The Honorable Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Subject: 2024 Proposed Physician Fee Schedule [CMS-1784-P]

Dear Administrator Brooks-LaSure,

MedBridge is a leading digital care organization leveraged by over 345,000 medical professionals across a variety of healthcare specialties, including physical therapy, occupational therapy, and nursing. We serve a variety of outpatient rehabilitation settings including private practice, CORF, ORF, hospitals, health systems, and other post-acute settings nationwide, and our clients include 9 out of the top 10 physical therapy private practice organizations, and 9 out of the top 10 health systems in the US.

MedBridge urges CMS not to finalize the proposed requirement of 16 days of monitoring before 98980 or 98981 are billed.

MedBridge supports CMS' goal of reducing the administrative burden and complexity of providing RTM services as discussed in the 2023 Physician fee schedule and advanced in that rule by decoupling 98980 and 98981 from 98975 and 98977. We believe that by reducing the complexity of the codes, CMS can help reduce one of the main barriers to provider adoption for this new monitoring service. We support changes that would increase provider confidence in the adoption of these codes such as expanding to additional systems or streamlining requirements, which may help smaller organizations to adopt them and provide additional services to more patients, easing barriers for patients to access these services. We ask for CMS to support providers and continue to simplify the usage of RTM to promote the higher quality of care that it offers.

MedBridge would not support a separate device code for FDA vs non-FDA approved devices as discussed in the 2024 Proposed rule.

The benefit of dividing the code is unclear to us since the current reimbursement of RTM codes is not tied to the device itself, and more dependent on the monitoring of data by the qualified healthcare professional and the presence of transmitted data over a period of days. Since both FDA and non-FDA approved devices are permitted to be provided as a device for remote therapeutic monitoring and evidence has not

been gathered that indicates non-approved devices that meet the FDA definition of device are less effective at providing monitoring services than an FDA approved device, we would suggest that such large changes and their inevitable changes to requirements will delay the analysis and publication of efficacy data by requiring provider behavior change and retraining to provide services that adhere to the requirements. This change would add cost, limit innovation and create new challenges to implement by increasing confusion over what is and is not an allowed device.

MedBridge applauds CMS for their willingness to continue to develop remote therapeutic monitoring and provide additional flexibility to physical therapy providers in private practice around supervision.

- We recognize CMS is supporting the development and adoption of remote therapeutic monitoring by proposing to ease requirements around the supervision of physical therapy assistants, a long-standing issue that providers in private practice have requested relief from.
- We also recognize that CMS is resolving payment issues affecting institutional providers billing RTM, an issue that we have engaged on due to the impact on the billing of our client partners and that we have discussed with the APTA.

We thank CMS for their continued engagement with physical therapy, occupational therapy, physicians and other healthcare professionals providing RTM services to patients. Should you have any questions about these comments, please contact Joseph Brence, Head of Clinical Strategy at MedBridge (joseph.brence@medbridge.com). MedBridge will continue to engage and share our expertise on digital health and patient monitoring with CMS and other regulators to advocate for patient access to these new digital care interventions.