

Payment Policy | After Hours: Special Services, Procedures and Reports



EFFECTIVE DATE: 04|01|2010
POLICY LAST UPDATED: 01|19|2010

OVERVIEW

This policy addresses guidelines for instances when special services, procedures and reports performed after hours.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Any urgently scheduled visit rendered outside of the routine hours of 8AM-5PM, Monday through Friday (except holidays), may have 99050 added. **Code 99050 may not be reported for routine or preventative services.** "Urgently scheduled" would typically be the same day or within 24 hours of the request for an acute problem or acute exacerbation of chronic illness.

Claims for services requested after regularly scheduled office hours, in addition to basic services (e.g., services requested on Sundays and holidays, 99050), are reimbursed to pediatricians, family practitioners, internal medicine, mid-level practitioners (PCP specialties) and OB/GYN physicians functioning as PCPs related to specific lines of business.

When filing code 99050, mid-level practitioners (PCP Specialties) will be reimbursed according to their appropriate fee schedule for this service.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Special services, procedures, and reports codes provide the reporting physician (or other qualified healthcare professional) with the means of identifying the completion of these special reports and services as an adjunct to the basic services rendered. The specific CPT code number assigned indicates the special circumstances under which a basic procedure is performed.

Codes 99050-99060 are reported in addition to an associated basic service. Typically only a single adjunct code from among this group would be reported per patient encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.¹

While physician offices have varying hours, BCBSRI considers normal office hours to be between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Reimbursement for special services, procedures and reports will be extended to pediatricians, family practitioners, internal medicine, mid-level practitioners (PCP specialties) and OB/GYN physicians when functioning as PCPs related to specific lines of business.

Urgent care centers, emergency room providers, general practitioners (GPs) and others not listed above are excluded from receiving the additional reimbursement.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet, for the applicable machine test coverage/not medically necessary services.

CODING

The following service is covered and separately reimbursed when filed with 99201-99215 only
99050

The following services are covered but not separately reimbursed:

99051, 99053, 99056, 99058, 99060

Note: One Evaluation and Management (E/M) service (99201-99215) per day will be allowed to either the mid-level practitioner or the physician, not both.

RELATED POLICIES

Mid-Level Practitioners

PUBLISHED

Provider Update	Dec 2010
Provider Update	Nov 2010
Provider Update	Dec 2010
Policy Update	Feb 2008
Policy Update	Jan 2006
Policy Update	Oct 2004
Policy Update	Feb 2003

REFERENCES

1. CPT 2007: Special Services, Procedures and Reports; pg. 418-19.

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