

MEMORANDUM

DATE: 4 February 2022
TO: All Health System Stakeholders
FROM: Bermuda Health Council
RE: Reimbursement of COVID Testing and Vaccinations – **UPDATE for 1st January 2022 Effect**

SARS-CoV-2 Sample Collection



In addition to the central specimen collection (nasal, oropharyngeal, and saliva testing) at government stationary and mobile sites ([sites link](#)), the following types of stakeholder are also eligible to provide this service for reimbursement:

- KEMH staff
- Registered physician offices (*through the Council’s Provider Advantage Programme*)
- Registered laboratory ancillary staff (*through the relevant statutory body*)
- Any additional healthcare provider teams explicitly approved by the Bermuda Health Council (*may require statutory body approval*)

For the following, please note that if an individual is attending an office visit on the same day as a sample is being collected, the only eligible additional charge for COVID sample collection would be associated with 99000. **Code 99211 is not eligible for reimbursement with other office visits occurring on the same day by the same provider.**

For reference: The “Max Total Price” provided in each table reflects the total reimbursement amount that we suggest for the identified service. Our recommendation for insurance coverage for that service is at least 50% of the maximum recommended charge. For example, if the max price for a service is listed as \$100, we recommend insurers reimburse the provider at least \$50 of that charge. The remaining amount, if any, may be covered out of pocket (OOP) by the patient.

Community-based COVID-19 Specimen Collection					
Registered physician office - Recommended coding for COVID-19 specimen collection appointments only					
Code	Modifier	Description	Non-Facility RVU	Max Total Price	Max Patient OOP Payment (50%)
99000	CS	Handling and/or conveyance of specimen for transfer from the office to a laboratory (e.g., takes into account the costs for transferring the sample from the office to the lab. If Office staff transfers specimen to lab use this code. If no location transfer takes place, claim submission is invalid)	0.16	\$12.95	\$6.47
99211	CS	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care (e.g.,	0.66	\$53.42	\$26.71
Registered physician office - Recommended coding for COVID-19 specimen collection appointments in combination with office visit for other reasons outside of COVID-19.					
Code	Modifier	Description	Non-Facility RVU	Max Total Price	Max Patient OOP Payment (50%)

99000	CS	Handling and/or conveyance of specimen for transfer from the office to a laboratory (e.g., takes into account the costs for transferring the sample from the office to the lab. If Office staff transfers specimen to lab use this code. If no location transfer takes place, claim submission is invalid)	0.16	\$12.95	\$6.47
99211-99215		Use office codes appropriate for service/reason for visit.			
Registered laboratory ancillary staff or approved healthcare provider - Recommended coding for COVID-19 specimen collection only					
Code	Modifier	Description	Non-Facility RVU	Max Total Price	Max Patient OOP Payment (50%)
99000	CS	Handling and/or conveyance of specimen for transfer from the office to a laboratory (e.g., takes into account the costs for transferring the sample from the office to the lab. If Lab/Office staff goes to separate location for specimen collection use this code. If no location transfer takes place, claim submission is invalid)	0.16	\$12.95	\$6.47
99211	CS	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care (e.g.,	0.66	\$53.42	\$26.71

What 99000 is (and what it is not)¹

Essentially, the clinical responsibility for 99000 involves any work a practice has to perform to prepare a specimen for transportation to a laboratory per the agreement your practice has with that lab. This could include:

- Separating a fluid layer using a centrifuge; Filling out any paperwork required by the lab; labeling and packaging the specimen per the lab’s instructions; and/or costs incurred by your practice to transport the specimen to the lab if these, or any other costs, are not already absorbed by the lab.

For example: A practice uses a courier service to transport a specimen sample from their office to an outside lab, and the practice pays the courier. In this scenario, they can use 99000 to code for their expenses. **NOTE: If the lab comes to a practice and picks up the specimen, and the expense for the transportation is folded into the lab’s fee for the service, then the practice cannot use 99000.**

99000 is not just for any transportation costs that a practice may incur. The code reflects costs to the practice for any work performed over and above the work described by the collection code itself. In other words, per *CPT® Assistant* (October 1999, page 11), “if a physician performs a venipuncture in the office to obtain a blood specimen, code 36415, *Routine venipuncture or finger/heel/ear stick for collection of specimen(s)*, should be reported. In **addition**, code 99000 should be reported when the physician’s office centrifuges the specimen, separates the serum and labels, and packages the specimens for transport to the laboratory.”

¹ <https://www.aapc.com/blog/51814-99000-the-little-code-with-big-issues/>

SARS-CoV-2 PCR Testing



Approved laboratories for SARS-CoV-2 PCR testing can be found at the following [LINK](#)

Private facility reimbursement of PCR testing (this includes the medical coding, current RVU and price based on the current established Bermuda conversion factor (**80.95**), are recommended as follows:

Single SARS-CoV-2 PCR Lab Testing. PCR claim to be submitted by approved laboratories.

For reference: The “Max Total Price” provided in each table reflects the total reimbursement amount that we suggest for the identified service. Our recommendation for insurance coverage for that service is at least 50% of the maximum recommended charge. For example, if the max price for a service is listed as \$100, we recommend insurers reimburse the provider at least \$50 of that charge. The remaining amount, if any, may be covered out of pocket (OOP) by the patient.

Code	Description	Non-Facility RVU	Max Total Price	Max Patient OOP Payment (50%)
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	1.47	\$119.00	\$59.50

Personal Protective Equipment



Specimen collection requires the use of personal protective equipment (PPE) for staff obtaining body fluid samples from each patient. Demand for PPE is subsiding and there is evidence of oversupply in some countries, as such some of the additional capacity is being scaled back. Industry experts suggest that capacity is now sufficient to meet most of the Covid-19 related demand for PPE in almost every geography. With projection for global demand of PPE contracting, the recommended reimbursement for the cost of such supplies has been downward adjusted.

PPE Reimbursement – In order to be eligible for subsidization or reimbursement, the practice must provide, to the insurer, documentation of own entity purchase and associated costs.

For reference: The “Max Total Price” provided in each table reflects the total reimbursement amount that we suggest for the identified service. Our recommendation for insurance coverage for that service is at least 50% of the maximum recommended charge. For example, if the max price for a service is listed as \$100, we recommend insurers reimburse the provider at least \$50 of that charge. The remaining amount, if any, may be covered out of pocket (OOP) by the patient.

Code	Description	Non-Facility RVU	Max Total Price	Max Patient OOP Payment (50%)
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	N/A	Maximum of \$15 per claim	\$7.50

COVID Vaccine Administration



Currently, Government provides access to mass vaccination sites.

An expansion of such services to community providers is being implemented. This also comes at a time when the 15 minute observation period for COVID-19 vaccinations have been suspended. To accommodate standardization across the sector, and in view of the current services that are being provided by the government of Bermuda, the following guidance is being presented. This includes the medical coding, current RVU and price based on an established current Bermuda conversion

factor (80.95).

Since we anticipate that providers, for the current period, will not incur a cost for the vaccine product itself, the Health Council will update the payment for the product if applicable at a later date. Providers should not bill for the product if they received it for free.

For reference: The “Max Total Price” provided in each table reflects the total reimbursement amount that we suggest for the identified service. Our recommendation for insurance coverage for that service is at least 50% of the maximum recommended charge. For example, if the max price for a service is listed as \$100, we recommend insurers reimburse the provider at least \$50 of that charge. The remaining amount, if any, may be covered out of pocket (OOP) by the patient.

CPT Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	Non-Facility RVU	Max Total Price	Max Patient OOP Payment (50%)
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	0.37	\$29.95	\$0
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	0.37	\$29.95	\$0
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose	0.37	\$29.95	\$0
0004A	ADM SARSCOV2 30MCG/0.3ML BST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Booster	0.37	\$29.95	\$0
0021A	ADM SARSCOV2 5X10 ¹⁰ VP/.5ML 1	Astra-Zeneca	AstraZeneca Covid-19 Vaccine Administration – First Dose	0.37	\$29.95	\$0
0022A	ADM SARSCOV2 5X10 ¹⁰ VP/.5ML 2	Astra-Zeneca	AstraZeneca Covid-19 Vaccine Administration – Second Dose	0.37	\$29.95	\$0
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	Pfizer	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration - First dose	0.37	\$29.95	\$0
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	Pfizer	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration - Second dose	0.37	\$29.95	\$0
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	Pfizer	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration - Third dose	0.37	\$29.95	\$0
0054A	ADM SARSCV2 30MCG TRS-SUCR B	Pfizer	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration - Booster	0.37	\$29.95	\$0
M0201	Covid-19 vaccine home admin	Home vaccine admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	0.37	\$29.95	\$0

Other Testing and Considerations



The following test types are permissible for individual personal health information but are not recommended for health insurance coverage at this time:

COVID Antibody Tests

These tests are only allowed to be done in Bermuda under the following strict criteria:

- Population level analysis for epidemiological studies and research.
- Pre-processing for the collection of convalescent plasma.
- Outbreak investigations by the Epidemiology and Surveillance Unit.
- Investigation of post-viral COVID/long haulers symptoms.”

COVID Antigen Tests (CPT code 87426)

Based on industry information, the Health Council has determined the fair price to consumers for antigen test kits to be \$2.50 - \$10.00 per single test kit. Pricing above such target is considered to be in excess, and will be reviewed for Health Council public comment.

Antigen test kits must be approved by the Department of Health and must meet requirements of regulatory approval by the US Food and Drug Administration (FDA) or the Medicines and Healthcare products Regulatory Agency (MHRA). A list of approved test kits can be found here ([LINK](#)).

Antigen Test Related Travel Certificates (Fit to Fly)

Travel to the US and UK requires a pre departure test. Such pre-tests may include select antigen tests. In the US, all air passengers 2 years or older with a flight departing to the US from a foreign country at or after 12:01am EST (5:01am GMT) on December 6, 2021, are required show a negative COVID-19 viral test result taken no more than 1 day before travel, or documentation of having recovered from COVID-19 in the past 90 days, before they board their flight.

Based on industry information, the Health Council has determined the fair price to consumers for certifying the results of an antigen test to be \$25.00 - \$50.00, with test kit cost included.

Additional Reimbursement Considerations:

- A. Testing and sampling for non-medical travel (i.e. leisure/business travel originating in Bermuda) on island will not be covered by health insurers.
- B. PCR sampling and testing may be reimbursed by health insurers at the rates defined in this guidance and are subject to review by each health insurer per their terms of medical necessity.
- C. Providers collecting specimen samples should clarify to consumers that specimen collection is not the same as PCR testing. Unless a provider is conducting diagnostic testing, verbiage should only describe the service being provided (i.e., “specimen collection” or “PCR Testing” as applicable).
- D. Concierge service fees (e.g., at home service) or select group services (e.g., employment or education based screenings) that fall outside of the scope of the included guidance, are reimbursed per the discretion of health insurers or will require out-of-pocket payment. Concierge service fees are not guaranteed reimbursement. Please check with relevant policy coverage.