

November 10, 2020

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.¹ 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%.¹ 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>.

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

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