AMA
AMERICAN MEDICAL ASSOCIATION

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Elizabeth Richter
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS-1734-IFC Interim Final Rule with Comment Period for Coding and Payment of Virtual Check-in Services and Additional Infection Control Services and Supplies during a Public Health Emergency (CPT code 99072)

Dear Acting Administrator Richter:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to provide comments on the interim final policy regarding coding and Medicare payment for virtual check-in services and CPT code 99072 for the additional supplies and new staff activities required to provide in-person care and administer vaccines during the COVID-19 Public Health Emergency (PHE).

Virtual Check-In Services

Patients and physicians across the country deeply appreciate the decision by the Centers for Medicare & Medicaid Services (CMS) to recognize the three Current Procedural Terminology® (CPT®) codes for audio-only evaluation and management (E/M) services for separate payment under the Medicare physician payment schedule, and to increase the payment rates to be equivalent to established patient office visits. **Payment for audio-only visits has been a lifeline for patients during the COVID-19 PHE. The need for these services to be available will not diminish when the PHE ends, and the AMA strongly urges CMS to continue separate payment for the CPT codes in the future.** The AMA anticipates that the CPT Editorial Panel will address the coding for audio-only services and that the AMA/Specialty Society RVS Update Committee (RUC) will review the resources required to provide these services.

Currently, the COVID-19 PHE will remain effective at least through late April 2021. With much of the nation continuing to experience the highest rates of new COVID-19 cases and hospitalizations, the AMA believes it is likely that the PHE will be further extended, potentially through the remainder of the year. For the duration of the PHE, the CPT codes for audio-only services (99441, 99442, and 99443) remain separately payable by Medicare. For 2021, CMS also is establishing on an interim basis HCPCS code G2252, *Brief communication technology-based service, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of*

medical discussion. In addition to the patient evaluation, CMS views this service as involving an assessment to determine the need for an in-person service.

CMS recently published data on the weekly use of telemedicine services by Medicare patients, broken down by telehealth, audio-only, virtual check-in, and e-visits. From January 1, 2020 through March 14, 2020, the weekly average number of telehealth services was 14,805, and the weekly average number of audio-only visits was 439. From March 15, 2020 through October 17, 2020, both types of services reached their peak utilization rates at the end of April, with 1,359,613 telehealth services provided during the week ending April 25, and 497,558 audio-only services during the week ending April 18. Data are also provided on total weekly E/M services from January to October; by the week ending October 17, audio-only visits were about four percent of total E/M services.

While not a high percentage of visits, even during this PHE, access to audio-only services is critical for patients who do not have access to audio-video telehealth services. **Discontinuing payment for these services would exacerbate inequities in health care, particularly for those who lack access to audio-video capable devices such as seniors in minority communities that have been devastated by COVID-19.** For example, many Native Americans living on reservations, including the large Navajo reservation in New Mexico, do not have internet service. Native Americans have been disproportionately and dramatically impacted by COVID-19. Based on data from 14 participating states, age-adjusted COVID-19–associated mortality among American Indian and Alaska Native persons was 1.8 times that among non-Hispanic Whites. Likewise, a recent article in *Government Technology* reported that less than half the population in the parts of Alabama defined as the "Black Belt" have internet access, and two of these Alabama counties have no internet access at all. Marginalized urban communities have also been excluded from broadband service and need to rely on audio-only visits, because even when cities have broadband, many residents of these communities do not have access to it in their homes. A June 2020 report of the National Digital Inclusion Alliance states that 2018 American Community Survey data show that the U.S. has more than three times as many urban as rural households living without home broadband of any kind. The AMA believes that maintaining access to audio-only visits is necessary to comply with President Biden's Executive Order on "Advancing Racial Equity and Support for Underserved Communities."

Many of the same patients who cannot access audio-video telehealth services also face barriers to accessing timely in-person services. The decision about whether an in-person office visit is needed is very different for a patient in a rural area who may have to travel for hours to reach their physician's office than for patients who are located close to the medical practice and do not face barriers such as functional limitations. Similarly, the decision about whether a patient should continue to try and stabilize an acute problem at home or travel to a distant emergency department is a more complicated decision without access to timely in-person care or audio-video telehealth services. The availability of timely audio-only services has made a huge difference to these patients and their physicians. **The AMA therefore strongly urges CMS to maintain separate payment for the CPT codes for audio-only visits.**

Additional Supplies and Staff Activities to Safely Provide In-Person Care During the COVID-19 PHE

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.

Physician practices incur significant costs in implementing the increased infection control measures required to provide safe in-person care during the COVID-19 PHE, including administering the COVID-19 vaccines. 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 many in-person services, including office and outpatient E/M services nor the new CPT codes for COVID-19 vaccine administration. The AMA does not agree with CMS' interim final decision to bundle 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 believes implementation of payment for CPT code 99072 will support the Administration's goal to mount a safe, effective, and comprehensive vaccination campaign—a goal strongly supported by the AMA. The AMA spoke to the Biden Transition Team about this issue. The National Strategy for the COVID-19 Response and Pandemic Preparedness directs the Department of Health and Human Services to ask CMS "to consider whether current payment rates for vaccine administration are appropriate or whether a higher rate may more accurately compensate providers." The practice expenses necessary to safely administer the COVID-19 vaccines, including additional supplies, pre-visit instructions and symptom checks upon arrival, and office redesigns to ensure social distancing, are not included in the new CPT codes for COVID-19 vaccine administration because CPT code 99072 recognizes these additional costs. **To fairly compensate physicians, CMS should implement and pay for CPT code 99072. In addition, the AMA urges CMS to withdraw the interim final payment rates established for the COVID-19 immunization administration and to adopt the RUC-recommended values for the four new immunization administration codes for the Pfizer-BioNTech and Moderna COVID-19 vaccines.**

Separate payment for these increased expenses to safely immunize and provide in-person care for patients during the COVID-19 PHE is also essential to protect the viability of our nation's health care workforce and alleviate the financial strain physicians face. 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. 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 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.

The AMA continues to urge CMS to pay for CPT code 99072 with no patient cost-sharing during the COVID-19 PHE. Payment for these additional costs should be fully funded and not be subject to budget neutrality. CMS could use remaining money from the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to pay physicians for these costs and/or recognize the decreased expenditures during the 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.

Thank you for your consideration. If you have any questions please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

James L. Madara, MD