

MEMORANDUM

DATE: 2nd March 2021
TO: All Health System Stakeholders
FROM: Bermuda Health Council
RE: Reimbursement of COVID Testing- March 2021 UPDATE

In addition to the central collection of samples, some physician offices may be requested to collect patient samples for transfer to laboratories for testing. The following laboratories are approved for SARS-CoV-2 Lab Testing using PCR:

- Government Laboratory/MDL
- Bermuda Hospitals Board/KEMH
- Helix Laboratory
- C&S West Laboratory

Currently, Government and the BHB are absorbing the costs of sample collection and testing conducted at their facilities as part of their existing funding mechanisms. No charges are being assessed to individuals, whether insured or not.

It is understood that expansion of such services in the community come with additional costs associated with the use of human and clinical supply resources without the benefit of volume discounts that are the value of the current government testing programme. With expansion of capacity into the private market, and to accommodate standardization across the sector, the following guidance is being presented. This includes the medical coding, current RVU and price based on an established Bermuda conversion factor (84.93).

It is recommended that an option is presented to each individual that attends a facility that they do maintain the ability to receive these services through the Government without out of pocket expenses. If they however maintain the desire to receive services at cost, the following prices should be considered standard. **Insurers are allowed to reimburse no less than 50% of the guidance charge (see tables below) with any remainder being collected through patient co-payments.**

In addition the reimbursement guidance, all testing should follow standard set forth by the Ministry of Health and the Office of the Chief Medical Officer in respect of standards for sample collection, testing and testing methodologies. Testing should be patient initiated unless required by Public Health. As such this schedule will change if any updates in testing methods or products are formally determined by the Chief Medical Officer.

PPE Reimbursement – **Must provide documentation of own entity purchase and associated costs to receive any subsidization or reimbursement to insurers for eligibility of reimbursement.**

Code	Description	Non-Facility RVU	Max Total Charge	Max Patient Copay (50%)
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	N/A	Maximum of \$20 per claim	\$10

COVID-19 Specimen Collection. 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.**

Code	Modifier	Description	Non-Facility RVU	Max Total Charge	Max Patient Copay (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. Currently	0.16	\$13.59	\$6.79
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.,	0.65	\$55.20	\$27.60

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

Code	Description	Non-Facility RVU	Max Total Charge	Max Patient Copay (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	1.42	\$120.60	\$60.30

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.**

But it is important to remember that 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."

It is also important that a practice does not use 99000 to report the actual procedure for obtaining a specimen. A practice would document that with the CPT® or HCPCS Level II code that describes that particular service, such as 36415 mentioned above, or with the appropriate evaluation and management (E/M) code, such as 99211, if there is no dedicated code for the procedure.

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