



October 16, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-1816

Submitted electronically by e-mail

RE: CMS October 15, 2020 Announcement: “CMS Changes Medicare Payment to Support Faster COVID-19 Diagnostic Testing

The College of American Pathologists (CAP) strongly objects to the Centers for Medicare and Medicaid Services (CMS) October 15th announcement to cut payment for certain COVID-19 tests. The CAP calls on the administration to cease implementation of this announced payment structure that will cut fees for COVID-19 testing performed on a high throughput technology platform and penalize laboratories in the middle of a global pandemic.

As the world’s largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

Every pathologist and the laboratory that he or she leads strives to provide patients with high-quality testing and fast results—especially during this pandemic. With roughly one million COVID-19 tests being provided every day, laboratories are processing tests efficiently and quickly in most instances. However, there are several factors outside of our control that lead to delays. These factors include the delivery times of off-site specimen collection and the availability of testing supplies needed to run tests. The CMS’ new pricing scheme does absolutely nothing to solve these problems but will penalize laboratories and create a new administrative burden during the billing process.

This new policy announced on October 15 will cut the price for high-throughput COVID-19 tests by 25%, reducing the fee to \$75 from \$100, beginning January 1, 2021. The policy also adopts an add-on payment of \$25 for tests run on the high-throughput platform if the laboratory completes the test in two calendar days or less, and if the majority of its testing using the high-throughput technologies is done in two calendar days or less for all patients in the previous month. This cut will take effect despite the fact that current fees are already inadequate in many parts of the country.

Again, the CAP urges the CMS to cease implementation of this misguided fee structure and answer our repeated calls to take steps to support pathologists and laboratories by increasing Medicare rates for COVID-19 tests. Please contact Pamela Wright at pawrigh@cap.org with any questions regarding this matter.

Sincerely,

Patrick Godbey, MD, FCAP
President