

March 23, 2020

Administrator Seema Verma  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services,  
200 Independence Avenue SW  
Washington, DC 20201

Dear Administrator Verma,

As you continue work on providing administrative changes to address the provision of health care during the COVID-19 emergency, we would like to bring to your attention an area that has not yet been addressed by your agency. The Centers for Medicare and Medicaid Services (CMS) has made great strides in relaxing rules regarding payment for telehealth services during the COVID-19 emergency, and the draft CARES Act continues that work. However, an area that has not been addressed relates to the question of teaching hospitals and how to include residents in telehealth visits. The teaching physician rules are explicit regarding in person supervision for resident provision of services. We are asking for relief from some of those requirements.

Right now, family medicine and primary care are on the front lines with the public and COVID-19. In teaching institutions, family medicine residency programs are having to consider new workflows and deal with lack of faculty - some due to self-quarantine, others who may be home with sick family members, or providing childcare, or unfortunately, as things progress, perhaps sick themselves.

The teaching physician guidelines were not made to consider the situation we find ourselves in with the pandemic growing in its reach into our communities. The increase in use of telehealth during this emergency is vital, but current Medicare requirements restrict supervision of residents to in-person supervision with a teaching physician for the most part. In the case of the primary care exception, the number of teaching physicians who must be physically present is specified as is the number of residents they can supervise at one time. If those rules are not eased to allow remote supervision, we will not be able to bill for the use of residents for telehealth visits. Without some relief we have two options – continue to deploy the residents and be unable to bill Medicare for the services provided to our patients or restrict resident use of telehealth and lose a large part of our workforce unnecessarily. The former case will have a large financial impact on hospitals and physician practices; the latter is unconscionable in this emergency.

We are asking you to provide instruction to providers and the Medicare Administrative Contractors that during this crisis for billing purposes: 1) remote precepting be allowed for residents providing services under the primary care exception, 2) the primary care exception can be applied to telehealth visits, and 3) that 99204 and 99214 E&M codes be included in the primary care exception. For the latter, we have asked previously that these codes be included in the primary care exception, and the case for including them now is even stronger.

As you continue to work to address the concerns of the provider community to help provide needed care to patients during this emergency, we would appreciate your inclusion of the

unique situation of teaching hospitals and the need to address changes to the supervision of residents requirements. If you have any questions, please contact Hope Wittenberg, Director, Government Relations, at 202-986-3309 or [hwittenberg@stfm.org](mailto:hwittenberg@stfm.org).

Sincerely,



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