The Honorable Seema Verma Administrator Centers for Medicare & Medicaid Services 200 Independence Avenue SW, Room 445 Washington, DC 20201

Dear Administrator Verma:

The undersigned organizations represent the hundreds of thousands of physicians who provide care for our nation's patients every day. The COVID-19 (2019 novel coronavirus) public health emergency (PHE) has placed unprecedented strain on our physician members, including ongoing threats to their financial viability due to months of lost revenue from practice closures and/or operating at reduced capacity. In July and August 2020, the American Medical Association (AMA) surveyed 3,500 physicians who provided at least 20 hours of patient care per week prior to the pandemic. A strong majority (81%) of surveyed physicians said revenue was still lower than pre-pandemic, with an average drop in revenue of 32%. Compounding the financial stress of lost revenue, practices are also incurring additional costs for heightened infection control protocols and personal protective equipment (PPE). To help address the significant fiscal pressures placed on physicians by the COVID-19 pandemic, we urge the Centers for Medicare & Medicaid Services (CMS) to immediately implement and pay for Current Procedural Terminology® (CPT) code 99072 to compensate practices for the additional supplies and new staff activities required to provide safe patient care during the PHE.

We recognize and appreciate the significant support and flexibility CMS has provided to physician practices. However, it is imperative that CMS specifically compensate physicians for the additional expenses involved in treating patients during the PHE. Practices incur significant costs in implementing the increased infection control measures required to provide safe care during the COVID-19 pandemic. These costs include additional supplies (such as cleaning products and facial masks for both staff and patients), clinical staff time for activities such as pre-visit instructions and symptom checks upon arrival, and implementation of office redesign measures to ensure social distancing. In the AMA survey referenced above, practice owners reported an average increase in PPE spending of 57% since February 2020, with 25% of owners saying that PPE expenses have risen at least 75%. Nearly all (99%) surveyed physicians have implemented infection control protocols, such as pre-visit screening phone calls, screening for COVID-19 symptoms/exposure and checking patient temperatures upon office arrival, and limiting the number of patients in the waiting room. To address the financial impact of these new protocols related to the PHE, the CPT Editorial Panel approved CPT code 99072 on September 8, 2020. According to CPT guidance, 99072 is used to report the additional supplies, materials, and clinical staff time over and above the practice expense(s) included in an office visit or other non-facility service(s) when performed during a PHE, as defined by law, due to respiratory-transmitted infectious disease.²

In its comment letter on the proposed rule for the 2021 Medicare Physician Payment Schedule, the AMA/Specialty Society RVS Update Committee (RUC) requested that CMS immediately implement and pay for CPT code 99072 to recognize the additional supplies and new staff activities required to provide safe

¹ American Medical Association. COVID-19 Physician Practice Financial Impact Survey Results. Available at: https://www.ama-assn.org/system/files/2020-10/covid-19-physician-practice-financial-impact-survey-results.pdf.

² American Medical Association. COVID-19 coding and guidance. Available at: https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance.

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care during the PHE.³ This recommendation was based on extensive research and analysis by the RUC Practice Expense During the COVID-19 Public Health Emergency Workgroup, which included responses from 50 national medical specialty societies and other health care professional organizations to a practice expense survey and more than 800 submitted invoices. The Workgroup's report, analysis, background information, and practice expense spreadsheet describing the \$6.57 in direct costs for the code are included in Attachment 05 of the RUC comment letter to CMS.

Our organizations advocate for CMS to immediately implement and pay for CPT code 99072 with no patient cost-sharing during the PHE. Payment for these additional costs should be fully funded and not be subject to budget neutrality. CMS could use remaining money from the CARES Act funding to pay physicians for these costs and/or recognize the decreased expenditures during the early months of the pandemic to waive budget neutrality. Your support will ensure that physicians receive the critical financial resources needed to maintain intensive infection control measures during the COVID-19 PHE.

If you would like to further discuss this matter, please contact Margaret Garikes, AMA's Vice President for Federal Affairs, at margaret.garikes@ama-assn.org.

Sincerely,

American Medical Association American Academy of Allergy, Asthma & Immunology American Academy of Child and Adolescent Psychiatry American Academy of Dermatology Association American Academy of Family Physicians American Academy of Hospice and Palliative Medicine American Academy of Neurology American Academy of Ophthalmology American Academy of Otolaryngic Allergy American Academy of Otolaryngology Head & Neck Surgery American Academy of Pediatrics American Academy of Physical Medicine & Rehabilitation American Academy of Sleep Medicine American Association of Clinical Endocrinology American Association of Clinical Urologists American Association of Neurological Surgeons American Association of Neuromuscular & Electrodiagnostic Medicine American Association of Orthopaedic Surgeons American College of Allergy, Asthma and Immunology American College of Cardiology American College of Chest Physicians American College of Gastroenterology American College of Medical Genetics and Genomics American College of Obstetricians and Gynecologists American College of Osteopathic Internists

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³ AMA/Specialty Society RVS Update Committee. Comment on CMS Notice of Proposed Rule Making on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year (CY) 2021. Available at: https://www.regulations.gov/document?D=CMS-2020-0088-11011.

American College of Osteopathic Surgeons
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons

American Gastroenterological Association American Geriatrics Society

American Institute of Ultrasound in Medicine American Medical Women's Association

American Society for Dermatologic Surgery Association

American Orthopaedic Foot & Ankle Society

American Osteopathic Association

American Psychiatric Association

American Rhinologic Society

American Society for Aesthetic Plastic Surgery

American Society for Clinical Pathology

American Society for Gastrointestinal Endoscopy

American Society for Laser Medicine and Surgery

American Society for Metabolic and Bariatric Surgery

American Society for Radiation Oncology

American Society for Surgery of the Hand

American Society of Anesthesiologists

American Society of Cataract & Refractive Surgery

American Society of Echocardiography

American Society of General Surgeons

American Society of Hematology

American Society of Neuroradiology

American Society of Plastic Surgeons

American Society of Regional Anesthesia and Pain Medicine

American Society of Retina Specialists

American Thoracic Society

American Urogynecologic Society

American Urological Association

American Vein & Lymphatic Society

Association for Clinical Oncology

Congress of Neurological Surgeons

Endocrine Society

Heart Rhythm Society

Infectious Diseases Society of America

International Society for the Advancement of Spine Surgery

Medical Group Management Association

National Association of Medical Examiners

Renal Physicians Association

Society for Vascular Surgery

Society of Cardiovascular Computed Tomography

Society of Gynecologic Oncology

Society of Interventional Radiology

Spine Intervention Society

The Society for Cardiovascular Angiography and Interventions The Society of Thoracic Surgeons

Medical Association of the State of Alabama Alaska State Medical Association Arizona Medical Association Arkansas Medical Society California Medical Association Colorado Medical Society Connecticut State Medical Society Medical Society of Delaware Medical Society of the District of Columbia Florida Medical Association Inc Medical Association of Georgia Hawaii Medical Association Idaho Medical Association Illinois State Medical Society Indiana State Medical Association Iowa Medical Society Kansas Medical Society Kentucky Medical Association Louisiana State Medical Society Maine Medical Association MedChi, The Maryland State Medical Society Massachusetts Medical Society Michigan State Medical Society Minnesota Medical Association Mississippi State Medical Association Missouri State Medical Association Montana Medical Association Nebraska Medical Association Nevada State Medical Association New Hampshire Medical Society Medical Society of New Jersey New Mexico Medical Society Medical Society of the State of New York North Carolina Medical Society North Dakota Medical Association Ohio State Medical Association Oklahoma State Medical Association Oregon Medical Association Pennsylvania Medical Society Rhode Island Medical Society South Carolina Medical Association South Dakota State Medical Association Tennessee Medical Association Texas Medical Association **Utah Medical Association**

Vermont Medical Society

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> Medical Society of Virginia Washington State Medical Association West Virginia State Medical Association Wisconsin Medical Society Wyoming Medical Society