



May 14, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1715-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Dear Administrator Verma:

The American Optometric Association (AOA) is the leading authority on quality eye care and an advocate for our nation's health and patient safety issues, representing more than 44,000 doctors of optometry, optometric professionals, and optometry students. A central mission of the AOA is to serve as a resource to the public for reliable and current information related to eye care and health care policy. The AOA is appreciative of the many changes that the Centers for Medicare & Medicaid Services (CMS) has implemented during the current COVID-19 public health crisis which serve to increase patient access to their physicians in a manner which preserves patient safety. We would also like to offer the following comments and requests regarding CMS' recent interim final rule with comment (CMS-5531-IFC).

The AOA applauds CMS' decision to increase valuation for audio-only, telephone-based evaluation and management codes (CPT 99441, 99442, and 99443) as further evidence of the commitment to patient access to physicians. Increasing payments for these types of visits reflects an understanding of the importance of telephone-based communications with patients during this time. During the public health emergency, doctors of optometry across the country have played a significant role in our health care system by continuing to provide urgent and emergency eye care to ensure that patients do not needlessly end up in our currently overburdened hospital system. Talking to patients over the phone and assessing their condition has been a critical use of physician time. We believe that adequate reimbursement for audio-only, telephone-based care should continue even after the current public health emergency concludes.

The AOA supports CMS' recent actions related to ordering authority for COVID-19 testing and payment for specimen collection. Access to testing and expansion of testing throughout our country is critical to combating this pandemic. Our members, working with the entire healthcare provider community, are well suited to assist in appropriate testing of patients for COVID-19 and to refer to other physicians as needed. Ninety-nine percent of Americans live in a county with a doctor of optometry.<sup>1</sup> Therefore, CMS' effort to reduce regulatory burdens that have previously existed related to lab testing orders is an important step. We support the amendment at §410.32(a) to remove the requirement that certain diagnostic tests are covered only based on the order of the treating physician or NPP. We believe it is a necessary and proper step to allow for COVID-19 tests to be covered when ordered by any healthcare professional authorized under state law.

CMS should further consider changing its wording or application of the current rule permanently, to allow primary care doctors, including doctors of optometry, to order diagnostic testing when it affects the doctor's further treatment or referral of the patient. Previous restrictions harmed beneficiaries and reduced

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<sup>1</sup> <https://www.aoa.org/documents/HPI/HPI%20Uniform%20Edit%20Format%20ACCESS%20TO%20EYE%20CARE.pdf>

quality of care when CMS and its contractors would disallow testing orders by an optometrist and instead force the patient to see a sub-specialist, which is typically more expensive, to get covered testing for certain conditions.

Additionally, the AOA supports reimbursement for COVID-19 specimen collection that occurs within the physician's office. As CMS did not denote any restrictions in the rule, we assume that the ability to collect and bill for this type of specimen collection would be allowed for all Medicare physicians defined in the Social Security Act at 1861(r). While expanding access and reimbursement for this type of specimen collection is a positive step towards ensuring greater testing for COVID-19, we are concerned that the reimbursement is limited. CMS has indicated that CPT code 99211 will be used to report specimen collection in a physician's or qualified non-physician practitioner's office and that the payment rate will be \$23.46. This type of specimen collection will require additional personal protective equipment (PPE) to ensure safety of the patient, the physician and the staff. We do not believe that the original valuation of CPT 99211 accounts for these additional complex factors. We urge CMS to reevaluate the coding and reimbursement for this important physician service and appropriately reimburse physicians.

Relatedly, we have broadly heard concerns from doctors about their ability to ensure that their staff and patients are properly protected. The AOA encourages CMS to consider adjusting reimbursement models for the duration of the crisis in order to compensate doctors for PPE. CMS could offer a reimbursement increase for all services based on costs for PPE, or for payment of the code 99070 to account for PPE costs. Medicare sets its fee schedule based on the *resource-based* relative value scale. The resources required to provide medical care have suddenly increased, as is necessary to protect patient, doctor, and staff health during the COVID-19 pandemic. CMS should revalue the resources required to provide care or recognize this added expense.

AOA guidance<sup>2</sup> to its member doctors of optometry regarding reopening eye care practices recommends that practices "ensure clinical and non-clinical staff have appropriate PPE, including facemasks, gloves and eye protection; have access to germicidal wipes; and have an ample supply of hand sanitizer and soap and water." Similar to all physician practices, it is clear that in addition to ongoing and essential eye health and vision care, the reopening of offices for day-to-day care will increase the demand for PPE. Due to the increased demand, it is not only more difficult to procure the needed equipment, but also much more expensive. According to the Society for Healthcare Organization Procurement Professionals, the cost of many PPE items increased more than 1,000 percent since the COVID-19 public health emergency began.<sup>3</sup> The necessary use of PPE for patient care will significantly increase the cost to the provider of each patient encounter. This increased cost for providers is not reflected in the reimbursement amounts from insurance plans. We urge CMS to consider its ability to help offset the financial burden of PPE for Medicare providers.

Lastly, AOA supports delaying the implementation of the completion of Qualified Clinical Data Registry (QCDR) measure testing policy by 1 year. The current emergency has put measure development efforts on hold as healthcare associations work to best support doctors who have practices that are facing numerous new complications to providing patient care. This has inevitably led to the need to reprioritize and ensure foremost that doctors can continue to provide high quality health care to serve their local communities.

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<sup>2</sup> <https://www.aoa.org/optometry-practice-reactivation-preparedness-guide>

<sup>3</sup> [http://cdn.cnn.com/cnn/2020/images/04/16/shopp.covid.ppd.costs.analysis\\_.pdf](http://cdn.cnn.com/cnn/2020/images/04/16/shopp.covid.ppd.costs.analysis_.pdf)

Thank you for your continued efforts to ensure the safety, health, and overall wellbeing of our country during these unprecedented times. If you have any questions, please contact AOA's Regulatory Policy Specialist, Emily Dalgo, at [edalgo@aoa.org](mailto:edalgo@aoa.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara L. Horn, O.D.", with a stylized flourish at the end.

Barbara L. Horn, O.D.  
President, American Optometric Association