

# PROLONGED SERVICES POLICY

**Policy Number:** ADMINISTRATIVE 184.16 TO

**Effective Date:** May 1, 2018

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Related Policies
<ul style="list-style-type: none"> <li>• <a href="#">Add-On Policy</a></li> <li>• <a href="#">Obstetrical Policy</a></li> </ul>

## INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

## APPLICATION

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

## OVERVIEW

This policy identifies when Oxford will separately reimburse physicians or other health care professionals for Prolonged Services when reported in conjunction with companion Evaluation & Management (E/M) codes or other services. In accordance with The Centers for Medicare and Medicaid Services (CMS), Prolonged Services without Direct Patient Contact (CPT codes 99358–99359) will not be separately reimbursed when reported with Care Management (CM) CPT codes 99484, 99487, 99489, 99490, and 99492-99494, and Transitional Care Management (TCM) CPT codes 99495 and 99496.

For the purpose of this policy, the Same Individual Physician or Other Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

**Oxford reimburses Prolonged Services when reported with E/M codes in which time is a factor in determining level of service in accordance with CPT guidelines.**

Physicians or other health care professionals should report only Prolonged Services beyond the typical duration of the service on a given date, even if the time spent by the physician or other care professional is not continuous. Providers should not include the time devoted to performing separately reportable services when determining the amount of prolonged services time. For example, the time devoted to performing cardiopulmonary resuscitation (CPT code 92950) should not be included in prolonged services time. A prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes.

- Report CPT code 99354 (office or outpatient place of service codes) for the first hour of prolonged physician or other qualified health care professional services. This code should be used only once per date, and prolonged services must exceed 30 minutes in order to report this service.
- Report CPT code 99355 (office or outpatient place of service codes) for each additional 30 minutes beyond the first 60 minutes of prolonged physician or other qualified health care professional services. Additional services must exceed 15 minutes in order to report this service.
- Report CPT code 99356 (inpatient or observation place of service code) for the first hour of prolonged physician or other qualified health care professional services. This code should be used only once per date, and prolonged services must exceed 30 minutes in order to report this service.
- Report CPT code 99357 (inpatient or observation place of service code) for each additional 30 minutes beyond the first 60 minutes of prolonged physician or other qualified health care professional services. Additional services must exceed 15 minutes in order to report this service.
- Report CPT code 99358 (office, outpatient, inpatient or observation place of service codes) for the first hour of prolonged physician or other qualified health care professional services. This code should be used only once per date, and prolonged services must exceed 30 minutes in order to report this service.
- Report CPT code 99359 (office, outpatient, inpatient or observation place of service codes) for each additional 30 minutes beyond the first 60 minutes of prolonged physician or other qualified health care professional services. Additional services must exceed 15 minutes in order to report this service.
- Report CPT code 99415 (office or outpatient place of service codes) for the first hour of prolonged clinical staff services of direct patient contact with physician supervision. This code should be used only once per date, and prolonged services must exceed 30 minutes in order to report this service.
- Report CPT code 99416 (office or outpatient place of service codes) for each additional 30 minutes beyond the first 60 minutes of prolonged clinical staff services of direct patient contact with physician supervision. Additional services must exceed 15 minutes in order to report this service.
- Report HCPCS code G0513 Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
- Report HCPCS code G0514 Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

**According to CPT, Prolonged Service codes 99354–99357, 99359, 99415, 99416, G0513, and G0514 are considered add-on codes and should not be reported without the appropriate primary code.**

Refer to the [Add-On Policy](#) for details.

**Prolonged Services for labor and delivery are not separately reimbursable services.**

As described in American Congress of Obstetricians and Gynecologists (ACOG) coding guidelines, prolonged services are not reported for services that do not have a time component such as labor and delivery management. Refer to the [Obstetrical Policy](#) for more information.

**In accordance with The Centers for Medicare Services (CMS), Prolonged Services without Direct Patient Contact (CPT codes 99358–99359) will not be separately reimbursed when reported with CM CPT codes 99484, 99487, 99489, 99490, 99492, 99493, and 99494, and TCM CPT codes 99495 and 99496.**

## DEFINITIONS

**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.

#### APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
<b>Reimbursable</b>	
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99356	Prolonged service in the inpatient setting or observation setting, requiring unit/floor time beyond the usual service ; first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)

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HCPCS Code	Description
<b>Reimbursable</b>	
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

## QUESTIONS AND ANSWERS

1	Q:	Do Prolonged Services with Direct Patient Contact include patient time spent with office staff and/or patient time spent unaccompanied in the office?
	A:	No. The Prolonged Services with Direct Patient Contact must be between the patient and the physician or other qualified health care professional who provided the initial service. Office staff includes anyone who is not the primary provider of the service. The time a patient remains unaccompanied by the primary provider also cannot be counted.
2	Q:	Is time spent waiting for test results or for potential changes in a patient's condition reported as prolonged services?
	A:	Per CMS, time spent waiting for test results or for changes in the patient's condition cannot be reported as prolonged services.
3	Q:	Should a physician or other qualified health care professional report prolonged services with preventive medicine E/M codes (CPT codes 99381–99397)?
	A:	No. Preventive medicine codes are not time-based codes; therefore, prolonged services are not separately reimbursed.
4	Q:	May a physician or other qualified health care professional report prolonged services (CPT codes 99354–99357) with modifier 25 when a significant and separately identifiable E/M service is performed along with a separate service or procedure?
	A:	According to CPT, modifier 25 may be appended to prolonged service codes if there is adequate supporting documentation that describes the service provided and indicates the service is significant and separately identifiable from another service or procedure on the same date of service.

## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2018R0003B]

American Medical Association. Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

Publications and services of the American College of Obstetricians and Gynecologists (ACOG).

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2018	<ul style="list-style-type: none"> <li>• Updated policy application guidelines; added language to clarify this policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form</li> <li>• Updated policy overview: <ul style="list-style-type: none"> <li>○ Replaced reference to “Complex Chronic Care Management (CCM)” with “Care Management (CM)”</li> <li>○ Updated list of applicable CM codes; added CPT codes 99484, 99490, and 99492-99494</li> </ul> </li> <li>• Revised reimbursement guidelines; added language to indicate: <ul style="list-style-type: none"> <li>○ Oxford will reimburse HCPCS codes G0513 and G0514 when reported with E/M codes in which time is a factor in determining level of service</li> <li>○ CPT/HCPCS codes 99359, G0513, and G0514 are considered add-on codes and should not be reported without the appropriate primary code</li> <li>○ Prolonged Services without Direct Patient Contact (CPT codes 99358–99359) will not be separately reimbursed when reported with CM CPT codes 99484, 99490, 99492, 99493, and 99494</li> </ul> </li> <li>• Added list of applicable/reimbursable HCPCS codes: G0513 and G0514</li> <li>• Archived previous policy version ADMINISTRATIVE 184.15 T0</li> </ul>