



American
College
of Allergy, Asthma
& Immunology



**ADVOCACY
COUNCIL**

of the American College of
Allergy, Asthma & Immunology

March 16, 2020

The Honorable Alex Azar
Secretary of Health and Human Services
200 Independent Avenue, SE
Washington, DC 20510
(Delivered Electronically)

Dear Secretary Azar:

On behalf of the American College of Allergy, Asthma and Immunology, we want to commend you for the steps you are taking to protect the American people from the COVID-19 Pandemic.

As the size and scope of the pandemic has spread, more and more 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 President's declaration of the COVID-19 Pandemic as a "National Health Emergency" has authorized you to waive various rules and regulations to facilitate the delivery of care. We applaud the changes you have already announced, particularly opening the telehealth benefit to broader groups of physicians and patients and hope you will consider additional changes that will facilitate the ability of physicians to deliver medically necessary care to their patients.

In particular, we hope you will consider further expansion of the Medicare and Medicaid telehealth benefit and encourage commercial insurers to make similar expansions.

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.

Medicare¹ 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 consider waiving the prohibition on the use of a telephone visit for purposes of a telehealth patient encounter found in 42 CFR 410.78a(3).

¹ 42 CFR 410.78a(3)



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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 today, 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 believe CMS should temporarily waive the prohibition on a telephone visit qualifying as a telehealth visit under the Medicare telehealth benefit and encourage 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,

J. Allen Meadows, MD, FAAAAI
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