REIMBURSEMENT POLICY

Prolonged Services

Active

Policy Number:	Evaluation and Management – 006
Policy Title:	Prolonged Services
Section:	Evaluation and Management
Effective Date:	03/24/15

Product: ☒Commercial ☒FEP ☒Medicare Advantage ☒Platinum Blue

Description

This policy addresses the coverage and reimbursement for prolonged services.

Definitions

Prolonged Services: services that a physician provides beyond the usual service in either the inpatient or outpatient setting.

Prolonged Services with Direct Patient Contact: 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: 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.

Policy Statement

Blue Cross and Blue Shield of Minnesota (Blue Cross) provides reimbursement for prolonged physician services codes 99354-99357 and 99415-99417. Use CPT guidelines to report Prolonged Services. Review of tests with the patient only is not considered prolonged care and as such will be denied.

Code 99417 is used to report prolonged total time (i.e., combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services (i.e., 99205, 99215). Code 99417 is only used when the office or other outpatient service has been selected using time alone as the basis and only after the minimum time required to report the highest-level service (i.e., 99205, 99215) has been exceeded by 15 minutes. To report a unit of 99417, 15 minutes of additional time must have

been attained. Do not report 99417 for any additional time increment of less than 15 minutes. Time spent performing separately reported services other than the E/M service is not counted toward the prolonged service time.

Codes 99358-99359 are not reimbursed (prolonged services without face-to-face patient contact) and will deny as provider liability.

Medicare Advantage or Platinum Blue

G0513 and G0514 may be reported for prolonged preventive services for Medicare patients. G2212 prolonged office visit should be reported instead of 99417.

Time spent performing separately reported services other than E/M service is not counted toward the prolonged service time.

Cardiovascular stress test and prolonged services

Cardiovascular stress testing is reported under codes 93015-93018. The monitoring of a patient by a physician during a cardiovascular stress test is considered an integral part of the professional component of the test and not reimbursable as a separate service.

Prolonged services may be submitted in addition to the stress test only if acute intervention is required beyond routine physician monitoring during the test. Use the appropriate E/M code with modifier 25.

Documentation Submission

Documentation must identify and describe the procedures performed. The time in prolonged care with the patient must be noted. The plan of care must also be present and support the need for prolonged care. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross or Medicare fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: 25
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: 99354 99355 99356 99357 99358 99359 99415 99416 99417 G0513 G0514 G2212
Revenue Codes: N/A

Cross Reference

Cross Reference: N/A

Policy History

03/24/2015	Initial Committee Approval Date
06/09/2016	Annual Policy Review
08/30/2017	Annual Policy Review
01/01/2018	Code Update
06/15/2020	Annual Policy Review
01/26/2021	Code Update
07/27/2021	Annual Policy Review

2021 Current Procedural Terminology (CPT®) is copyright 2021 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Copyright 2021 Blue Cross Blue Shield of Minnesota