Prolonged Services

Policy REIMB-026

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Reviewed/Revised Date: 12/13/2023

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Current Effective Date: 12/13/2023

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Description:

According to American Medical Association's (AMA) Current Procedural Terminology (CPT), prolonged service codes 99359, 99415, 99416, 99417, 99418, G0513, and G0514 are considered add-on codes that are beyond the typical service time of the primary procedure and should not be reported without the appropriate primary evaluation and management (E/M) code.

These codes are used to report prolonged services, with direct patient contact or without direct patient contact (99417-99418) beyond the usual service. These are time-based codes and time spent with the patient must be documented in the medical record. Codes 99417 and 99418 are only reported in addition to other highest level of service time-based E/M services.

For prolonged services provided by a physician or other qualified health care professional involving direct face-to-face time with the patient in the office or other outpatient setting, see 99417.

For prolonged services provided by a physician or other qualified health care professional without face-to-face contact or unit/floor time, see 99358-99359. Codes 99358-99359 may be reported on a different date of service than the primary service and do not require the primary service to have an established time.

For prolonged services provided by a physician or other qualified health care professional involving total time spent at the patient's bedside and on the floor/unit in the hospital or nursing facility, see 99418.

The American College of Obstetricians and Gynecologists (ACOG) coding guidelines determined that prolonged services for labor and delivery are not separately reimbursable services, as they are not reported for services that do not have a time component such as labor and delivery management.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans will separately reimburse physicians or other qualified health care professionals when reporting the prolonged services CPT code with or without direct patient contact (99417) beyond the highest-level of service when the following criteria are met:

A. Prolonged service code 99417 should be reported WITH the appropriate highest-level of E/M service.

B. Prolonged services must be at least 15 minutes or longer beyond the typical time of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous.

C. Prolonged services CPT code 99417 should not be reported with E/M codes that do not have stated times within their CPT definitions.

D. Documentation must support the reporting of prolonged services. The content and duration of the physicians or other qualified health care professional's service must be stated with start and stop times clearly indicated.

U of U Health Plans will separately reimburse physicians or other qualified health care professionals when reporting prolonged services CPT code (99418):

A. Prolonged services rendered in the inpatient or observation setting when the code for the primary E/M service has been selected based solely on total time, and only after exceeding the required time to report of the highest-level of service by at least 15 minutes.

U of U Health Plans will separately reimburse physicians or other qualified health care professionals when reporting prolonged services CPT codes WITHOUT direct patient (face-to-face contact or unit/floor time) contact (99358-99359) beyond the usual service when the following criteria are met:

A. Prolonged services must be at least 30 minutes or longer beyond the typical time of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous; **and**

B. 99358-99359 may be reported on a different date of service than the primary service and do not require the primary service to have an established time; **and**

C. Documentation must support the reporting of prolonged services. The content and duration of the physicians or other qualified health care professional's service must be stated with start and stop times clearly indicated.

U of U Health Plans does NOT reimburse time spent accompanied with office staff or clinical staff while unaccompanied by the physician or other qualified health care professionals, as this time should not be included in a prolonged service.

In accordance with AMA and the Centers for Medicare and Medicaid Services (CMS) coding guidelines, prolonged services without direct patient contact (CPT codes 99358–99359) will not be separately reimbursed when reported with care management CPT codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494, G2058, and transitional care management CPT codes 99495 and 99496.

U of U Health Plans does NOT reimburse for prolonged physician services for labor and delivery.

2. **Medicaid Plans**

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

Prolonged Services with Direct Patient Contact:

Prolonged Services with Direct Patient Contact are when a physician or other qualified health care professional provides prolonged services beyond the usual service in either the inpatient or outpatient 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.

Prolonged Services without Direct Patient Contact:

Prolonged Services without Direct Patient Contact are used when a prolonged service is provided that is neither face-to-face time in the office or outpatient setting, nor additional unit/floor time in the hospital or nursing facility setting during the same session of an evaluation and management service and is beyond the usual physician or other qualified health care professional service time.

Same Individual Physician or Other Qualified Health Care Professional:
The same individual rendering health care services reporting the same Federal Tax Identification number.

Applicable Coding

CPT Codes

99417 Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

99418 Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)

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

99359 ; each additional 30 minutes (List separately in addition to code for prolonged service)

HCPCS Codes

No applicable codes

References:

1. American College of Obstetricians and Gynecologists (ACOG) Website (www.ACOG.org).
2. American Medical Association (AMA). Current Procedural Terminology (CPT®) and associated publications and services.
3. Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual, Chapter 12 Physicians/Nonphysician Practitioners, Section 30.6.5 Physicians in Group Practice https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf and Chapter 18 Preventive and Screening Services, Section 240 Prolonged Preventive Services Codes https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/clm104c18.pdf