

## **Request to Include a Request for Information on Long-Term, Continuous ECG Monitoring Devices in CY2022 Physician Fee Schedule (RIN 0938-AU42)**

CMS and its contractors are looking at appropriately valuing digital health solutions enabled by artificial intelligence, including reimbursement rates applicable to the new Category I CPT Codes for long-term continuous ECG monitoring (CPT Codes 93241, 93243, 93245, 93247). We know that it may take some time to come up with a long-term approach to the evaluation of services comprising AI. However, in the near-term we believe Medicare can and should adopt a national approach to valuation of the long-term continuous ECG monitoring codes.

**To help inform the determination of an appropriate rate, CMS should include a request for comments in the upcoming Calendar Year 2022 (CY2022) Physician Fee Schedule (PFS) Proposed Rule to gather important stakeholder comment and insight on this issue.**

As you may know, in 2020, the American Medical Association/Specialty Society RVS Update Committee (AMA RUC) recommended relative values and practice expense inputs for these services. The RUC values and inputs were supported not only by the AMA, but also by the American College of Cardiology (ACC) and the Heart Rhythm Society (HRS) -- the two largest organizations representing specialty providers of cardiology services.

In the CY2021 PFS Proposed Rule, CMS proposed values and practice expense inputs that were consistent with the RUC-recommended values, but ultimately decided in its December 2020 CY2021 PFS Final Rule to delegate to the MACs rate-setting for these services on an interim basis until more data could be submitted to CMS on the relevant pricing inputs for the long-term continuous ECG monitoring services.

The inclusion of a request for comments in the upcoming PFS will provide an opportunity for CMS to learn more from and gain data and evidence from credible stakeholders about the associated input costs for these codes, the nuances of different long-term continuous monitoring devices included in this category of codes, and how this life-saving technology provides the best possible care to all Medicare patients while also reducing the total cost of care. It would also provide CMS with the information needed to set an appropriate national rate for these services.