Prolonged Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

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.

Policy

Overview

This policy identifies when UnitedHealthcare will separately reimburse physicians or other qualified 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) and American Medical Association (AMA), 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, 99492-99494, G2058 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.

Reimbursement Guidelines

UnitedHealthcare Community Plan 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 qualified 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 qualified health 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.

According to CPT, prolonged service codes 99354-99357, 99359, and 99415-99416 are considered add-on codes and should not be reported without the appropriate primary code.

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.

In accordance with CMS and the AMA, 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, 99492-99494, G2058 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.
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.

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 services 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.

Resources

Individual state Medicaid regulations, manuals & fee schedules

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 Congress of Obstetricians and Gynecologists (ACOG)

History

2/21/2020	Policy Version Change Reimbursement Guidelines: Removed code descriptions Code Section: Removed
1/1/2020	Policy Version Change Title section: Removed Annual Approval information & moved policy # to the header Policy Update: Added G2058 to Overview and Reimbursement Guidelines History Section: Entries prior to 1/1/2018 archived
1/1/2019	Policy Version Change History section: Entries prior to 1/1/2017 archived
11/14/2018	Annual Policy Approval Date and Version Change State Exceptions section: Removed Ohio and now there are no state exceptions, so this section was also removed.
9/30/2018	Policy Version Change Policy Verbiage Change: Removed reference to other UnitedHealthcare policies under Reimbursement Guidelines. Application section: Removed the verbiage and link for the provider website
8/31/2018	Added the word “Professional” to the policy title (no new version)
2/25/2018	Policy Version Change Policy Change: Verbiage and code changes in Overview and Reimbursement Guidelines section
2/10/2018	Annual Policy Version Change Policy Approval Date Change

	Policy Change: Code changes in Reimbursement Guidelines and CPT codes section History section: Entries prior to 1/1/2016 archived
10/28/2006	Policy implemented by UnitedHealthcare Community & State