

## Re-opening Medical Practices

### Background

In April 2020, nThrive published the coding update COVID-19 Coronavirus [Re-opening Health Care](#), which may be found on the nThrive portal at <https://nthrive.com/covid19>.

Although our earlier coding update provided a link to non-facility guidelines it focused primarily on re-opening

hospital facilities.<sup>1</sup> As many health systems include physician practices and clinics and as patients are now returning to their physicians' offices nThrive has focused this update on a new CPT code, as well as guidelines, applicable to the **non-facility** setting.

The AMA/Specialty Society RVS Update Committee (RUC) worked with 50 national medical specialty societies and other organizations over the summer to collect data on the costs of maintaining safe medical offices during the public health emergency.

Subsequently on September 9, 2020 the American Medical Association (AMA) released CPT code 99072 in response to sweeping measures adopted by medical practices and health care organizations to stem the spread of the novel coronavirus (SARS-CoV-2), while safely providing patients with access to high-quality care during in-person interactions with health care professionals. The additional supplies and clinical staff time to perform safety protocols described by code 99072 allow for the provision of evaluation, treatment or procedural services during a public health emergency in a setting where extra precautions are taken to ensure the safety of patients as well as health care professionals.<sup>2</sup>

✓ **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*

According to the CPT Assistant article also released, 99072 represents “a new practice expense specifically intended for use during a declared PHE as defined by law, due to respiratory-transmitted infectious disease. It accounts for additional supplies, materials, and clinical staff time required for patient symptom checks over the phone and upon arrival, donning and removing personal protective equipment (PPE), and increased sanitation measures to prevent the spread of communicable disease.”<sup>3</sup>

The CPT Assistant article provides additional guidance and Q&A but does draw the providers attention to the difference between existing code 99070 and 99072.

“99070 is typically reported for supplies and materials that may be used or provided to patients during an office visit or other service(s) provided in the office setting. However, the newly established code differs significantly. First, new code 99072 is reported only during a PHE and only for additional items required to support a safe in-person provision of evaluation, treatment, or procedural service(s). These items contrast with those typically reported with code 99070, which focuses on additional supplies provided over and above those usually included with a specific service.”

Additional supplies that might be provided with a specific procedure or service would include IV supplies, dressing materials, etc. while 99072 is related to rendering that service safely and would include items such as PPE and activities such as intake screening for symptoms or disease.

### Specifically, 99072 includes:

- ✓ Additional time of clinical staff (RN, LPN, MTA) to:
  - Conduct a pre-visit phone call to screen the patient (symptom check),
  - Provide instructions on social distancing during the visit,
  - Check patients for symptoms upon arrival,
  - Apply and remove PPE, and
  - Perform additional cleaning of the examination/procedure/imaging rooms, equipment, and supplies.
- ✓ Three surgical masks.
- ✓ Cleaning supplies, including additional quantities of hand sanitizer and disinfecting wipes, sprays, and cleansers.

Although reported only once per visit, if appropriate, both 99070 and 99072 may be reported for the same visit.

The activities described by 99072 correlates with the Centers for Disease Control (CDC) guidelines for preparing physician offices/clinics for re-opening. These include actions to be taken before patients arrive at the office as well as during the visit and once the patient leaves.<sup>4</sup>

#### Prior to arrival:

- ✓ Prepare the clinic.
  - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more telemedicine appointments.
  - Know how to contact your health department.
  - Stay connected with your health department to know about COVID-19 in your community.
  - Step up precautions when the virus is spreading in your community.
  - Assess and restock supplies now and on a regular schedule.
- ✓ Communicate with patients.
  - Ask patients about symptoms during reminder calls.
  - Consider rescheduling non-urgent appointments.
  - Post signs at entrances and in waiting areas about prevention actions.
- ✓ Prepare the waiting area and patient rooms.
  - Provide supplies (e.g., tissues, alcohol-based hand rub, soap at sinks, and trash cans).
  - Place chairs 6 feet apart, when possible, and use barriers (like screens), if possible.
  - Remove toys, reading materials, or other communal objects, or clean them regularly.

#### Upon arrival:

- ✓ Place staff at the entrance to ask patients about their symptoms.
  - Provide symptomatic patients with tissues or facemasks to cover mouth and nose.
  - Limit non-patient visitors.
- ✓ Separate sick patients with symptoms.
  - Allow patients to wait outside or in the car if they are medically able.
  - Create separate spaces in waiting areas for sick and well patients.
  - Place sick patients in a private room as quickly as possible.

#### After the visit:

- ✓ Provide at-home care instructions to patients with respiratory or other symptoms and consider telehealth options for follow up.
- ✓ Notify your health department of patients with COVID-19 symptoms.
- ✓ After patients leave, clean frequently touched surfaces using EPA-registered disinfectants (e.g., counters, beds, seating).

#### Guidance

- ✓ Implement appropriate infection control strategies according to the CDC guidelines.
- ✓ Train staff:
  - Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.
  - Recognize the symptoms (e.g., fever, respiratory symptoms like cough or shortness of breath, and **other symptoms**).
  - Implement procedures to quickly triage and separate sick patients.
  - Emphasize hand hygiene and cough etiquette for everyone.
  - Ask staff to stay home if they are sick.
  - Send workers home if symptoms develop at work.
- ✓ Activate a new charge for 99072 based on costs and CMS reimbursement rates once released.



#### Sources

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
2. <https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand>
3. <https://www.ama-assn.org/system/files/2020-09/cpt-assistant-guide-coronavirus-september-2020.pdf>
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html> ■