

2020 - 2021 Board of Directors

President

Mary Beth Fasano, MD, MSPH, FAAAAI
University of Iowa Carver College of Medicine
Iowa City, IA

President-Elect

Giselle Mosnaim, MD, MS, FAAAAI
NorthShore University HealthSystem
Evanston, IL

Secretary-Treasurer

David A. Khan, MD, FAAAAI
University of Texas Southwestern Medical Center
Dallas, TX

Immediate Past-President

David M. Lang, MD, FAAAAI
Cleveland Clinic Foundation
Cleveland, OH

At-Large Executive Committee Member

Paul V. Williams, MD, FAAAAI
Northwest Asthma and Allergy Center
Everett, WA

At-Large Members

Stuart L. Abramson, MD, PhD, AE-C, FAAAAI
Shannon Medical Center/Shannon Clinic
San Angelo, TX

Leonard B. Bacharier, MD, FAAAAI
Vanderbilt University Medical Center
Nashville, TN

Paula J. Busse, MD, FAAAAI
New York, NY

Timothy J. Craig, DO, FAAAAI
Penn State University
Hershey, PA

Carla M. Davis, MD, FAAAAI
Baylor College of Medicine
Houston, TX

Kevin J. Kelly, MD, FAAAAI
University of North Carolina Chapel Hill

Sharon B. Markovics, MD, FAAAAI
New York, NY

Tamara T. Perry, MD, FAAAAI
University of Arkansas for Medical Sciences
Little Rock, AR

Sarbjit (Romi) Saini, MD, FAAAAI
Johns Hopkins Asthma and Allergy Center
Baltimore, MD

Scott H. Sicherer, MD, FAAAAI
Mount Sinai School of Medicine
New York, NY

Frank Virant, MD, FAAAAI
Northwest Asthma and Allergy Center
Seattle, WA

Executive Vice President

Thomas A. Fleisher, MD, FAAAAI

Executive Director

Rebecca Brandt, CAE

Executive Director Emeritus

Kay Whalen, MBA, CAE

February 1, 2021

Elizabeth Richter

Acting Administrator

Centers for Medicare & Medicaid Services

Attention: CMS-1734-IFC

P.O. Box 8016

Baltimore, MD 21244-8016

Submitted online via regulations.gov

RE: CY 2021 Medicare Physician Fee Schedule (MPFS) Final Rule

Dear Acting Administrator Richter:

Established in 1943, the American Academy of Allergy, Asthma & Immunology (AAAAI) is a professional organization with more than 6,700 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists (A/I), other medical specialists, allied health and related healthcare professionals—all with a special interest in the research and treatment of patients with allergic and immunologic diseases. We appreciate the opportunity to provide feedback on two interim final policies included in the aforementioned rule.

Interim Final Rule with Comment Period for Coding and Payment for Virtual Check-in Services

As we've expressed in multiple letters to the Department of Health and Human Services (HHS) and this agency, AAAAI greatly appreciates the flexibilities provided through CMS' COVID-19 blanket waivers and interim final rules with comment (IFCs). These policies have significantly improved access to care for beneficiaries during the public health emergency, and our continuing experience with delivering virtual care and telehealth services remains overwhelmingly positive.

We noted in our comments on the proposed rule that access to audio-only visits has been essential for beneficiaries, particularly those who face challenges accessing health care due to a variety of social determinants, which are not uncommon in the A/I population. To that end, we urged CMS to maintain telephone-only evaluation and management (E/M) services (i.e., CPT codes 98966-98968 and 99441-99443) at the in-person E/M visit rates on a permanent basis. Recognizing CMS' limitations due to statutory requirements associated with Medicare telehealth, we urged CMS to maintain these codes under the agency's growing set of virtual care services, or Communication Technology-Based Services (CTBS).

Instead, CMS finalized its newly established HCPCS code G2252, *Brief communication technology-based service, e.g. 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.* According to CMS, this temporary policy is intended to support access to care for beneficiaries who may be reluctant to return to in-person visits unless absolutely necessary, and to allow CMS to consider whether the policy should be adopted on a permanent basis.

While we appreciate CMS' recognition of the need for ongoing "audio-only" services, it is unclear why CMS established a new code on a temporary basis, when an existing code is available. Moreover, we are concerned that the new payment amount is not sufficient for the care that is rendered during audio-only encounters. We urge CMS to reconsider this policy and adopt the aforementioned recommendation.

Interim Final Rule with Comment Period for Coding and Payment for Personal Protective Equipment (PPE) (CPT code 99072)

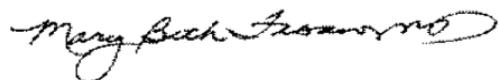
Over the summer, the American Medical Association (AMA) CPT Editorial Panel and Relative Value System Update Committee (RUC) established a new code, CPT 99072, *Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease, with other services, to provide financial relief for some of the direct practice expenses associated with the pandemic.* The AMA and medical specialty society community urged CMS to cover and make payment for this new code, which would provide needed financial relief to physician practices when providing care to COVID-19 and non-COVID-19 patients in their practices.

Instead, CMS implemented an interim final policy that deems CPT 99072 a "bundled service," whereby *"the increased cost associated with these forms of [personal protective equipment] will be reflected in payment for services that include these supply inputs."* Unfortunately, many of the supply inputs are not included in E/M services, and as a result, this policy failed to meaningfully improve payment.

We are deeply disappointed with CMS' interim final policy, particularly given the challenges physician practices are facing during these unprecedented times. CMS must make reasonable payment for the added codes – both time and practice expense – for treating patients in the office amidst the public health emergency. We urge CMS to consider alternative options that would ensure more accurate reimbursement for pandemic-related costs.

We appreciate the opportunity to provide comments on the aforementioned issues of importance to our members. Should you have any questions, please contact Sheila Heitzig, Director of Practice and Policy, at sheitzig@AAAAI.org or (414) 272-6071.

Sincerely,



Mary Beth Fasano, MD, MSPH, FAAAAI
President, American Academy of Allergy, Asthma & Immunology