



MEDICARE PAYMENT FOR TRIPLEX SARS-COV-2/INFLUENZA A/INFLUENZA B TEST IS INEXPLICABLY LOWER THAN THE PAYMENT RATE FOR A COVID-19 ONLY DIAGNOSTIC TEST, LEADING TO INEFFICIENT DIAGNOSIS OF UPPER RESPIRATORY ILLNESS

For CY2022, CMS set the Medicare payment rate for a combined Covid-19, Flu A & Flu B instrumented antigen test¹ to \$30.94, whereas the payment rate for a Covid-19-only instrumented antigen test ranges from \$35.33 to \$45.23. CMS's own expert advisory panel overwhelmingly recommended a \$61.88 rate for the combined test to reflect the additional resources required to produce two additional results, but CMS did not accept this recommendation and has not offered a meaningful rationale for its decision.

For CY2023, stakeholders requested that the CMS reconsider the reimbursement rate for this test:

- On June 23, the Point of Care Testing Association (POCTA), comprised of the top diagnostic manufacturers including BD, presented the case for revised reimbursement at the CMS Clinical Laboratory Fee Schedule (CLFS) Annual Meeting.
- On July 23, the CMS Advisory Panel on Clinical Diagnostic Laboratory Tests (CDLT) met to discuss the reimbursement rate for Triplex testing. Out of 12 expert panel members:
 - 9 voted to crosswalk Triplex to the individual rates for COVID + FluA + FluB. (total = \$63.59)
 - 1 voted to crosswalk Triplex to the individual rates for Strep + Flu A + Flu B (total = \$45.07)
 - 2 abstained

Preliminary Recommendation:

- On September 23rd, CMS posted their preliminary determination for CY 2023, in which the agency proposed to "crosswalk" COVID-19/Influenza A/Influenza B instrumented antigen testing (87428) to the existing payment rates for 87430 (Strep antigen testing) PLUS 87400 (influenza antigen testing) times 2 to produce a proposed rate of \$45.07.

This CMS proposal to crosswalk the COVID component of the Triplex test to strep testing is curious as CMS also had the option to compare to COVID antigen testing (reported with CPT code 87426) itself (i.e., 87400 times 2.0 plus 87426, which would have produced a rate of \$63.59). Proposing this crosswalk would have been consistent with this year's overwhelming Advisory Panel recommendation.

The proposed CY 2023 payment rate continues to discourage use of combined diagnostic tests, an innovative approach that offers streamlined patient care and clinical benefits, by not reflecting the incremental resources required to run these tests:

- When providers administer two separate tests, it requires collection of two patient samples, running two tests, billing for two tests, and reporting results to the patient and to government databases separately. For primary care practices already faced with staffing shortages and limited time for patient care, this is a waste of resources.
- To the extent that clinicians administer one test (e.g., for Covid), obtain a negative result, and require patients to wait in office or return for another test (e.g., for Influenza), patients may be denied access to timely testing treatment for their respiratory illness, may be at greater risk of infection or transmission and may experience worse clinical outcomes.

¹ This Medicare payment issue pertains to immunoassay antigen tests for combined Covid-19/Flu A/Flu B (CPT 87428) that are typically administered at the point-of-care. Several diagnostics manufacturers offer these tests, including BD, Quidel and Roche.