone visits under their telehealth benefit. State do NOT need a waiver, nor do they need to submit a State Plan Amendment (SPA) in order to allow for telephone visits to be covered under their telehealth benefit.

States have broad flexibility to cover telehealth through Medicaid, including the methods of communication (such as telephonic, video technology commonly available on smart phones and other devices) to use. Telehealth is important not just for people who are unable to go to the doctor, but also for when it is not advisable to go in person. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services. A SPA would be necessary to accommodate any revisions to payment methodologies to account for telehealth costs.

We note that in response to the COVID-19 Pandemic and the fears patients are expressing, some commercial insurers have already announced that they would include telephone visits under their telehealth benefit.

For example, Blue Cross and Blue Shield of Alabama announced that, effective March

**16, they are expanding the telehealth benefit to include medically necessary services that can be appropriately delivered via telephone consultation.**

This new Alabama BCBS benefit is available for a limited time and is applicable for patients who wish to receive their care remotely and limit their exposure. They have determined that telehealth is appropriate for visits for either low complexity, routine or ongoing evaluation and management and will include established-patient evaluation and management codes up to a level 3 (CPT Codes 99211, 99212 and 99213).

We've asked CMS to temporarily waive the prohibition on a telephone visit qualifying as a telehealth visit under the Medicare telehealth benefit. We're asking you to encourage your state Medicaid officials and commercial insurers to do the same.

Ensuring patients have easy access to qualified medical professionals during this time of quarantines - and local, state and federal government recommendations to avoid public spaces - makes this change even more urgent.

Your timely consideration of this request is appreciated.

Sincerely,

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