

November 10, 2020

David Cordani  
President and CEO  
Cigna Corporation  
900 Cottage Grove Road  
Bloomfield, CT 06002

Dear Mr. Cordani:

The undersigned organizations represent the hundreds of thousands of physicians who provide care for our nation's patients every day. The COVID-19 (2019 novel coronavirus) public health emergency (PHE) has placed unprecedented strain on our physician members, including ongoing threats to their financial viability due to months of lost revenue from practice closures and/or operating at reduced capacity. In July and August 2020, the American Medical Association (AMA) surveyed 3,500 physicians who provided at least 20 hours of patient care per week prior to the pandemic.<sup>1</sup> A strong majority (81%) of surveyed physicians said revenue was still lower than pre-pandemic, with an average drop in revenue of 32%. Compounding the financial stress of lost revenue, practices are also incurring additional costs for heightened infection control protocols and personal protective equipment (PPE). **To help address the significant fiscal pressures placed on physicians by the COVID-19 pandemic, we urge Cigna to immediately implement and pay for Current Procedural Terminology® (CPT) code 99072 to compensate practices for the additional supplies and new staff activities required to provide safe patient care during the PHE.**

We recognize and appreciate the significant support and flexibility Cigna has provided to physician practices. **However, it is imperative that Cigna specifically compensate physicians for the additional expenses involved in treating patients during the PHE.** Practices incur significant costs in implementing the increased infection control measures required to provide safe care during the COVID-19 pandemic. 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. In the AMA survey referenced above, practice owners reported an average increase in PPE spending of 57% since February 2020, with 25% of owners saying that PPE expenses have risen at least 75%.<sup>1</sup> Nearly all (99%) 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.<sup>2</sup>

In its comment letter on the proposed rule for the 2021 Medicare Physician Payment Schedule, the AMA/Specialty Society RVS Update Committee (RUC) requested that the Centers for Medicare & Medicaid Services (CMS) immediately implement and pay for CPT code 99072 to recognize the additional supplies

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<sup>1</sup> American Medical Association. COVID-19 Physician Practice Financial Impact Survey Results. Available at: <https://www.ama-assn.org/system/files/2020-10/covid-19-physician-practice-financial-impact-survey-results.pdf>.

<sup>2</sup> American Medical Association. COVID-19 coding and guidance. Available at: <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance>.

and new staff activities required to provide safe care during the PHE.<sup>3</sup> This recommendation was based on extensive research and analysis by the RUC Practice Expense During the COVID-19 Public Health Emergency Workgroup, which included responses from 50 national medical specialty societies and other health care professional organizations to a practice expense survey and more than 800 submitted invoices. The Workgroup's report, analysis, background information, and practice expense spreadsheet describing the \$6.57 in direct costs for the code are included in Attachment 05 of the RUC comment letter to CMS.

**Our organizations advocate for Cigna to immediately implement and pay for CPT code 99072 with no patient cost-sharing during the PHE.** Your support will ensure that physicians receive the critical financial resources needed to maintain intensive infection control measures during the COVID-19 PHE.

If you would like to further discuss this matter, please contact Robert D. Otten, AMA's Vice President of Health Policy, at [rob.otten@ama-assn.org](mailto:rob.otten@ama-assn.org).

Sincerely,

American Medical Association  
American Academy of Allergy, Asthma & Immunology  
American Academy of Child and Adolescent Psychiatry  
American Academy of Dermatology Association  
American Academy of Family Physicians  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Otolaryngic Allergy  
American Academy of Otolaryngology Head & Neck Surgery  
American Academy of Pediatrics  
American Academy of Physical Medicine & Rehabilitation  
American Academy of Sleep Medicine  
American Association of Clinical Endocrinology  
American Association of Clinical Urologists  
American Association of Neurological Surgeons  
American Association of Neuromuscular & Electrodiagnostic Medicine  
American Association of Orthopaedic Surgeons  
American College of Allergy, Asthma and Immunology  
American College of Cardiology  
American College of Chest Physicians  
American College of Gastroenterology  
American College of Medical Genetics and Genomics  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Internists  
American College of Osteopathic Surgeons  
American College of Physicians  
American College of Radiation Oncology  
American College of Radiology

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<sup>3</sup> AMA/Specialty Society RVS Update Committee. Comment on CMS Notice of Proposed Rule Making on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year (CY) 2021. Available at: <https://www.regulations.gov/document?D=CMS-2020-0088-11011>.

American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Geriatrics Society  
American Institute of Ultrasound in Medicine  
American Medical Women's Association  
American Society for Dermatologic Surgery Association  
American Orthopaedic Foot & Ankle Society  
American Osteopathic Association  
American Psychiatric Association  
American Rhinologic Society  
American Society for Aesthetic Plastic Surgery  
American Society for Clinical Pathology  
American Society for Gastrointestinal Endoscopy  
American Society for Laser Medicine and Surgery  
American Society for Metabolic and Bariatric Surgery  
American Society for Radiation Oncology  
American Society for Surgery of the Hand  
American Society of Anesthesiologists  
American Society of Cataract & Refractive Surgery  
American Society of Echocardiography  
American Society of General Surgeons  
American Society of Hematology  
American Society of Neuroradiology  
American Society of Plastic Surgeons  
American Society of Regional Anesthesia and Pain Medicine  
American Society of Retina Specialists  
American Thoracic Society  
American Urogynecologic Society  
American Urological Association  
American Vein & Lymphatic Society  
Association for Clinical Oncology  
Congress of Neurological Surgeons  
Endocrine Society  
Heart Rhythm Society  
Infectious Diseases Society of America  
International Society for the Advancement of Spine Surgery  
Medical Group Management Association  
National Association of Medical Examiners  
Renal Physicians Association  
Society for Vascular Surgery  
Society of Cardiovascular Computed Tomography  
Society of Gynecologic Oncology  
Society of Interventional Radiology  
Spine Intervention Society  
The Society for Cardiovascular Angiography and Interventions  
The Society of Thoracic Surgeons

Medical Association of the State of Alabama  
Alaska State Medical Association

Arizona Medical Association  
Arkansas Medical Society  
California Medical Association  
Colorado Medical Society  
Connecticut State Medical Society  
Medical Society of Delaware  
Medical Society of the District of Columbia  
Florida Medical Association Inc  
Medical Association of Georgia  
Hawaii Medical Association  
Idaho Medical Association  
Illinois State Medical Society  
Indiana State Medical Association  
Iowa Medical Society  
Kansas Medical Society  
Kentucky Medical Association  
Louisiana State Medical Society  
Maine Medical Association  
MedChi, The Maryland State Medical Society  
Massachusetts Medical Society  
Michigan State Medical Society  
Minnesota Medical Association  
Mississippi State Medical Association  
Missouri State Medical Association  
Montana Medical Association  
Nebraska Medical Association  
Nevada State Medical Association  
New Hampshire Medical Society  
Medical Society of New Jersey  
New Mexico Medical Society  
Medical Society of the State of New York  
North Carolina Medical Society  
North Dakota Medical Association  
Ohio State Medical Association  
Oklahoma State Medical Association  
Oregon Medical Association  
Pennsylvania Medical Society  
Rhode Island Medical Society  
South Carolina Medical Association  
South Dakota State Medical Association  
Tennessee Medical Association  
Texas Medical Association  
Utah Medical Association  
Vermont Medical Society  
Medical Society of Virginia  
Washington State Medical Association  
West Virginia State Medical Association  
Wisconsin Medical Society  
Wyoming Medical Society