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February 1, 2021

SUBMITTED VIA ELECTRONIC MAILING

Ms. Elizabeth Richter  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1734-F  
P.O. Box 8016  
Baltimore, MD 21244-8013

[Submitted online at: [www.regulations.gov](http://www.regulations.gov)]

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 American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS)<sup>1</sup>, 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).

### Coding and Payment for Virtual Check-in Services

For CY 2021, on an interim basis, CMS is establishing 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.*). CMS is finalizing a direct crosswalk to CPT code 99442, the value of which CMS believes most accurately reflects the resources associated with a longer service delivered via synchronous communication technology, which can include audio only communication.

<sup>1</sup> The AAO-HNS is the nation's largest medical organization representing specialists who treat the ear, nose, throat, and related structure of the head and neck. The Academy represents approximately 10,000 otolaryngologist-head and neck surgeons practicing in the United States who diagnose and treat disorders of those areas.

T: 1-703-836-4444

F: 1-703-683-5100

W: [www.entnet.org](http://www.entnet.org)

A: 1650 Diagonal Road, Alexandria, VA 22314

In March 2020, in response to the COVID-19 PHE, CMS established separate payment for audio-only telephone E/M services (CPT codes 99441, 99442, and 99443). We appreciate the agency's flexibility in temporarily adding these codes and acknowledge the potential future benefits. However, **the AAO-HNS does not support the continuation of payment for these codes beyond the PHE.**

Broadly, we have concerns with the use of audio-only communication. Our specialty currently requires visual examination for diagnosis and optimal patient care for many of our regularly treated diagnoses. We feel that the audio-only option is inadequate and potentially misleading and can lead to both under and overtreatment for many of our most common diagnoses. CMS only recently accepted the use of telephone and other electronic means for conducting E/M visits. We believe it is premature to finalize telephone codes in the absence of considering how to revise other "virtual" services.

### **Coding and Payment for Personal Protective Equipment**

In the interim final rule, CMS is soliciting stakeholder feedback on the coding and payment for PPE. CMS is finalizing CPT code 99072 as a bundled service on an interim basis. CMS believes that the use of these additional forms of PPE would be inherent to the furnishing of separately paid services under these practitioner/patient interactions. Additionally, CMS agrees with stakeholders that there have been additional costs for providers as part of the PHE for COVID-19, however payment for the services described under CPT code 99072 are always bundled into payment for other services and payment for them is subsumed by the payment for the services to which they are incident. We strongly urge CMS to reconsider their current position and reimburse practitioners directly through the use of CPT code 99072 through the duration of the PHE. Many of the protections initiated during the COVID-19 pandemic will be retained well into the future and it is critical that patients and providers alike are protected adequately during future interactions.

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

The AAO-HNS 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, including the AAO-HNS, 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 AAO-HNS 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. **To fairly compensate physicians, CMS should implement and separately pay for CPT code 99072.** Your support will ensure that physicians receive the critical financial resources needed to maintain intensive infection control measures during the COVID-19 PHE in going forward into the future.

### Conclusion

The American Academy of Otolaryngology-Head and Neck Surgery appreciates the opportunity to provide comment and recommendations regarding these important policies on behalf of our members. We look forward to working with CMS as it continues its efforts to support healthcare providers during the ongoing pandemic and improve patient access to quality care. If you have any questions or require further information, please contact [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org).

Respectfully submitted,



James C. Denny, III, MD  
Executive Vice President/CEO

