

	Reimbursement Policy Manual		Policy #:	RPM074
Policy Title:	Additional Practice Expense Items During a Public Health Emergency (PHE) – CPT 99072			
Section:	Medicine	Subsection:	None	
Scope: This policy applies to the following Medical (including Pharmacy/Vision) plans:				
Companies: <input checked="" type="checkbox"/> All Companies: Moda Partners, Inc. and its subsidiaries & affiliates <input type="checkbox"/> Moda Health Plan <input type="checkbox"/> Moda Assurance Company <input type="checkbox"/> Summit Health Plan <input type="checkbox"/> Eastern Oregon Coordinated Care Organization (EOCCO) <input type="checkbox"/> OHSU Health IDS				
Types of Business: <input checked="" type="checkbox"/> All Types <input type="checkbox"/> Commercial Group <input type="checkbox"/> Commercial Individual <input type="checkbox"/> Commercial Marketplace/Exchange <input type="checkbox"/> Commercial Self-funded <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Short Term <input type="checkbox"/> Other: _____				
States: <input checked="" type="checkbox"/> All States <input type="checkbox"/> Alaska <input type="checkbox"/> Idaho <input type="checkbox"/> Oregon <input type="checkbox"/> Texas <input type="checkbox"/> Washington				
Claim forms: <input checked="" type="checkbox"/> CMS1500 <input checked="" type="checkbox"/> CMS1450/UB (or the electronic equivalent or successor forms)				
Date: <input checked="" type="checkbox"/> All dates <input type="checkbox"/> Specific date(s): _____ <input type="checkbox"/> Date of Service; For Facilities: <input type="checkbox"/> n/a <input type="checkbox"/> Facility admission <input type="checkbox"/> Facility discharge <input type="checkbox"/> Date of processing				
Provider Contract Status: <input checked="" type="checkbox"/> Contracted directly, any/all networks <input checked="" type="checkbox"/> Contracted with a secondary network <input checked="" type="checkbox"/> Out of Network				
Originally Effective:	9/8/2020	Initially Published:	11/18/2020	
Last Updated:	10/3/2022	Last Reviewed:	10/12/2022	
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No				
Last Update Effective Date for Texas:		10/12/2022		

Reimbursement Guidelines

A. General

The AMA released CPT code 99072 effective for dates of service 09/08/2020 and following (AMA¹), to cover the cost for additional supplies and clinical staff time to perform safety protocols. CPT 99072 allows for the provision of evaluation, treatment or procedural services during a public health emergency (PHE) in a setting where extra precautions are taken to ensure the safety of patients as well as healthcare professionals.

B. CMS Policy for 99072

1. CMS has designated 99072 as a status B on the OPPS fee schedule (Not paid under OPPS). (CMS²)
2. CMS has designated 99072 as a status B (Bundled, never eligible for separate reimbursement) status indicator on the Physician Fee Schedule.

C. Reimbursement for 99072

1. 99072 is considered bundled, always part of the primary procedure being performed on the same day, and not eligible for separate reimbursement. Providers may report 99072 on a claim for services, but no reimbursement will be issued.
2. Exceptions: None.
3. Providers located in the state of Washington.
 - a. The state of Washington passed Substitute Senate Bill (SSB) 5169 requiring separate reimbursement for personal protective equipment (PPE) during the covid emergency. This rule was signed into law on April 16, 2021. (SoW⁶, Busz⁷)
 - b. SSB 5169 applies to services incurred from April 16, 2021 through the end of the federal public health emergency. (Busz⁷)
 - c. The state of Washington SSB 5169 requirement to allow separate reimbursement for PPE applies only to insured plans issued in state of Washington. We do not have any of those plans, so this requirement does not apply to our member plans.

D. Future Updates

Should CMS issue new information for CPT 99072 which changes the reimbursement status of 99072, this policy will be re-evaluated and updated.

Codes, Terms, and Definitions

Acronyms & Abbreviations Defined

Acronym or Abbreviation		Definition
AHA	=	American Hospital Association
AMA	=	American Medical Association
CCI	=	Correct Coding Initiative (see "NCCI")
CMS	=	Centers for Medicare and Medicaid Services
CPT	=	Current Procedural Terminology
DRG	=	Diagnosis Related Group (also known as/see also MS DRG)
ED	=	Emergency Department (also known as/see also ER)
ER	=	Emergency Room (also known as/see also ED)
HCPCS	=	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
HIPAA	=	Health Insurance Portability and Accountability Act
ICD	=	International Classification of Diseases
ICD-10	=	International Classification of Diseases, Tenth Edition

Acronym or Abbreviation		Definition
ICD-10-CM	=	International Classification of Diseases, Tenth Edition, Clinical Modification
ICD-10-PCS	=	International Classification of Diseases, Tenth Edition, Procedure Coding System
MPFSDB	=	(National) Medicare Physician Fee Schedule Database (aka RVU file)
MS DRG	=	Medicare Severity Diagnosis Related Group (also known as/see also DRG)
NCCI	=	National Correct Coding Initiative (aka "CCI")
OPPS	=	Outpatient Prospective Payment System
PHE	=	Public Health Emergency
PPE	=	Personal Protective Equipment
RPM	=	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
RVU	=	Relative Value Unit
SSB	=	Substitute Senate Bill (State of Washington)
TOB	=	Type of Bill
UB	=	Uniform Bill

Definition of Terms

Term	Definition
Practice Expense	The costs associated with the direct and indirect practice resources involved in furnishing medical services.
Public Health Emergency	An extraordinary event which is determined to constitute a public health risk through the spread of disease and requires a coordinated response
Public Health Emergency of International Concern (PHEIC)	A formal declaration by the World Health Organization (WHO) of a public health emergency of international scale. (Wiki10)

Procedure codes (CPT & HCPCS):

Code	Code Description
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

Coding Guidelines & Sources - (Key quotes, not all-inclusive)

Code 99072 is to be reported only once per in-person patient encounter per provider identification number (PIN), regardless of the number of services rendered at that encounter. In the instance in which the noted clinical staff activities are performed by a physician or other qualified health care professional (eg, in practice environments without clinical staff or a shortage of available staff), the activity requirements of this code would be considered as having been met; however, the time spent should not be counted in any other time-based visit or service reported during the same encounter. (AMA¹)

Cross References

- A. "Medical, Surgical, and Routine Supplies." Moda Health Reimbursement Policy Manual, RPM021.
- B. "Hospital Routine Supplies and Services." Moda Health Reimbursement Policy Manual, RPM043.

References & Resources

1. American Medical Association. "COVID-19 Coding Update." *CPT Assistant*, SPECIAL EDITION September 2020: 1-3.
2. CMS. "October 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS)." *MLN Matters*, MM11960 Revised, September 24, 2020. <https://www.cms.gov/files/document/mm11960.pdf> .
3. Burgette, Lane F., et al. "Practice Expense Methodology and Data Collection Research and Analysis - Interim Phase II Report." RAND Corporation. <https://www.cms.gov/files/document/cy-2021-pfs-practice-expense-methodology-and-data-collection-research-and-analysis-report.pdf> .
4. CMS. "2002 Changes and Corrections." Medicare Part B News, Issue # 194, page 24.
5. CMS. *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 12 – Physician Practitioner Billing, § 20.4.4, 20.4.6.
6. State of Washington (SoW). "Certification of Enrollment Substitute Senate Bill 5169." <https://lawfileext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Senate%20Passed%20Legislature/5169-S.PL.pdf#page=1>
7. Busz, Andrew. "New PPE Billing Law in Effect." Washington State Hospital Association (WSHA). June 9,2021: last accessed October 12, 2021. <https://www.wsha.org/articles/new-ppe-billing-law-in-effect/> .

Background Information

The World Health Organization (WHO) has declared a global pandemic from the novel Coronavirus known as COVID-19. As a result, the federal and many state governments have declared a state of emergency, which has resulted in a host of state and federal coverage and benefit level mandates on health plan

companies. In addition, new CPT codes, HCPCS codes, and ICD-10-CM codes have been created and released for use on an emergency, off-schedule basis.

The American Medical Association (AMA) released new CPT code 99072, which became effective on Sept. 8, 2020. The code is designed for practices to report expenses incurred during a Public Health Emergency (PHE), including supplies and additional clinical staff time.

RVUs and Fee Allowances

The RBRVU and fee allowance for services represent the average work effort and practice expenses required to provide a service. For any given procedure code, there could typically be a range of work effort or practice expense required to provide the service. (CMS⁵) For any given procedure code, there could typically be a range of work effort or practice expense required to provide the service. Thus, the payment for a service should be increased only under very unusual circumstances based upon review of medical records and other documentation. (CMS⁵)

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Our Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for submission of accurate claims using valid codes from HIPAA-approved code sets and for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member's medical benefit plan. Should there be any conflicts between our Reimbursement Policy and the member's medical benefit plan, the member's medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and our Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; we strive to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****

Policy History

Date	Summary of Update
10/12/2022	Formatting/Update: Change to new header; includes Idaho. Acronym table: 5 entries added. Policy History section: Added. Entries prior to 2022 omitted (in archive storage).

Date	Summary of Update
11/18/2020	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
9/8/2020	Original Effective Date (with or without formal documentation). Policy based on Claims Management administrative decision to follow CMS policy for 99072. Regulatory team review of SSB 5169.