Date

Insurance Carrier Claims Review Department Address or Insurance Carrier Medical Director Address

Re: Claim # \_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I am writing regarding the aforementioned claim and (Insurance Carrier Name)’s denial of CPT code 99072.

Effective September 8, 2020, CPT 99072 was created to report the increase in practice expenses required to safely provide medical services to patients in person during a public health emergency (PHE). 99072 is for medical supplies and clinical staff time **over and above those included in an office visit or other non-facility service. The definition for 99072 is:**

99072 *Additional supplies, materials, and preparation time required and provided by the physician or other qualified health care professional and/or clinical staff over and above those usually included in an office visit or other service(s), when performed during a nationally declared public health emergency due to respiratory transmitted infectious disease*

Code 99072 is part of the HIPAA procedural code set effective 9/8/20, and HIPAA requires that covered entities utilize the code set that is valid at the time the service is provided.

The table below compares/contrasts code 99072 with existing code 99070 (*Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)*):

|  |  |  |
| --- | --- | --- |
|  | **99072** | **99070** |
| When is the code reported? | •Only during a PHE  •Only for additional items required to support a safe in-person provision of evaluation, treatment, or procedural service(s)  •Can be reported with 99070 | •For additional supplies provided over and above those usually included with a specific service, such as drugs, intravenous (IV) catheters, or trays – when a more specific supply code (eg, HCPCS Level II) is not available  •Can be reported with 99072 |
| Are there limits to the number of times this code can be reported? | Yes -- reported only once per in-person patient encounter per provider identification number, regardless of the number of services rendered at that encounter. | No |
| Are there Place of Service (POS) restrictions? | Yes – this code can only be reported when the service is rendered in a **non-facility** POS setting, and in an area where it is required to mitigate the transmission of the respiratory disease for which the PHE was declared. | No |
| Is clinical staff time included? | Yes – this code accounts for the additional time required by clinical staff to provide the service safely. | No |
| What does this code cover? | •Time over what is included in the primary service of clinical staff time to conduct a pre-visit phone call to screen the patient, provide instructions on social distancing during the visit, check patients for symptoms upon arrival, apply and remove PPE, and perform additional cleaning of the room, equipment, and supplies  •Three surgical masks  •Cleaning supplies, including additional quantities of hand sanitizer and disinfecting wipes, sprays, and cleansers | Additional supplies provided over and above those usually included with a specific service, such as drugs, intravenous (IV) catheters, or trays. |
| Is this an add-on code? | No -- it does **not** have to be reported with an Evaluation and Management (E/M) service but if it is, 99072 is separately payable. | No |
| Is the appropriate reporting of this code diagnosis-specific? | No -- appropriate reporting of code 99072 is not dependent on a specific patient diagnosis (eg, COVID-19). | No |

While this code may not yet be valued or covered, the claim itself should still be adjudicated. To withhold payment hurts our practice, where we are taking care of patients during a pandemic. If (Insurance Carrier Name) will not pay until the Centers for Medicare and Medicaid Services (CMS) publishes values on the Medicare Physician Fee Schedule, we request that you:

* Pay at 100% of billed charges until CMS values the code
* Avoid cost shifting expenses to patient responsibility

Additionally, we request that once values have been released, unpaid or denied claims retroactive to 9/8/20 be re-adjudicated for payment.

If you have any questions, please feel free to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,