



Frequently Asked Questions about the PPE Reimbursement Law

Who can I bill this code to?

99072 can only be billed to Washington State-regulated health plans. That means the law does not apply to Medicare, Medicaid, PIP, L&I, or self-insured health plans. There are some private health plans that it doesn't apply to either, such as those negotiated by unions. These are known as Taft Hartley plans and they're federally regulated by ERISA. Because of this, they're not subject to this state law. If you bill this code to any entity that is not a state regulated plan, it will be denied.

Can I bill the patient?

No, you cannot bill 99072 to the patient at all. The law specifically says that there can be no cost sharing by the patient in any way, which means that the insurer cannot apply the cost to co-insurance or co-pays. The \$6.57 reimbursement is exclusively the responsibility of the state regulated health plan.

Why \$6.57? Can I bill a higher or lower amount based on my actual PPE expenses?

\$6.57 is the amount that legislators agreed to after lengthy negotiations with stakeholders. There is no formula that calculates this amount, but that is irrelevant. \$6.57 is the amount stated in the statute, so that's what you can bill. Regardless of your actual PPE costs, \$6.57 is what the Washington State Legislature say you get.

Can I round up to \$7.00 to make it a cleaner number?

No, you cannot round the rate up to \$7.00. One may reason that the insurer will just reduce it to the allowable amount, but that is unlikely. Rounding up will be viewed as a cash grab and will not represent a good faith attempt to comply with the law. It's an odd number, but it isn't just what the state says you can bill; it's also what the state says the insurer *must* pay. But since the rate is specified in law, billing anything in excess of it will result in a denial.

Can I round it down to \$6.00?

If you want to, yes; but then you'll be forgoing 57¢ you're entitled to. Over time, that adds up. \$6.57 is the rate insurers are entering into their systems. Charging any other amount will draw more attention to your billing practices.

Do I need to apply a modifier, and what should I put in the chart notes?

No modifier should be necessary. Just bill 99072 at the rate of \$6.57. As for your chart notes, simply listing "COVID PPE" should be sufficient.

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When am I able to bill this code?

The law took effect on Friday, April 16, 2021 and it allows you to bill the code as long as the federal state of emergency relating to COVID is in effect. When HHS lifts the state of emergency, the WSCA will report it and let you know the last date of service you're allowed to bill it. Until then, you can bill 99072 for each patient encounter where the third party payer is a Washington State-regulated health plan.

How do you define a "patient encounter?"

A patient encounter is any episode of care that requires a new entry in the patient's chart. In most cases, that's once per day per patient, per provider. However, in the unlikely event where a patient is seen in the morning, then again in the afternoon for a separate issue, that could be two encounters. What is more likely is that a DC sees a patient, then the patient is seen by a massage therapist in the same visit. This *could* potentially be two encounters, but if the two providers are billing under the same tax ID, it may raise a red flag. The best way to approach it is to only bill 99072 once per day per patient.

Does this apply to massage and acupuncture too?

This law applies to every provider type, so if the patient comes in for a massage and doesn't see the DC, the massage therapist can still bill for it. However, if you are licensed in more than one discipline—like chiropractic and acupuncture—you should still adhere to the "once per day" rule.

What if an insurer audits me? Won't I have to substantiate the reasonableness of the charge?

No. Regardless of what your actual PPE costs are, the amount is set in statute. If you're audited, you need to show that you complied with the law. The law says you get paid \$6.57 for this code. This is another good reason not to round up or down—even if it's more convenient, it will raise red flags when you deviate from what is set in statute.

I live in a border town and practice in clinics on both sides of the state line. Can I bill this to patients I treat in Oregon or Idaho?

No. This law is exclusive to Washington State and does not apply anywhere else. Even if you treat the same patient on subsequent days in both states, you'll only get the \$6.57 for 99072 when you bill it in Washington State to a Washington State-regulated health plan.

I spoke to my practice management software company and they told me it can't be 100% insurer paid. Or I talked to a well-known compliance educator and they told me I have to track my expenses for this code. Why are they telling me this?

Normally these are trustworthy sources of information, but both your software provider and nationally-known educators are focused on the big picture—the one that applies to the most people. This is a new law and it only applies in Washington.

National companies track legislative changes that affect their business, but laws ordinarily take effect months after the legislative session ends. This law had an emergency clause that gave it immediate effect. It takes time for nationally focused businesses to conform to new laws, even when they have

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months of notice. Your software provider probably does know about this new law, but they have not had a chance to implement a solution in their system yet. Also, this information likely has not trickled down to the customer service representatives your staff are talking with.

The WSCA is contacting major software providers to determine their implementation timelines. Once those are known, we'll report it to the profession. But for now, understand that no matter what an out-of-state entity says, this law is in effect now and it must be followed as described above.

For more information about this law and other legislative developments, watch our weekly newsletters and red banner emails.