**Medical Coverage Policy |** Prolonged Physician services

**EFFECTIVE DATE:** 12|01|2004
**POLICY LAST UPDATED:** 05|02|2016

## 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 as this is a reimbursement policy.

## 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 (99354-99357), will automatically suspend for individual consideration review. The supporting documentation must be filed with the claim at the time of submission.

The documentation is reviewed to determine that all of the following are met:
- Documentation reflects the physician time spent having direct patient contact;
- Includes the start time and end time or the total time spent having direct patient contact.
- Sufficient documentation must be included in the medical record that the provider personally furnished the direct face-to-face 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.

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

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 prolonged E&M services before and/or after direct patient contact, 99358-99359

**Prolonged Services Filed by Mid-Level Practitioners in Inpatient Setting**
Mid-level practitioners (e.g., nurse practitioners, physicians 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 direct patient contact beyond the usual service. In the inpatient setting, 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. This service is reported in addition to the designated evaluation and management services at any level and any other services provided at the same session as evaluation and management services.

## CODING
**BlueCHiP for Medicare and Commercial Products**
The following codes are covered when documentation requirements are met:
99354

99355

99356

99357

**BlueCHiP for Medicare and Commercial Products**
The following codes are covered, but not separately reimbursed:
99415

99416

## RELATED POLICIES
Mid-Level Practitioners
Behavioral Health Services

## PUBLISHED
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/m m5972.pdf

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