After-Hours Codes Coverage

Policy REIMB-028

Origination Date: 3/24/2021

Reviewed/Revised Date: 03/29/2023

Next Review Date: 03/29/2024

Current Effective Date: 03/29/2023

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:

After hours or weekend care Current Procedural Terminology (CPT®) codes represent services provided, when an individual physician or other health care professional is required to render the services outside of regular posted office hours to treat a patient's urgent illness or condition.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans COVERS CPT code 99050 for an after-hours charge when services are provided in an office/clinic setting consistent with the following guidelines:

A. After-hours services are provided in the office at times other than regularly posted office hours, or days when the office is closed (e.g., holidays, Saturday or Sunday) in addition to basic service.

B. Providers will submit documentation to substantiate additional payment for after-hours upon request.

C. Services are billed with a covered evaluation/management service CPT code but not a preventive service code

D. The provider billing the service is a primary care provider practicing in one of the following areas:

i. Adolescent Medicine
ii. Pediatric-Adolescent
iii. General Pediatrics
iv. Family Nurse Practitioner
v. Nurse Practitioner
vi. Pediatric Nurse Practitioner
vii. Advanced Registered Nurse Practitioner
viii. Family Medicine
ix. General Practice
x. Geriatric Medicine
xi. Obstetrics & Gynecology *(where the provider has indicated PCP status)*
xii. General Internal Medicine *(where the provider has indicated PCP status)*
xiii. Certified Nurse Midwife

U of U Health does NOT separately reimburse CPT codes 99051, 99053, 99056, 99060 for an after-hours charge when a service is provided in an office/clinic setting during regularly scheduled evening, weekend, or holiday office hours or at a 24-hour facility. These codes will be denied as a provider liability. Coverage for services rendered in an urgent care clinic or setting will be processed based on the procedure/service itself. Co-pays may differ based on member benefits.

U of U Health Plans does NOT separately reimburse a charge for an after-hours CPT code for a service provided at the request of the patient for the patient's convenience.

U of U Health Plans does NOT separately reimburse a charge for an after-hours CPT code when submitted with Virtual Visits.

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.

Rationale

The Centers for Medicare and Medicaid Services (CMS) considers reimbursement for CPT codes 99050, 99051, 99053, 99056, 99058 and 99060 to be bundled into the payment for other services provided on the same day. U of U Health Plans aligns with CMS for after-hours services represented by CPT codes 99053– 99056 and 99060 which are assigned a status of "B". CMS assigns a status of "B" (Bundled Code) to the denied procedure, which is defined, "Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amount for these codes and no CMS 1500 separate payment is made. A Modifier will not over-ride the edit".

In some instances providing services by providers in a clinic setting afterhours may reduce the use of higher cost services and warrants reimbursement. For that reason it is reasonable to consider coverage of 99050 and 99051 separately from the e/m bundling rules established by CMS.

Applicable Coding

CPT Codes

99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service

HCPCS Codes

No applicable codes

References:

1. American Medical Association (AMA). "Current Procedural Terminology (CPT)". 2021.
2. Centers for Medicare and Medicaid Services (CMS) (2020) National Correct Coding Initiative Edits (NCCI). Accessed March 16, 2021. Available at: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html