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January 28, 2021

Elizabeth Richter
Acting CMS Administrator
Centers for Medicare & Medicaid Services
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-8016

Re: Comments: CMS-1734-IFC CY2021 Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy

Dear Acting Administrator Richter,

IDSociety represents more than 12,000 infectious diseases (ID) physicians, scientists and other health care professionals devoted to patient care, prevention, public health, education, and research in infectious diseases. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis, HIV/AIDS, health care-associated infections, and antibiotic-resistant bacterial infections, as well as responding to infectious disease outbreaks and emerging infections such as the Ebola virus, Zika virus, and SARS-CoV-2. Our members continue to work vigorously to manage, treat, and oversee the response to the COVID-19 public health emergency (PHE).

Coding and Payment for Personal Protective Equipment Interim Final Rule Policy

We appreciate the efforts of the Agency thus far in providing flexibilities and waivers during the COVID-19 pandemic public health emergency. Many of the policies implemented during the PHE have helped our members provide life-saving care without interruption. Nevertheless, we are disappointed in CMS' response to our request for adequate payment for the direct and indirect expenses associated with treating COVID-19 patients, as well as other non-COVID-19 patients, during the ongoing pandemic.

Through this rulemaking, CMS is finalizing a policy that would bundle payment for 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. We note that most of these supplies were not mapped to evaluation and management (E/M) services delivered by infectious diseases physicians and other physician specialties and will have no meaningful impact on providing payment for personal protective equipment (PPE) and other supplies. More importantly, **this policy ignores the physician work and many other practice expense costs associated with the diagnosis, treatment, and management of**

COVID-19 patients for which frontline specialties have asked the agency to make reasonable payment.

IDSAs and other frontline specialty societies representing emergency and hospital medicine, called on CMS to implement a professional services claims-based payment enhancement that would quickly channel resources to health care practitioners on the frontlines of the COVID-19 pandemic. This proposal, outlined in our [proposed rule comment letter](#) for the 2021 MPFS, is intended to help achieve the policy goal of recognizing the enhanced, non-separately reimbursable work and practice expense performed by physicians during the COVID-19 PHE by providing a 20% reimbursement enhancement for professional claims (without regard to specialty designation) submitted with dates-of-service during the PHE. The policy as we have outlined for you in our previous comment letter now has broad support within the House of Medicine following passage at the recent AMA House Delegates November 2020 Meeting.

We encourage the agency to work with us and other stakeholders to **develop meaningful policy solutions** to help physicians during the most significant public health emergency event in many of our lifetimes.

Thank you for the opportunity to provide comments on the 2021 MPFS Interim Final Rule as we continue to work through solving the current pandemic crisis. If you would like to discuss the issues we have outlined, have questions, or would like to meet in person, please contact Kay Moyer on 703-721-8493 or via email at kmoyer@idsociety.org.

Sincerely,

A handwritten signature in black ink that reads "Barbara D. Alexander". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Barbara Alexander, MD, MHS, FIDSA