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December 23, 2020

The Honorable Seema Verma
Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health
Emergency (CMS-9912-IFC)

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide comments to the Centers for Medicare & Medicaid Services (CMS) regarding the Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency Interim Final Rule with Comment (IFC). The AMA continues to support the Administration's commitment to ensure every American has timely access to a COVID-19 vaccine without any out-of-pocket expenses. In response to the urgent need to establish coding and payment for these vaccines, the CPT Editorial Panel and AMA/Specialty Society RVS Update Committee (RUC) convened special meetings to create and value four codes to describe immunization administration of the first and second doses of the Pfizer-BioNTech and Moderna COVID-19 vaccines. **The AMA urges CMS to adopt the RUC recommended values for the four new immunization administration codes. In addition, the AMA continues to call on CMS to immediately implement and pay for CPT code 99072 to compensate practices for the additional supplies and new staff activities required to safely administer the vaccines and provide in-person care during the public health emergency (PHE).**

At the same time as the agency issued the IFC, CMS published interim final payment amounts for the first and second doses of the Pfizer-BioNTech and Moderna COVID-19 vaccines. CMS would pay a geographically adjusted \$16.94 for the first dose and \$28.39 for the second dose. **The AMA urges CMS to withdraw these interim final payment rates and adopt the RUC-recommended values, which are based on an extensive and thorough review of the necessary physician work and practice expense to administer these COVID-19 vaccines.**

The AMA disagrees with CMS that payment for the first dose should be lower than the second dose. The CPT Editorial Panel established unique codes for each vaccine and each dose in collaboration with CMS and the Centers for Disease Control and Prevention to track, analyze, and support this significant immunization campaign. However, total physician work resources for the first dose should be equivalent to the second dose to account for the possibility that a patient may not return to the same physician or even the same physician group for the second dose administration. Additionally, data from the Phase III clinical trials involving these two mRNA COVID-19 vaccines indicate that patients receiving the second dose are more likely to experience adverse effects and the physician involvement addressing such questions are the same for both doses. **The AMA strongly supports the RUC recommendations to pay for both doses based on the physician work and practice expense involved in administering these multi-dose vaccines.**

In addition, physician practices incur significant costs in implementing the increased infection control measures required to provide vaccinations and 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. These additional practice expenses are not included in the new CPT codes for COVID-19 vaccine administration, and the RUC believes they should not be bundled into these services as there is an existing CPT code designed to recognize the supplies and new staff activities required to provide safe care during the PHE – CPT code 99072.

The AMA was disappointed that CMS finalized CPT code 99072 as a bundled service on an interim basis in the 2021 Medicare Physician Payment Schedule final rule. **We reiterate the recommendation made by the AMA and 127 other state medical associations and national medical specialty societies that CMS immediately implement and pay CPT code 99072 to recognize the increased expenses due to infection control practices necessary to safely immunize and care for patients during this PHE.**¹

In July and August 2020, the AMA surveyed 3,500 physicians who provided at least 20 hours of patient care per week prior to the pandemic.² Practice owners reported an average increase in PPE spending of 57 percent since February 2020, with 25 percent of owners saying that PPE expenses have risen at least 75 percent. Nearly all (99 percent) 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

¹ Letter to CMS, Nov. 10, 2020. Available at: <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-11-10-Letter-to-CMS-re-Coverage-of-CPT-Code-99072-11-10-20.pdf>

² 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>

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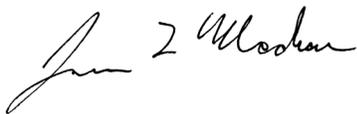
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September 8, 2020. According to CPT guidance, 99072 is used to report the additional supplies, materials, and clinical staff time over and above the practice expense(s) included in an office visit or other non-facility service(s) when performed during a PHE, as defined by law, due to respiratory-transmitted infectious disease.³

The AMA continues to urge CMS to 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 have any questions or would like to discuss further, please contact Jennifer McLaughlin, Assistant Director of Federal Affairs, at Jennifer.McLaughlin@ama-assn.org or 202-789-7446.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara".

James L. Madara, MD

³ American Medical Association. COVID-19 coding and guidance. Available at: <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance>.