

September 9, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: The Future of Remote Physiologic Monitoring and Current Medicare Cuts

Dear Administrator Brooks-LaSure,

We thank the Centers for Medicare and Medicaid Services (CMS) for its leadership in creating access to life-saving care by introducing and continuing to cover for remote physiologic monitoring (RPM) in Medicare. Since the inception of these codes, RPM has expanded [more than 19-fold](#), given strong clinical outcomes and many Medicare beneficiaries in need of interventions to prevent unnecessary and costly emergency department and hospitalization episodes. **We call attention to the need for stronger CMS support of patient access to remote monitoring services that are vital in prevention and treatment for Medicare beneficiaries.**

Many primary care providers, cardiologists, and others [utilize RPM](#) for patients with chronic conditions like hypertension, diabetes, and heart disease, which are common and costly in the Medicare population. Complications from diabetes cost [over \\$37 billion](#) among Medicare beneficiaries. Hypertension can cost about [\\$198 billion](#), including the cost of health care services, medications to treat high blood pressure, and loss of productivity from premature death. For the estimated [21.4 million Medicare beneficiaries](#) with at least two or more chronic conditions, RPM can be a cost saver for this population.

In the Calendar Year (CY) 2025 Medicare Physician Fee Schedule proposal, RPM code reimbursement has decreased as much as nine percent. Cumulatively, some codes been cut more than 30 percent since just 2021. While we recognize these changes are not an active policy decision, we request CMS leadership act to mitigate the harmful effect of these changes on Medicare beneficiary access.

A prime example of a way CMS can be supportive is to better capture the costs associated with offering RPM and similar services. For example, as noted by CMS in the rulemaking, technologies that rely on software, licensing, and analysis fees, with minimal costs in equipment and hardware are not well accounted for in CMS' practice expense (PE) methodology. CMS should also support improvements made to CPT remote monitoring codes by the CPT Editorial Panel and update Medicare's approach to valuation of treatment management associated with this care to account for the complexity of the patients being managed using these tools.

Thank you for your consideration of this request. Please feel free to reach out to any signer of this letter for additional information and context.

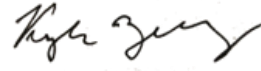
Sincerely,



Brian Scarpelli
Executive Director
Connected Health Initiative



Chris Adamec
Executive Director
Alliance for Connected Care



Kyle Zebley
Executive Director
ATA Action