



# AMERICAN OPTOMETRIC ASSOCIATION

## Personal Protective Equipment During the Global Pandemic

### New CPT Code Developed

Since the start of the pandemic the AOA has been working to ensure that doctors of optometry are compensated for additional practice costs associated with personal protective equipment (PPE). The entire physician community has mobilized to educate payers, including the Centers for Medicare & Medicaid Services (CMS), regarding the need to reimburse these costs to ensure that patients, physicians and staff members are well protected. The AOA also directly contacted 15 vision plans and more than 50 of the largest health plans in the U.S. regarding this important coverage and reimbursement issue.

Through the code development and valuation process, formally known as the Current Procedural Terminology (CPT) and Relative Value Update Committee (RUC) processes, the AOA has provided information and data to support the development of a new code for CPT code for PPE costs and has worked to ensure adequate compensation.

On Sept. 8, 2020, a new CPT code has been developed for PPE supplies and will be implemented immediately. This new code, **CPT 99072** describes, “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.”

To assist in appropriate valuation of this code, the AOA took part in a survey to assess the added costs of PPE. Based on responses from 20 specialty society responses incorporating data from hundreds of health care professionals, the total median cost of physical modification to offices per practitioner was approximately \$850. These were typically one-time costs for adding plexiglass barriers; purchasing thermometers and redesigning the office to accommodate social distancing. Physicians are also incurring more than \$6.50 in direct supply costs per patient and significant indirect costs as they have continued to care for patients throughout the pandemic. The need for the new CPT code for PPE is clear. While CPT 99072 has been valued at approximately \$6.50 per patient, actual reimbursement may vary from state to state and insurance plan.

The AOA is urging both CMS and all payers to immediately provide coverage for and pay for these added costs. The AOA recommends that doctors report this new code to all payers, but it is important to recognize that some payers may not immediately reimburse these costs. Any billing of the patient for this code should be done in accordance with your payer contracts. Additionally, it is important to be aware of state law with regard to charging patients for PPE costs. Some states currently have restrictions in place.

Doctors should also be aware that if you are billing third party payers for these additional costs, you must also charge private pay patients.

We also recommend that doctors stop any use of CPT 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) to report the extra cost of PPE supplies. In accordance with appropriate coding guidelines, the newly developed code best reflects the clinical situation and should be used.

If you have additional questions on this code and its use, please contact AOA’s coding experts at [askthecodingexperts@aoa.org](mailto:askthecodingexperts@aoa.org).