



Digital health adoption: Addressing key barriers

PRESENTED BY

Lori Prestesater
Ezequiel Silva III, MD
Kenyetta Jackson, MPH

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Our Presenters



Lori Prestesater

Senior Vice President, Health Solutions
American Medical Association



Ezequiel Silva III, MD

Chair
**AMA/Specialty Society Relative Value
Scale Update Committee (RUC)**



Kenyetta Jackson, MPH

Health Equity Director, Health Solutions
American Medical Association

Agenda

- ✓ The AMA and innovation
- ✓ CPT®: The language of medicine today
- ✓ Creating a clear pathway for integration of digital medicine technologies into clinical practice
- ✓ Supporting payment for equitable health care innovation
- ✓ Q&A

1

Represents Physicians
With a unified voice.



**POWERFUL
ALLY**

4

Drives the Future
Of innovation in
health care.

2

Leads the Charge
On confronting today's
public health crises.

3

Removes Obstacles
That interfere with
patient care.

AMA: Driving the future of digital health



**AMA DIGITAL
HEALTH RESEARCH**
(2016, 2019)



**AMA DIGITAL HEALTH
PLAYBOOK SERIES**
(RPM, TELEHEALTH)



**AMA
TELEHEALTH
QUICK GUIDE**



**NATIONAL
TELEHEALTH
IMPACT SURVEYS**



**AMA TELEHEALTH
INITIATIVE**
(AMA TELEHEALTH
IMMERSION PROGRAM)



HEALTH 2047



**AMA RETURN ON
HEALTH RESEARCH
& VALUE
FRAMEWORK**



AI PRINCIPLES



**CPT® CODING &
PAYMENT
GUIDANCE**



**ENSURING EQUITY
IN INNOVATION**



**STATE & FEDERAL
ADVOCACY**



**PRIVACY
PRINCIPLES**
(PRIVACY BY DESIGN)

Making technology an asset in the delivery of healthcare, not a burden.

CPT[®]: The language of medicine today





It's time for a poll!

When you see the **poll** appear in the slide window, click on the **answer**, then click **SUBMIT**.



Level set poll: How would you describe your knowledge of the CPT[®] code set?

A Beginner

- Never attended a CPT Editorial Panel meeting
- Vaguely know what a CPT code is
- No direct knowledge of the Panel review process

B Intermediate

- May have attended one Panel meeting
- Never submitted an application, but generally understand submission criteria
- May have met with AMA CPT staff informally previously

C Expert

- Previous CPT Panel applicant
- Attended more than one Panel meeting
- In active discussions around planning for new CPT codes

Poll #1

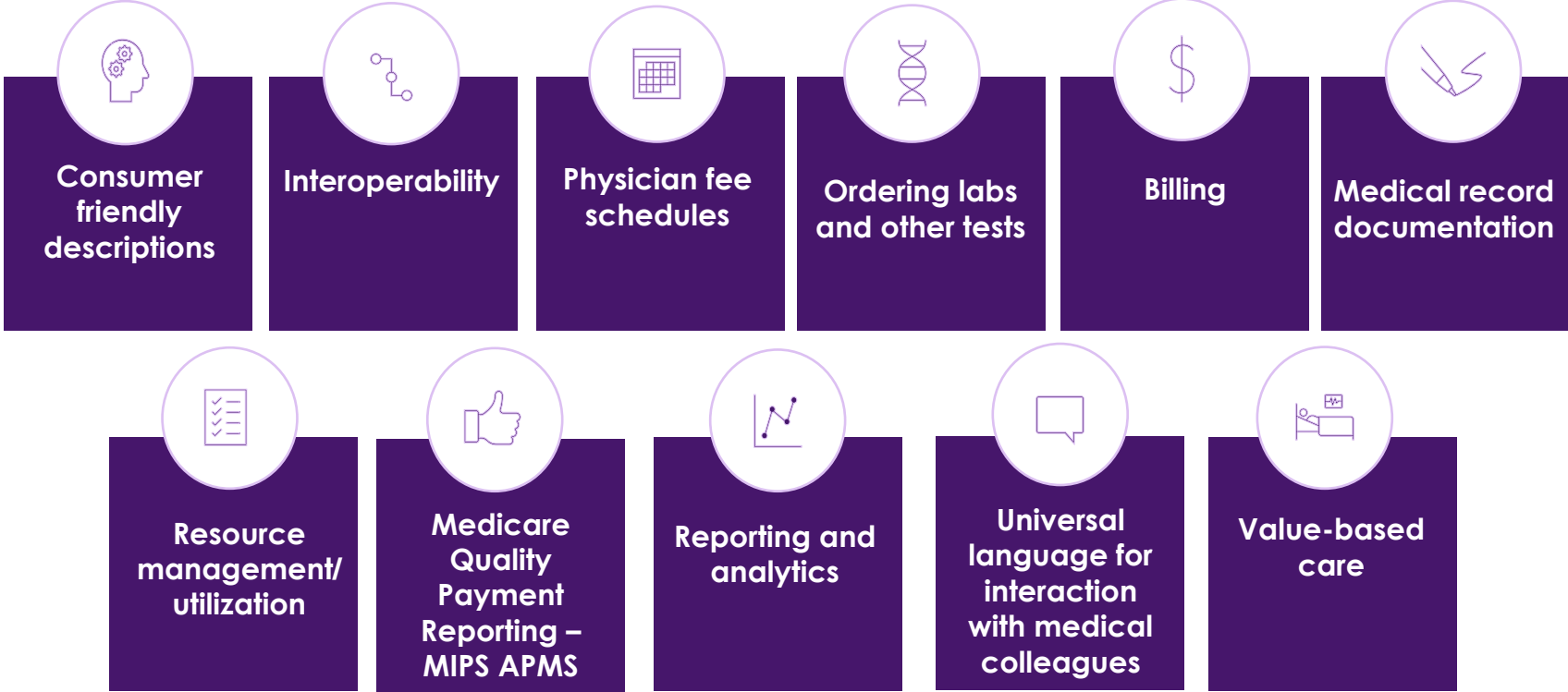
How would you describe your knowledge of the CPT[®] code set?

- Beginner
- Intermediate
- Expert

Poll #1 Results

Poll results are a function of the live webinar. Please refer to the webinar recording for a snapshot of the live poll results.

Common uses for CPT® content



CPT[®] codes are a common language

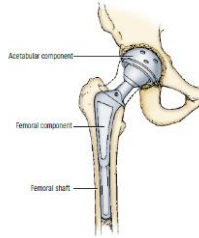
Patient says:



I got a new hip!

Patient Sees:
Consumer Descriptors
27130 Replacement of thigh
bone and hip joint with
prosthesis

CPT codes see:



Total Hip Replacement
27130

The femoral head is excised,
osteophytes are removed, and
acetabulum is reamed out
before replacement is inserted
in the femoral shaft.

CPT codes say:

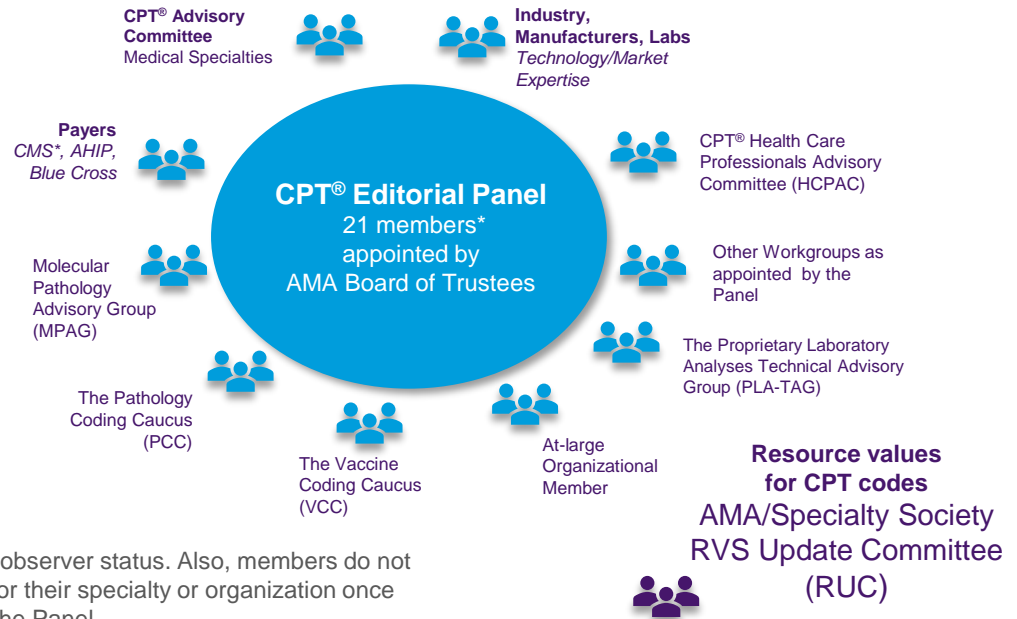
27130 Arthroplasty,
acetabular and proximal
femoral prosthetic replacement
(total hip arthroplasty), with or
without autograft or allograft

Data liquidity – Interoperability

The CPT® Editorial Panel

The CPT Editorial Panel has the sole authority to create, revise and update codes, descriptions and applicable guidelines for appropriate CPT coding.

- 3 face-to-face public meetings per year
- Emergency meetings as needed
- Thousands of volunteers
- Hundreds of participants
- Clinical expertise from all of medicine



*CMS has observer status. Also, members do not advocate for their specialty or organization once named to the Panel.

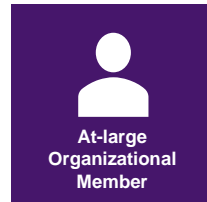
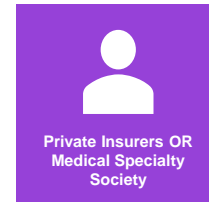
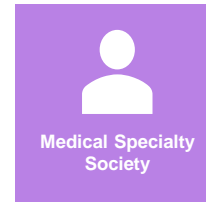
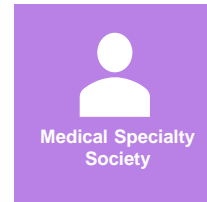
CPT® Editorial Panel—Expansion

COVID-19

- The AMA, Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC) and others have collaborated to develop the CPT COVID-19 vaccine codes now in use.
- This collaboration has advanced the CPT code set used for improved COVID-19 tracking, reporting and analysis to support data-driven planning.

Feb. 2022

- Four additional seats were added to the CPT Editorial Panel:



- The Panel supports diversity, equity, and inclusion in its members and its policies.
- Qualified candidates of all backgrounds that meet the criteria outlined for Panel membership were encouraged to apply.

Your innovation could provide better care for patients

A CPT[®] code could help.



Credibility

CPT codes are the language of medicine. Care provided by physicians is captured by CPT codes.



Coverage

Insurance companies also use CPT codes to describe what procedures are covered. Nearly \$1 trillion of health care is covered every year.



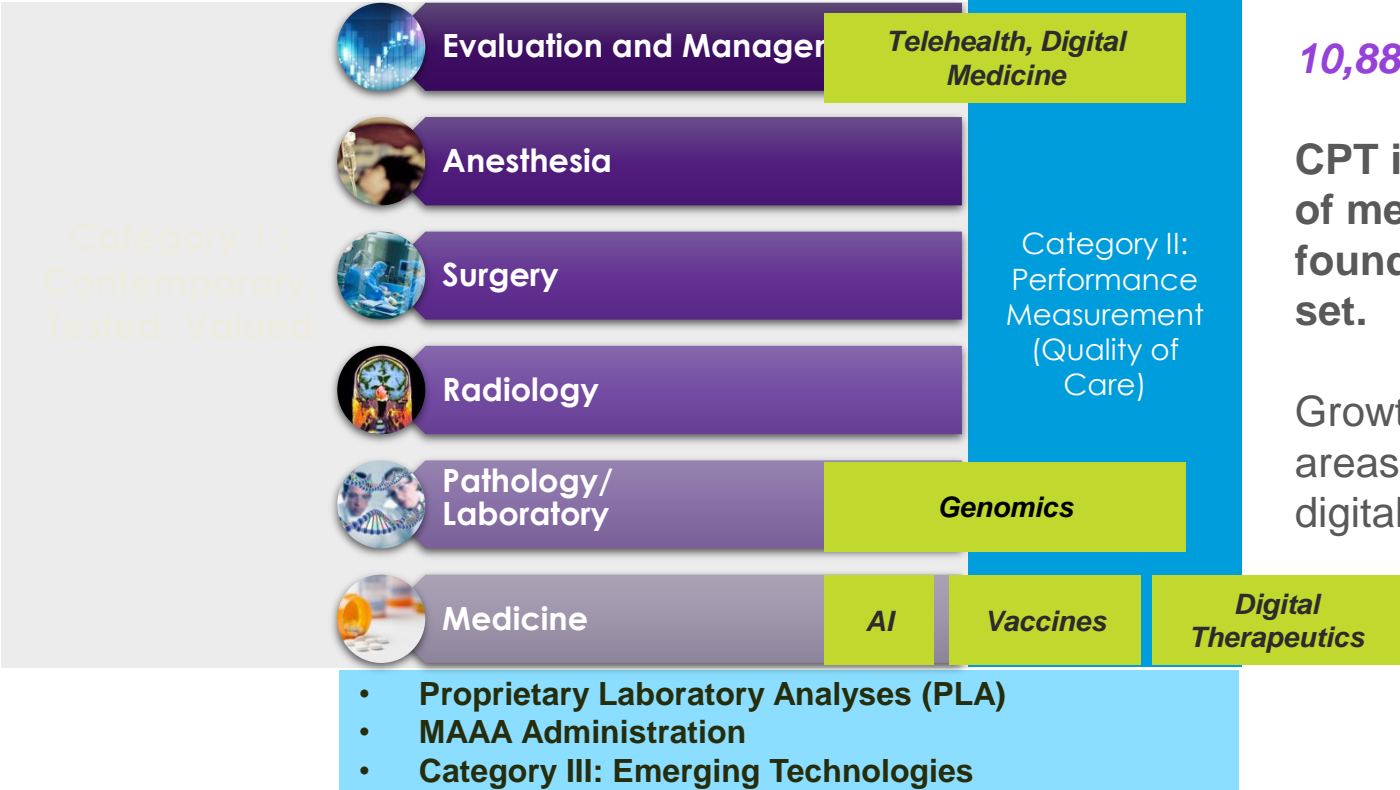
Adoption

One of the key questions that physicians ask with a new tool or procedure is whether they will be reimbursed for using it.



CPT codes are a key step on the path to reimbursement.

CPT[®] code set moves at the pace of medicine



10,882 codes in 2022

CPT is the language of medicine and a foundational code set.

Growth trend is in new areas of care and digital advances.

CPT[®] Developer Program

With the CPT code set, our focus is on making technology an asset in the delivery of health care, not a burden.

As AMA pioneers the future of medical coding and terminology, innovation is a key driver in making the health system work better for everyone.

To help developers turn amazing ideas into innovations that transform health care the AMA has created the CPT Developer Program, a new program devoted to the needs of developers with access to the AMA's best CPT content and resources.



Join the CPT® Developer Program community

- Receive regular updates
 - CPT News and CPT Quarterly
 - Educational webinars
 - Capstone series for innovators
- **NEW for developers**
 - CPT Development License (royalty-free)
 - AMA Intelligent Platform – Developer Portal
 - Developer Feedback Forums
 - CPT Developer Symposium



developer.ama-assn.org

Access the AMA Intelligent Platform

- The **new AMA Intelligent Platform** is a central hub for users to license, access and manage CPT® content.
- Licensees can access the latest CPT content in products through modern delivery options including:



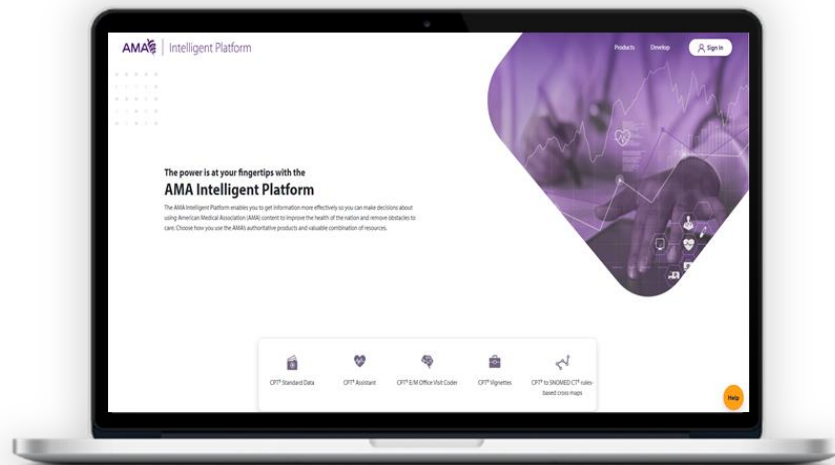
APIs



WebApps



Data Files

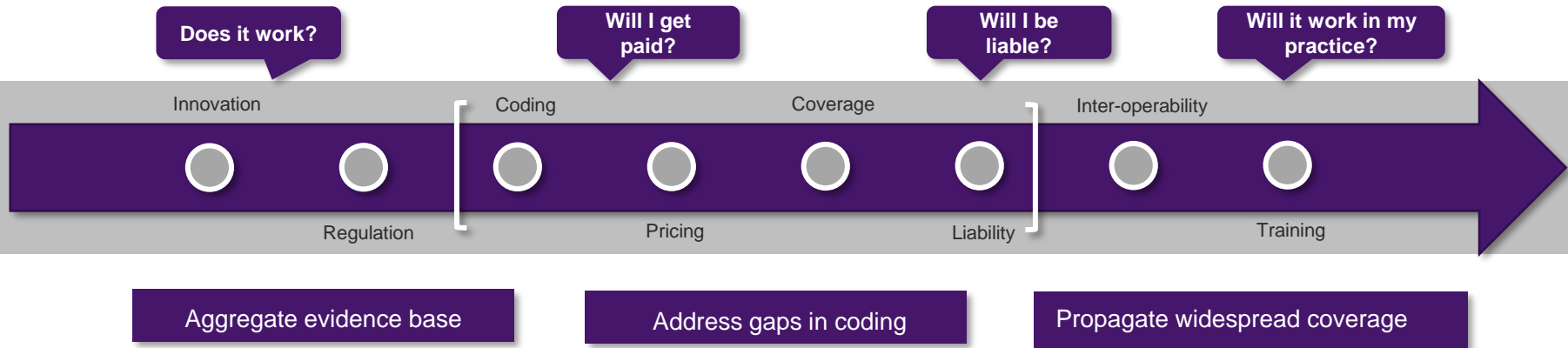


platform.ama-assn.org

Creating a clear pathway for integration of digital medicine technologies into clinical practice



CPT® focus on digital health: The AMA-convened Digital Medicine Payment Advisory Group (DMPAG)



- ✔ Remote physiologic monitoring and Internet consultation codes
- ✔ Gain broader coverage of remote monitoring services with payers like CMS
- ✔ DMPAG created use cases and consolidated evidence from hundreds of studies

15 nationally recognized advisors engages a diverse cross-section of nationally recognized experts, CPT Editorial Panel and RUC members.

DMPAG focus areas

Coding/Payment

Create a taxonomy in coding for digital health

Review face to face service definitions in the age of digital medicine

Artificial Intelligence

Development of payment pathways for AI and related services such as digital therapeutics

Advocacy

Focus on geographic and originating site digital medicine restrictions

Continued dissemination of data on effectiveness of digital medicine

CPT® coding for digital medicine: 2019–2022

Remote Physiologic Monitoring



Between 2019 and 2020, the CPT Editorial Panel created four new codes to allow physicians and other qualified healthcare professionals the ability to report **remote monitoring** of conditions not currently covered by existing CPT codes. The Panel considered the typical patient to be an individual needing management of heart failure.

99446 | 99447 | 99448 | 99449
99451 | 99452

Remote Therapeutic Monitoring



For the 2022 code set, the Panel created five new codes to report **remote therapeutic monitoring** services and **remote therapeutic monitoring treatment management** services. The Panel's goal in creating these services were two-fold:

- 1) Creating a reporting pathway for remote monitoring of “non-physiologic” parameters
- 2) Placing the codes in the general Medicine section of the CPT code set to provide greater opportunities for QHPs to report

The CPT Editorial Panel recognized a need in the digital medicine space to expand remote monitoring beyond physiological parameters to medical conditions for which non-physiological, therapeutic data—such as pain, functional status, and adherence to exercise therapy—are the key data points needed to evaluate patient status and oversee treatment.

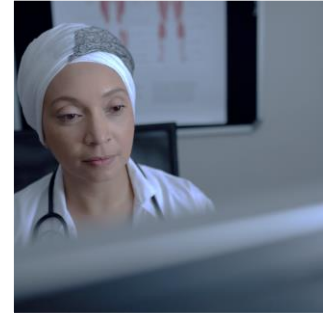
98975 | 98976 | 98977

Remote Therapeutic Monitoring Treatment Management



98980 | 98981

Pulmonary Artery Pressure Sensor Remote Monitoring



In 2019, the Panel created a new code to describe **remote monitoring of pulmonary artery pressure sensors**. This code was needed in addition to the established Remote Physiologic Monitoring codes (99457, 99458) because the typical patient for this service has congestive heart failure and requires additional time and complexity.

93264

93264

Online Digital Evaluation Service (E-Visit)



In 2020, the Panel created six new codes to describe novel digital communication tools, such as **patient portals**, that allow health care professionals to more efficiently **connect with patients** at home and exchange information.

99421 | 99422 | 99423 | 98970
98971 | 98972

CPT[®] coding for digital medicine: 2019–2022

Self-Measured Blood Pressure Monitoring



For 2020, the Panel created two new codes to better support home blood pressure monitoring that aligns with current clinical practice. While not solely digital services, the goal of these codes is to **expand reporting pathways** for physicians across the country who take care of a **diverse** set of **patients** that have varying degrees of **access** to care.

99473 | 99474

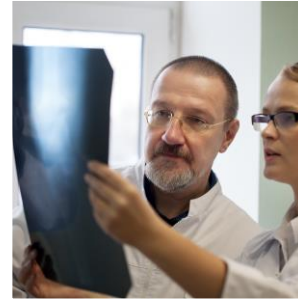
Remote Retinal Imaging



For the CY 2021 CPT code set, the Panel created a new code 92229, which describes technology that identifies diabetic retinopathy through **automated AI**, which set a foundation for the first truly automated AI service in the CPT code set.

92227 | 92228 | 92229

Remote Optical Coherence Tomography



For 2021, the Panel created several codes to report patient-initiated remote retinal OCT **utilizing AI** to analyze the patient generated data and then create a report that is reviewed by a physician/QHP.

0604T | 0605T | 0606T

Digital Taxonomy



For 2022, the Panel created a **taxonomy** that visually communicates all of the CPT codes that correspond to **digital medicine** and how the associated work is either distinct or overlaps. This new reference source will be a helpful visual for users to both better understand which codes apply to digital medicine and what coding gaps may still remain for emerging services.

AMA's DMPAG AI Workgroup

Understanding artificial intelligence in health care takes specific expertise. In 2020, DMPAG formed a sub-workgroup charged with advising the AMA regarding:

■ Identification of **existing CPT[®] conventions** for describing AI and algorithmic enabled services

■ Identification of **coding gaps** relative to foreseeable design, features and business models for AI and algorithmic enabled services

■ Assessing existing and identifying new (if appropriate) **potential framework(s) and criteria** to describe AI services

■ Considering **pathways for coverage/ payment** of safe and effective AI services

The current landscape

There are limitations in the terminology used to date to describe AI services in the CPT® code set.

There is growth in FDA-cleared software as a medical device (SaMD). SaMD is defined as software intended to be used for one or more medical purposes that perform these purposes without being part of a hardware medical device. Often the software utilizes algorithms or AI.

There is confusion about how best to describe work performed by the machine on behalf of the physician or other qualified health care professional (QHP).

AI applications in health care span a spectrum of sophistication so foundational definitions are needed to accurately describe services and procedures in a way that defines elements of differentiation between AI services.

Software as a Medical Device (SaMD)

Content current as of:

12/04/2018

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Software as a Medical Device (SaMD)

[Artificial Intelligence and
Machine Learning \(AI/ML\)-
Enabled Medical Devices](#)

[Artificial Intelligence and
Machine Learning in Software
as a Medical Device](#)


As technology continues to advance all facets of health care, software has become an important part of all products, integrated widely into digital platforms that serve both medical and non-medical purposes. Software, which on its own is a medical device – Software as a Medical Device – is one of three types of software related to medical devices. The other two types of software related to medical devices include software that is integral to a medical device (Software in a medical device) and software used in the manufacture or maintenance of a medical device.

What is Software as a Medical Device?


<https://www.fda.gov/medical-devices/digital-health-center-excellence/software-medical-device-samd>, accessed 4/8/2022

Developing a new framework


The AMA sought input from the Digital Medicine Payment Advisory Group (DMPAG) AI Workgroup.



The AI Workgroup engaged in an exercise to identify AI products on the horizon for 2025 and consider the language needed to appropriately describe these services in the CPT® code set.

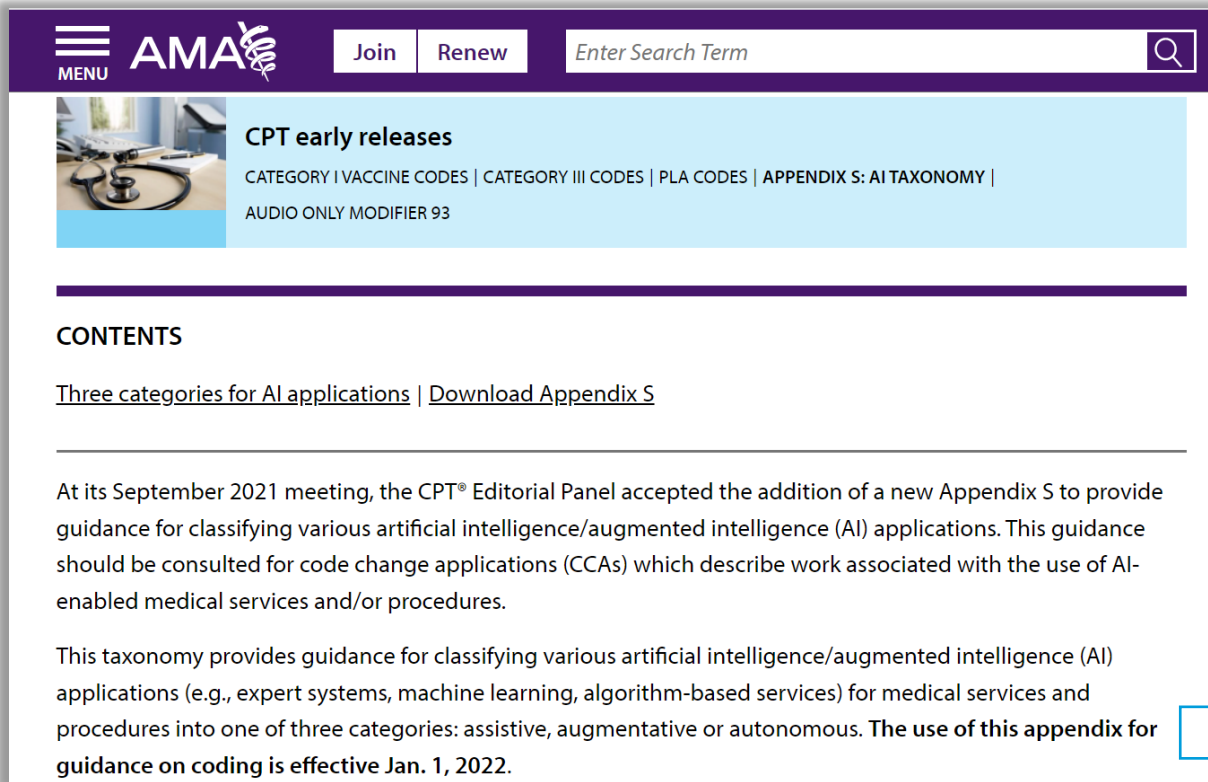


The AI Workgroup determined that an AI taxonomy may be needed that could be considered by the CPT Editorial Panel for adoption into the CPT code set as an appendix.



AI taxonomy appendix was developed by the AI Workgroup and submitted for consideration and adoption by the CPT Editorial Panel at the September 2021 meeting.

New appendix: AI taxonomy for medical services & procedures



The screenshot shows the top navigation bar of the AMA website with a purple background. It includes a 'MENU' icon, the 'AMA' logo, 'Join' and 'Renew' buttons, a search bar with the placeholder text 'Enter Search Term', and a search icon. Below the navigation bar is a light blue banner for 'CPT early releases' with a stethoscope image. The banner lists categories: 'CATEGORY I VACCINE CODES | CATEGORY III CODES | PLA CODES | APPENDIX S: AI TAXONOMY | AUDIO ONLY MODIFIER 93'. Below the banner is a 'CONTENTS' section with links for 'Three categories for AI applications' and 'Download Appendix S'. A paragraph explains that the CPT® Editorial Panel accepted a new Appendix S for AI applications, effective Jan. 1, 2022. A final paragraph states that the taxonomy provides guidance for classifying AI applications into three categories: assistive, augmentative, or autonomous. A blue box in the bottom right corner contains the URL 'ama-assn.org/cpt-ai-taxonomy'.

CPT early releases
CATEGORY I VACCINE CODES | CATEGORY III CODES | PLA CODES | APPENDIX S: AI TAXONOMY |
AUDIO ONLY MODIFIER 93

CONTENTS

[Three categories for AI applications](#) | [Download Appendix S](#)

At its September 2021 meeting, the CPT® Editorial Panel accepted the addition of a new Appendix S to provide guidance for classifying various artificial intelligence/augmented intelligence (AI) applications. This guidance should be consulted for code change applications (CCAs) which describe work associated with the use of AI-enabled medical services and/or procedures.

This taxonomy provides guidance for classifying various artificial intelligence/augmented intelligence (AI) applications (e.g., expert systems, machine learning, algorithm-based services) for medical services and procedures into one of three categories: assistive, augmentative or autonomous. **The use of this appendix for guidance on coding is effective Jan. 1, 2022.**

ama-assn.org/cpt-ai-taxonomy

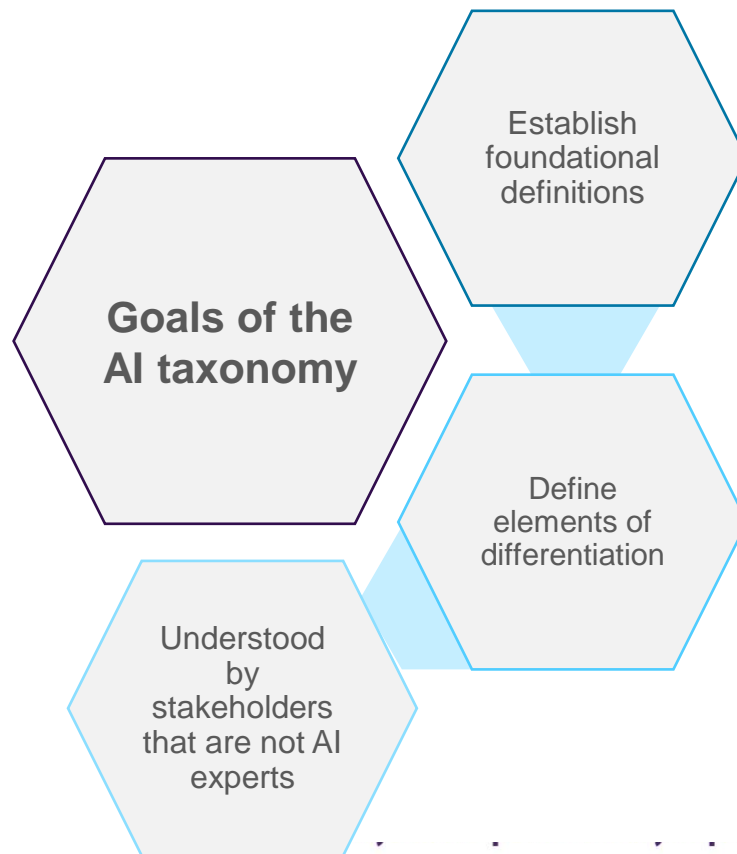
New Appendix: AI taxonomy for medical services & procedures



CPT® Appendix S: AI taxonomy for medical services & procedures

The AI Taxonomy provides and defines distinct categories to describe the work done by the machine on behalf of the physician based on:

- Technical features and performance of emerging AI products and services
- Effect on the work of the physician/QHP
- Discrete components of work in order to facilitate valuation

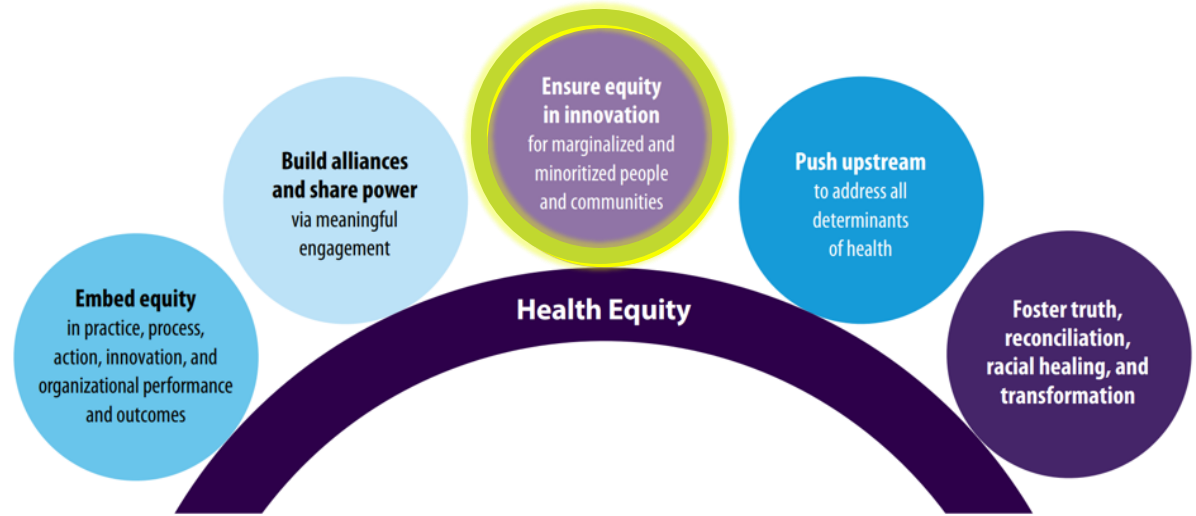
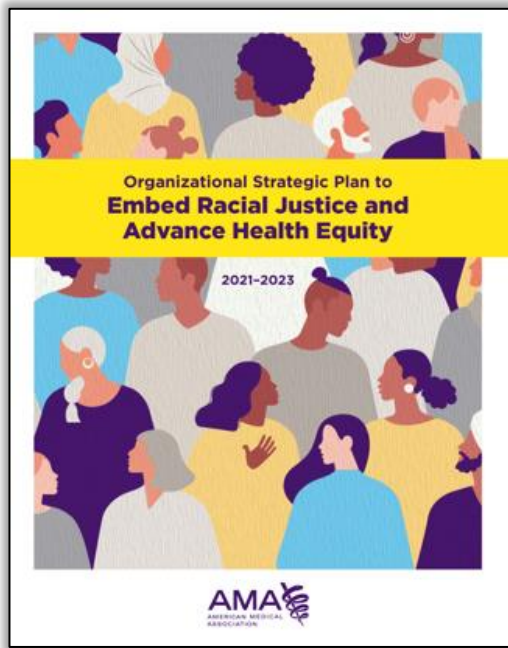


AI Taxonomy: Table

Service Components	AI Category: Assistive	AI Category: Augmentative	AI Category: Autonomous
Primary objective	Detects clinically relevant data	Analyzes and/or quantifies data in a clinically meaningful way	Interprets data and independently generates clinically meaningful conclusions
Provides independent diagnosis and/or management decision	No	No	Yes
Analyzes data	No	Yes	Yes
Requires physician or other qualified health care professional interpretation and report	Yes	Yes	No
Examples in CPT code set	Computer-Aided Detection (CAD) Imaging (77048, 77049, 77065-77067, 0042T, 0174T, 0175T)	Magnetic Resonance Spectroscopy (0612T), external analysis of imaging data sets	Retinal Imaging (92229)

Supporting payment for equitable health care innovation

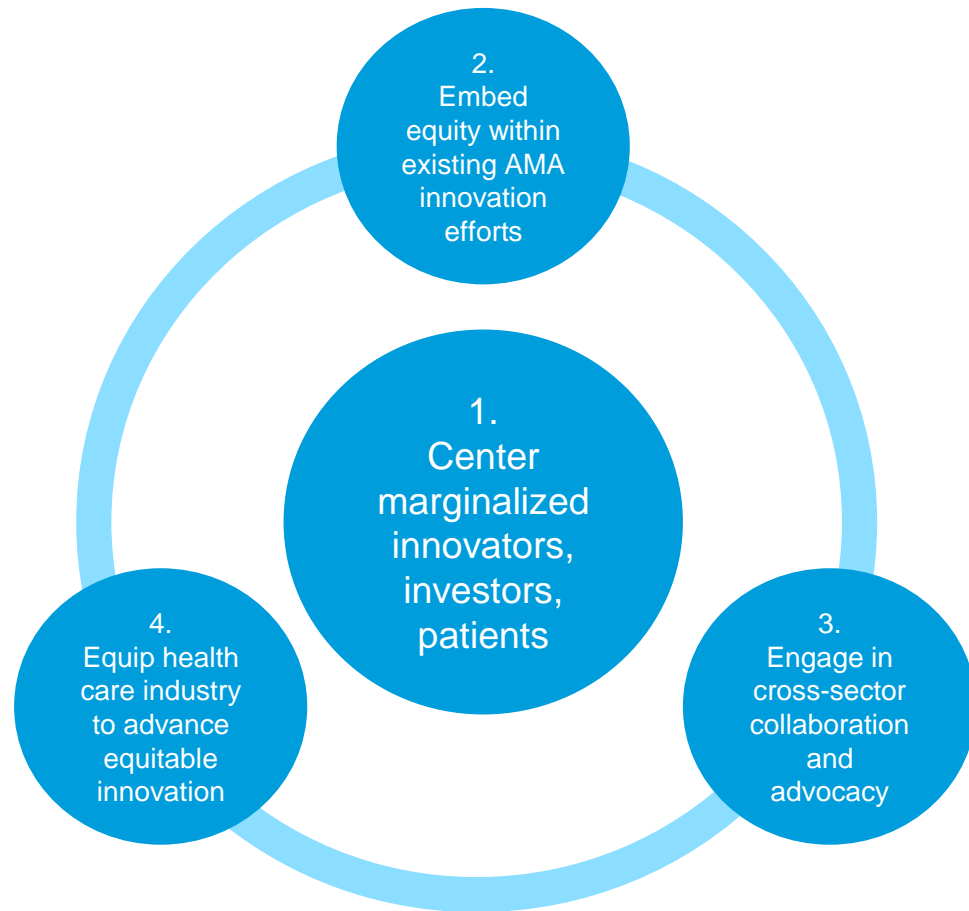




Vision for U.S. health innovation sector:

1. Prioritizes resource allocation to launch and scale solutions that are meaningfully advancing health equity
2. Race, ethnicity, sexual orientation and gender identity, ability status, and other demographics of health care investors and innovators mirror our nation, in representation and resource allocation

Ensure Equity in Innovation Approach: Four objectives



AMA policy addresses equity in telehealth

Our AMA:

Encourages telehealth solution and service providers to **implement design functionality, content, user interface, and service access best practices with and for historically minoritized and marginalized communities**, including addressing culture, language, technology accessibility, and digital literacy within these populations

Recognizes **access to broadband internet** as a social determinant of health

Encourages initiatives to **measure and strengthen digital literacy**, with an emphasis on programs designed with and for historically marginalized and minoritized populations

Supports efforts to **design telehealth technology**, including voice-activated technology, **with and for those with difficulty accessing technology**, such as older adults, individuals with vision impairment and individuals with disabilities

Encourages hospitals, health systems and health plans to **invest in initiatives aimed at designing access to care via telehealth with and for historically marginalized and minoritized communities**, including improving physician and non-physician provider diversity, offering training and technology support for equity-centered participatory design, and launching new and innovative outreach campaigns to inform and educate communities about telehealth

AMA policy addresses equity in telehealth

Our AMA:

Supports **expanding physician practice eligibility for programs that assist qualifying health care entities**, including physician practices, **in purchasing necessary services and equipment in order to provide telehealth services to augment the broadband infrastructure** for, and increase connected device use among historically marginalized, minoritized and underserved populations

Supports efforts to **ensure payers allow all contracted physicians to provide care via telehealth**

Opposes efforts by health plans to use **cost-sharing as a means to incentivize or require the use of telehealth or in-person care**, or incentivize care from a separate or preferred telehealth network over the patient's current physicians

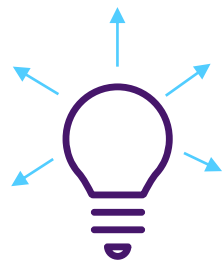
Will **advocate that physician payments should be fair and equitable**, regardless of whether the service is performed via audio-only, two-way audio-video, or in-person.

Why health equity matters in CPT®

INNOVATION

- Equity issues that impact health outcomes have been identified in innovation, such as differential access to technologies, variations in adoption and use, and algorithmic biases.
- As we seek to incorporate ways to improve the health of populations through innovation advancements, nomenclature will follow the changes.
- Issues are also a catalyst for development of innovative solutions and technologies that reduce social inequalities.
 - COVID-19 pandemic: Importance of telehealth and remote care technology
 - With emerging technologies, there are opportunities to better understand relationships between digital medicine and health equity.
 - Utilization and patient outcomes by CPT codes and demographic categories can inform medicine and partner professions.

CPT[®] Capstone: Background

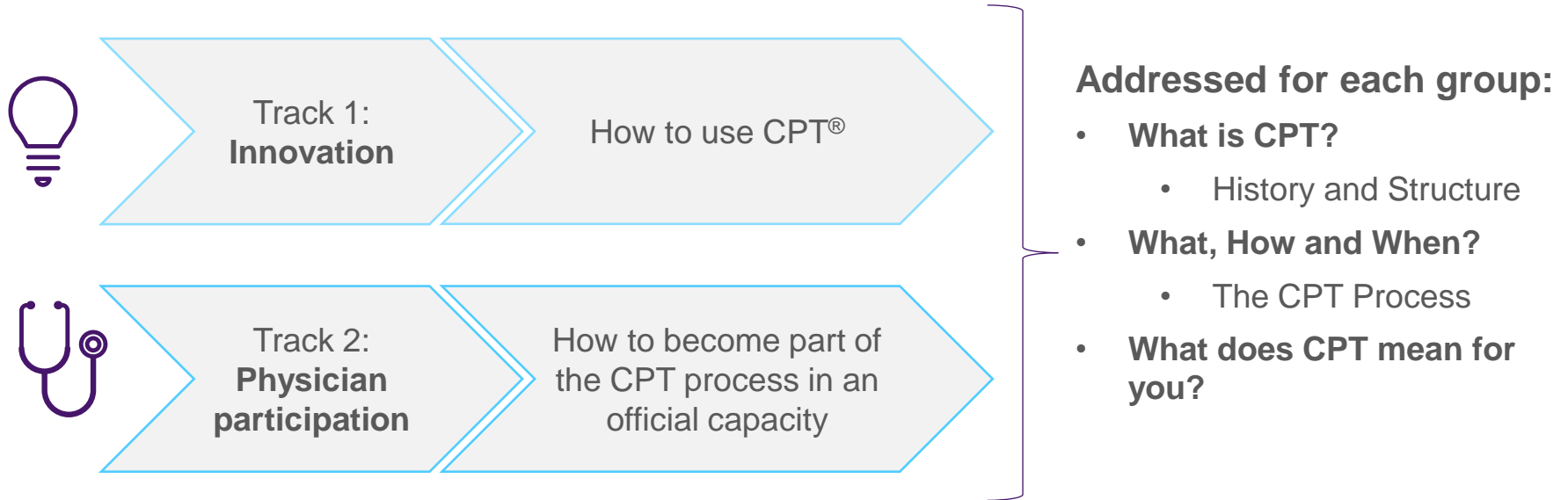


Develop a CPT-focused opportunity to provide education and create engagement with a wide variety of stakeholders

Objectives

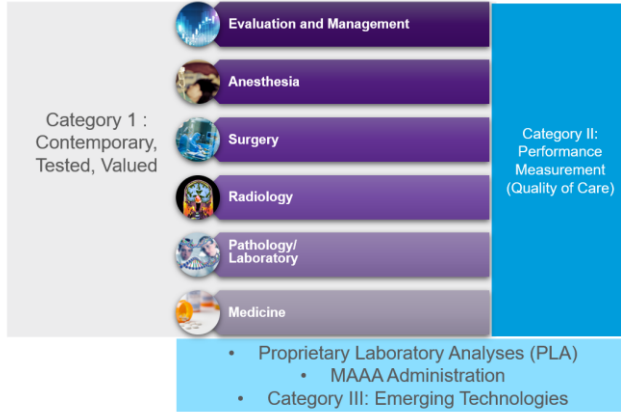
- **Cast a wider DEI net** with intent to engage new entrants to participate in CPT
- **Create compelling information** that educates on how CPT advances innovation
- **Reach and excite** new audiences that could use CPT

Initial program structure

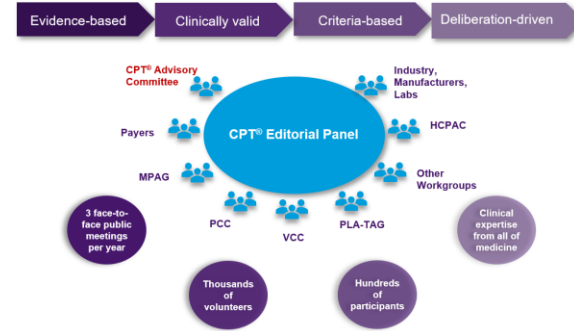


CPT® Capstone: Innovation

What is CPT?



The CPT® Editorial Panel

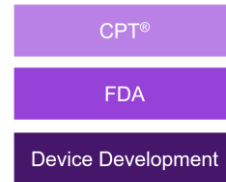


Key groups

Embracing innovation



Innovation Lifecycles



The CPT Process



Lifecycles and process

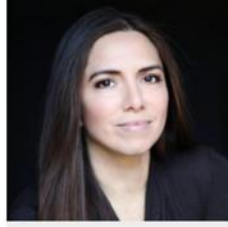
AMA Equity & Innovation External Advisory Group



Ivelyse Andino



Shantanu Nundy,
MD, MBA



Nathalie Molina Niño



Abner Mason



Sandee Kastrul



Ivor Braden Horn,
MD, MPH



Chris Gibbons, MD,
MPH



Lisa Fitzpatrick, MD,
MPA, MPH



Monique Smith, MD,
MSc



Katie Drasser



Urmimala Sarkar,
MD, MPH



Courtney D.
Cogburn, PhD



Michael Penn, MD,
PhD



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MD

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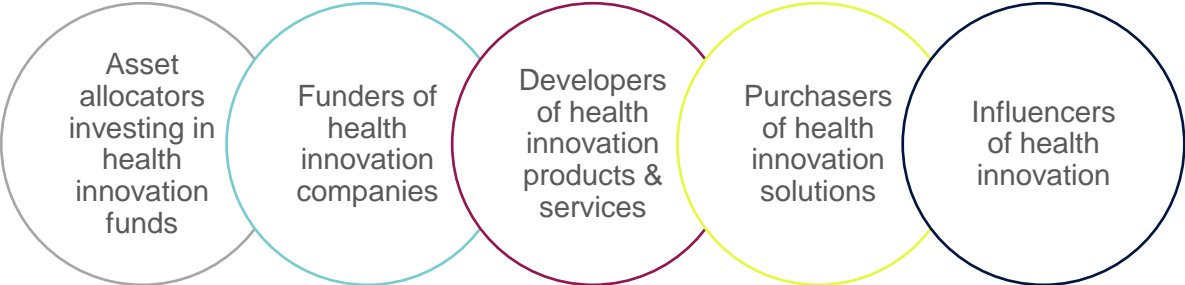
Introducing *In Full Health*



What is *In Full Health*?

The *In Full Health* initiative seeks to provide a **framework** for shared understanding and a **community** for stakeholders committed to **learning and action** to center equity within their health innovation investment, development, and purchasing efforts.

Who is invited to join the *In Full Health* Learning & Action Community?



In Full Health founding collaborators



"A Public/Private Partnership for a Healthier America"

In Full Health community support



Content & Publications

- Amplify relevant subject matter expertise, data, and case studies, demonstrating the impact of shifts in resource allocation on health equity



Conversations & Events

- Facilitate community conversations to support each other in taking meaningful action to advance equitable health innovation



Resources & Tools

- Help community members learn and identify ways to bring the Principles to life within their work and organizations



Business Case & Principles

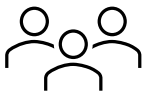
- Support shared understanding and common language around current state and drivers of inequities in health innovation and an ideal future state

Join the *In Full Health* community



CONTENT & TOOLS

Access to experts, resources, case studies and tools



EVENTS & SUPPORT

Invitations to facilitated, equity-focused conversations and events



InFullHealth.org

Questions?



The AMA and innovation



CPT®: The language of medicine today



Creating a clear pathway for integration of digital medicine technologies into clinical practice



Supporting payment for equitable health care innovation



Introducing the CPT Developer Program

Stay informed with AMA resources

The **AMA Telehealth Immersion Program** is a comprehensive curriculum of curated webinars, interactive peer-to-peer learning sessions, virtual discussions, bootcamps and resources available on demand and designed to enable practices.

ama-assn.org/telehealth-immersion

The **AMA Ed Hub™** is a unified education portal that provides a personalized experience for physicians and their care teams to keep current, increase their professional satisfaction, claim continuing education credits and continuously improve the care they provide. Enhance your understanding of AI with the **Artificial and Augmented Intelligence in Health Care** module.

amaedhub.com

Recognizing the need for physician input in new health care solutions, the AMA launched the **Physician Innovation Network (PIN)**—a digital matchmaking platform where physicians and entrepreneurs can connect and collaborate to improve digital health care solutions.

innovationmatch.ama-assn.org

The **In Full Health Learning & Action Community to Advance Equitable Health Innovation** initiative seeks to advance equitable opportunities in health innovation investment, solution development and purchasing. All those who fund, develop, purchase and influence health innovation are invited to join the *In Full Health* community to advance equitable resource allocation.

InFullHealth.org

The AMA offers a collection of more than 70 award-winning online toolkits and educational programming through its **AMA STEPS Forward® Innovation Academy** that help physicians and medical teams make transformative changes to their practices. STEPS Forward resources cover everything from managing stress and burnout to improving practice workflow.

stepsforward.org

Designed to address the needs of developers and creators of health technology and services, the **CPT® Developer Program** offers access to AMA-published content from Current Procedural Terminology (CPT) during the crucial stages of development.

developer.ama-assn.org

Next steps



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E/M 2023

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