Payment Policy | Prolonged Physician Services

EFFECTIVE DATE: 02|01|2004
POLICY LAST UPDATED: 02|06|2018

OVERVIEW
Prolonged service codes are add-on codes that are used when a physician or other qualified healthcare professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting.

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Prior authorization is not required.

POLICY STATEMENT
Claims filed for prolonged services are covered when the documentation submitted with the claim validates that the time and documentation requirements have been met.

Claims filed for prolonged services (99354-99359), will automatically suspend for individual consideration review. The supporting documentation must be filed with the claim at the time of submission.

The use of the time-based add-on codes requires that the primary evaluation and management service have a typical or specified time published in CPT

The documentation is reviewed to determine that all of the following are met:

- Documentation reflects the physician time spent having direct patient contact, including additional non-face-to-face time, such as time spent on the patient's floor or unit in the hospital or nursing facility setting.
- Includes the start time and end time or the total time spent having direct patient contact and non-face-to-face time, such as time spent on the patient's floor or unit in the hospital or nursing facility setting.
- Sufficient documentation must be included in the medical record that the provider personally furnished the prolonged service time with the patient as specified in the CPT code definitions.
- The documentation should also meet the coding guidelines for the E&M service being provided. If time is used as a basis for selecting the appropriate level of E&M, then the medical record must indicate that counseling was the dominant service provided.

It is not appropriate to bill prolonged services for any the following:

- In the office setting, for time spent by office staff with the patient, or time the patient remains unaccompanied in the office
- With Preventive Medicine codes, 99381-99397
- With Emergency Medicine Department codes, 99281-99285
- With critical care codes, 99291-99292
- With Neonatal Intensive care codes, 99295-99298
- With anticoagulation service codes, 99363-99364

- With care plan oversight codes, 99339-99340, 99374-99380
- With other indirect services that have a more specific code and no upper time limit in the code
- With patient management services during same time frame as 99487-99489, 99495-99496
- With time spent in medical team conference, 99366-99368
- Use of code more than one time per date of service

Note: Claims for services rendered in the Hospital Based Clinic by a physician or other qualified healthcare professional, must be filed only by the facility. See related policies section.

Prolonged Services Filed by Mid-Level Practitioners in Inpatient Setting
Mid-level practitioners (e.g., nurse practitioners, physician assistants) will not be reimbursed when providing E&M prolonged services in the inpatient hospital setting.

Prolonged Behavioral Health Services Provided to Children Under the Age of 18
BCBSRI recognizes that the evaluation of children/adolescents often takes longer than adults and requires additional collateral contacts that further differentiate this population. Effective, for dates of service on or after January 1, 2013, BCBSRI allows providers to file with a modifier "TU" Special Payment Rate, Overtime for extended psychiatric diagnostic interview examination (90791-TU and 90792-TU) for children under the age of 18. Extended services are defined as psychiatric diagnostic interview/examinations that extend longer than 75 minutes for our members under 18 years of age.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable doctors' hospital visits and office visits benefits/coverage.

BACKGROUND
Blue Cross & Blue Shield of Rhode Island (BCBSRI) has created this policy to document the coding guidelines for reimbursement of prolonged services. These codes are used when a physician or other qualified healthcare professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting.Prolonged service in the office or other outpatient setting requires documentation of the entire time spent having direct patient contact beyond the usual service.

Prolonged services supplied in the inpatient setting requires that direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session. Direct patient contact also includes additional non-face-to-face time, such as time spent on the patient's floor or unit in the hospital or nursing facility setting. Direct patient contact also includes time spent providing indirect contact services by the physician or other qualified health care professional in relation to patient management where face-to-face services have or will occur on a different date. Additionally included in the prolonged service codes is the time spent providing prolonged services performed on a date of service (which may be other than the date of the primary service) that are not continuous.These services are reported in addition to the designated evaluation and management services at any level.

CPT codes 99358 and 99359 may not be reported during the same service period as complex chronic care management (CCM) services or transitional care management services. These codes are not reported for time spent in non-face-to-face care described by more specific codes having no upper time limit in the CPT code set.

CODING
BlueCHiP for Medicare and Commercial Products
The following codes are covered when documentation requirements are met:

99354 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately),

99355 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes

99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (list separately in addition to the code for inpatient Evaluation and Management service)

99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to the code for prolonged service)

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

BlueCHiP for Medicare and Commercial Products
The following codes are covered, but not separately reimbursed:
99415 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for prolonged service).

99416 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (list separately in addition to code for prolonged service).

RELATED POLICIES
Mid-Level Practitioners
Behavioral Health Services
Hospital Based Clinic

PUBLISHED
Provider Update, March 2018
Provider Update, March 2017
Provider Update, July 2016
Provider Update, July 2015
Provider Update, June 2007
Policy Update, July 2006
Policy Update, December 2004

REFERENCES
1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

3. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/5972.pdf

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