

## Interim Coding Update & Guidance: Additional Practice Expenses incurred during the COVID-19 Public Health emergency (PHE), New CPT 99072

The Society for Maternal-Fetal Medicine (SMFM) Coding Committee; Steve Rad, MD; Trisha Malisch, CCS-P, CPC; Vanita Jain, MD

The SMFM Coding Committee has published coding guidance for COVID-19 and pregnancy (<https://www.smfm.org/covid19>). The CPT code set continues to adapt during the evolving COVID-19 Pandemic/ Public Health Emergency (PHE) to address the reporting of new medical advancements, tools and services being rendered by practices in order to help reduce disease burden and improve outcomes. On **September 8**, the American Medical Association (AMA) published two new additional codes effective immediately for reporting COVID-19 related medical services (<https://www.ama-assn.org/system/files/2020-09/cpt-assistant-guide-coronavirus-september-2020.pdf>). Here we share an update and guidance on the **new CPT code 99072**, which is of relevance to MFM subspecialists and practices.

New CPT code 99072 was established to report new and additional practice expenses for **in-person patient office visits** in a non-facility setting incurred to mitigate the transmission of a respiratory infectious disease for which a PHE was declared by law, e.g. the COVID-19 pandemic, including supplies and additional clinical staff time over and above those usually included in a medical visit or service.

*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.*

The new code was designed to capture practice expenses required to support a safe in-person provision of evaluation, treatment, and/or procedure services, including but not limited to additional supplies such as face masks, cleaning supplies, hand sanitizers, disinfecting wipes, sprays and cleansers, as well as clinical staff time for activities such as pre-visit instructions, screenings, office arrival symptom checks, conducting office protocols, use of PPE, additional cleaning of equipment, among other practice expense factors.

The new code should only be reported when **in-person service is rendered in a non-facility place of service (POS) setting**. For MFM subspecialist, this would most commonly refer to POS 11 Office. (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>). The following POS are designated as Facility and therefore excluded- POS 02 Telehealth, POS 19 Off Campus Outpatient Hospital, POS 21 Inpatient Hospital, POS 22 On Campus Outpatient Hospital, POS 23 Emergency Room-Hospital. MFM subspecialists practicing in hospital and academic affiliated practices are recommended to check with their Billing Departments to clarify which POS type their practice is considered, as often times such practices are considered Facility-based practices and billed as such, which would exclude them from reporting CPT 99072.

Furthermore, CPT code 99072 is to be reported only once per in-person encounter per provider, regardless of the number of services rendered at that encounter. In practices without available clinical staff, the activities performed by a physician or other qualified health care professional would meet the requirements of this code; however, the time spent fulfilling the requirements of CPT 99072 should NOT be counted towards time-based E/M codes used during the encounter. In addition, use of CPT 99072 is not dependent on a specific patient diagnosis or procedure codes.

#### Clinical Example and FAQ-

1. On September 9<sup>th</sup>, 2020, 34yo G1 presents to an MFM free-standing office, requiring care and detailed ultrasound for her 20w GA pregnancy. The encounter occurs during the ongoing COVID-19 Pandemic PHE, as defined by law. She undergoes health screening prior to her visit and again has symptoms and temperature check upon arrival. She is given instructions on social distancing and other strict precautions during the visit. Ample hand sanitizer is available. All staff and patients are wearing masks (universal masking) and additional PPE. After her visit, enhanced cleaning of the examination room and ultrasound equipment is necessary. The office has employed special air filters. Additional quantities of cleaning supplies are in place. Masks are provided to all staff personnel and patients. The practice identifies itself as POS 11 Non-Facility Office. **How is this reported? CPT 99072 applies.**
2. On September 10<sup>th</sup>, 2020, 40yo G1 presents to an MFM outpatient hospital site for growth ultrasound at 32 weeks. This MFM office has strict COVID-19 Pandemic precautions in place. This practice identifies itself as POS 22. **CPT 99072 does not apply since POS 22 is a Facility designated setting.**
3. Documentation and reimbursement may vary and continue to evolve among third-party payers and insurers especially since this a new CPT code; therefore, the Coding Committee recommends you contact payers directly to determine their specifications and if you may have specific reimbursement questions and concerns.

An example documentation template is provided below:

“Due to the declared COVID-19 Pandemic/Public Health Emergency, additional supplies, materials, precautions, screenings, clinical staff time over and above those usually included in an office visit, and increased practice costs were utilized and required to support the safe in-person provision of evaluation, treatment, and/or procedure services and mitigate transmission of disease.”

Please submit any questions you may have to the SMFM Coding Committee Ask a Coding Question website (<https://www.smfm.org/coding/questions/new>). Additional information and resources are also available on our coding website. Thank you very much.