PHYSICAL ACTIVITY ALLIANCE

MOVE WITH US

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Docket No. CMS-1734-P

Dear Administrator Verma:

On behalf of the Physical Activity Alliance and our member organizations we appreciate this opportunity to submit comments on the Centers for Medicare and Medicaid Services' (CMS) proposed rule, Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2021.

We are particularly interested in the sections regarding digitally stored data services, remote physiologic monitoring (RPM), and treatment management services. Being physically active is one of the most important lifestyle behaviors people can engage in to maintain physical and mental health and well-being.[1] Regular physical activity (PA) is both health-promoting and important for disease treatment and prevention with numerous benefits that contribute to a disability-free lifespan.[2] It also contributes to social connectedness, quality of life, and environmental sustainability.[3] Currently in the US, only 26 percent of men, 19 percent of women, and 20 percent of adolescents report sufficient activity to meet the relevant aerobic and muscle-strengthening PA guidelines.[1] Even so, current population PA levels avert 3.9 million premature deaths globally and 140,200 premature deaths in the US on an annual basis.[4] Healthy adults who are the least physically fit have a mortality risk that is 4.5 times higher than the most fit (measured in quintiles) and the largest gains in mortality benefit are achieved moving from a completely sedentary lifestyle to a level of activity in the 1 MET-6 MET range (low-moderate activity).[5,6] Some studies have shown that cardiorespiratory fitness can be a very important predictor of mortality even compared with other established risk factors such as smoking, high blood pressure high cholesterol, and diabetes.[1,2,7,8,9] A meta-analysis of 33 studies, including more than 100,000 subjects showed that each one MET increase in aerobic capacity equated to a 13% decrease in all-cause mortality and a 15% decrease in cardiovascular events.[10] Additionally, being physical fit as a child or adolescent can lead to a 12% reduction in the likelihood of developing CVD in adulthood and a 15% reduced risk of CVD death.[11] Physical activity also reduces the risk of breast, colon, and endometrial cancers.[12]

The Physical Activity Alliance is concerned that CMS' application of "physiological data" for the purposes of reimbursing for RPM technologies is both limited and ambiguous. All five of the generic CPT® RPM codes refer to physiologic data and provide specific examples such as weight, blood pressure, pulse oximetry, respiratory flow rate, glucose monitoring, and ECG. But these are provided only by way of example and are not a definitive list. For example, it is unclear whether mobile apps that measure activity levels would be considered "physiological parameters."

Physical activity has become a measurable parameter in recent years for determining a patient's clinical status in, particularly in the chronic disease rehabilitation space. Notably, remote applications are being used to measure stroke patients' dexterity and motor skills, as well as to measure heart failure and peripheral artery disease patients' cardiorespiratory fitness via the "Six-Minute Walk Test."[13,14] Such measurements of physical activity have become clinically valid. For example, certain scientifically validated algorithms based on heart rate calculate the health impact of physical activity and produce valuable clinical data that should be reimbursable. To that point, the American Medical Association's CPT® Editorial Board is currently considering CPT® codes that allow for remote monitoring of non-physiological data.[15] Therefore, because remote measurements of physical activity can be used to determine a patient's clinical status, CMS should consider revising its CPT® RPM codes to allow reimbursement for remote monitoring of some non-physiological data. The Physical Activity Alliance believes CMS' requirement that an RPM technology must digitally upload physiological data in order to be reimbursed is limiting and discriminatory against technologies that upload non-physiological data that are otherwise very valid and impactful in the clinical arena. Moreover, to grasp a comprehensive analysis of a patient's health and coordinate an optimal care plan, an effective RPM strategy must monitor a patient's daily lifestyle over time. These data can help determine how patient health evolves, enabling clinicians to assess how variables, such as minutes of physical activity per day, sitting time, exercise sessions and additional activities impact the effects of medications, physiological measurements, and other clinical markers of interest.

Thank you for the opportunity to provide comments and please reach out to Laurie Whitsel, Ph.D. (laurie.whitsel@heart.org) if we can provide any further information.

Sincerely,



Monte Ward
President – Physical Activity Alliance

References:

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