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What's the Deal With CPT® 99072?

Documentation is the key
to reimbursement of this code.

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CPT® 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*

On September 8, 2020, the American Medical Association published this new Current Procedural Terminology (CPT®) code, which is intended to account for additional practices expenses incurred during the COVID-19 Public Health Emergency (PHE). Those are expenses incurred as part of our effort to keep our patients, our staff, and ourselves safe. These expenses can be attributed to staff time and/or supplies. This CPT® code can only be used during a PHE that is due to a respiratory-transmitted infectious disease. Clearly, this CPT® code was developed for use during the COVID-19 PHE. The declaration of a PHE is made by the Secretary of Health and Human Services. The COVID-19 PHE began January 27, 2020 and continues at the time of the writing of this article. This CPT® code

can only be used for as long as the COVID-19 PHE persists.

Supplies

The reference to supplies is intended to represent any supplies we may use in our offices above what is typical in our efforts to keep our patients, our staff, and ourselves safe

toms upon arrival for appointments, donning and removing personal protective equipment, and increased time spent cleaning between patients.

Documentation

Just like any other service performed in a physician office, it is important to have clear documentation

**This CPT® code can only be used
during a PHE that is due to a respiratory-transmitted
infectious disease.**

during the PHE. Examples may include personal protective equipment for doctors and staff, personal protective equipment for patients, additional or different cleaning supplies, and plexiglass windows installed at check-in and/or check-out windows.

Staff Time

Additional staff time directed toward PHE-related safety measures may include contacting patients the day before their appointment to screen for COVID-19 symptoms, evaluating patients for COVID-19 symp-

that reflects the performance of the service described by the CPT® code that is submitted. Therefore, when this CPT® code is submitted, it is important to document the nature of the additional supplies, materials, and clinical staff time over and above those usually included in an office visit. An example of this documentation may look like:

This visit took place on _____, which was during the COVID-19 Public Health Emergency (PHE). This PHE was declared by the Secretary of
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Health and Human Services on January 31, 2020, retroactive to January 27, 2020 and still continues today. COVID-19 is a respiratory-transmitted infectious disease.

This patient was asked to wait in their car upon arrival and our patient care coordinator called them when their treatment room was ready. There was extra staff time spent by the patient care coordinator. For this patient's visit, a plexiglass window had been installed in our intake area to serve as a barrier between the patient care coordinator and the patient. A disposable surgical mask was dispensed to the patient upon their arrival in the building.

We also provided the patient with hand sanitizer upon their arrival. Throughout this patient's visit, the two front office staff members, myself, and the one back office assistant who

sideration of payment. The creation of a code by the AMA CPT® Editorial Panel does not imply or predict that third-party payers will pay for the service described by the CPT® code. Following the release of CPT® 99072

is happening at the Clearinghouse level and not at the third party payer level. These claims are not being “denied”. Rather, the claims aren’t even making it from the clearinghouse to the third-party payer. As many

The AMA CPT® Editorial Panel creates CPT® codes without any consideration of payment.

by the AMA, some third party payers have decided to pay for this code and others have decided to not pay for this code. Many non-Medicare payers are paying for CPT® 99072. On October 27, 2020, the Centers for Medicare and Medicaid Services (CMS) announced they were not going to pay for this code. They did so by as-

non-Medicare payers are paying for this CPT® code, the suggested solution to this problem is not to stop using CPT® 99072, but rather to fix the problem with the clearinghouse.

Conclusion

Many podiatrists are providing the service described by CPT® 99072. When this service is provided, it is suggested that the service be properly documented, and the CPT® code representing the provision of this service be submitted. **PM**

Note: Documentation suggestions made above do not imply that only this information should be documented. All pertinent patient information should be documented.

References

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AMA Press Release: “AMA announces new CPT® codes as COVID-19 advancements expand” <https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand>

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participated in this patient's care all wore N-95 masks. I also wore a disposable face shield and a disposable gown. For this patient's visit, a plexiglass window had been installed in the area where the patient checks out and makes their next appointment to serve as a barrier between the practice team member working at this desk and the patient. This is a different person in a different area than the patient care coordinator described above.

None of what is described above is used in our practice in the absence of the PHE and all of these materials and staff time described here are over and above what is usually included in a patient visit to our office outside of the PHE.

Documenting this service, when provided, is a good risk management tool as well.

Payment

The AMA CPT® Editorial Panel creates CPT® codes without any con-

signing it procedure status, “B”. That means, for CMS:

- There are no RVUs for this code.
- CMS considers it to be bundled with whatever service was provided that day.
- Medicare Administrative Contractors (MACs) will not pay for this service.
- Providers may not bill the beneficiary for this service.
- Issuing an Advanced Beneficiary Notice related to this service is not an option.

Clearinghouse Problems

There are multiple clearinghouses making a processing error with CPT® 99072 that is leading to the whole claim being kicked out if CPT® 99072 is on the claim. This is occurring when Clearinghouses do not have CPT® 99072 entered as a valid code or they have it entered incorrectly. An important distinction is this



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