



Manual: Reimbursement Policy

Policy Title: **After Hours and Other Special Circumstances**

Section: Administrative

Subsection: None

Date of Origin: 5/1/2003

Policy Number: RPM004

Last Updated: 12/7/2020

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Scope

This policy applies to all Medicare Advantage medical plans, and Commercial plans.

This policy does not apply to Medicaid plans.

Reimbursement Guidelines

A. Moda Health Medicare Advantage

Moda Health Medicare Advantage plans follow Original Medicare policy and do not allow separate reimbursement for any of these procedure codes.

B. Moda Health Commercial Plans

1. Moda Health commercial plans follow the Medicare policy for after-hours codes, with a few limited exceptions listed below.
2. Moda Health does not separately reimburse for after-hours codes for services provided during normal, posted operating hours.
 - a. Services provided in the emergency room are never eligible for separate reimbursement for after-hours service codes, since emergency rooms are open to provide services 24/7. The RVUs for emergency room E/M procedure codes are increased to reflect the unexpected, after-hours nature of the service involved.
 - b. Services provided in the urgent care setting are not eligible for separate reimbursement for after-hours service codes, since urgent care centers are by definition open for walk-in business and are scheduled to be open for extended and non-traditional hours. Urgent care clinics have established procedures for redirecting patients to the emergency room or other facilities for care when closing time approaches.

- c. Any after-hours procedure codes billed with place of service 23 (Emergency room – hospital) or 20 (Urgent care facility) will be denied to provider responsibility as a bundled service.
- 3. Moda Health does not provide additional separate reimbursement due to the place of service for services provided at an urgent care center or an “Immediate Care” center.
 - a. Procedure code S9088 will be denied to provider responsibility as a bundled service.
 - b. Services provided in an urgent care center are reimbursed at the contracted fee or the maximum plan allowable for the procedure codes billed.
 - c. When an urgent care patient requires more complex services, those procedure codes have higher RVUs. The higher fee allowances connected to those RVUs will fairly compensate the urgent care for the services rendered, including the practice expense involved in rendering more complex services.
- 4. Moda Health does allow separate reimbursement for services provided in the office setting at times when the office is normally closed.
 - a. Procedure code 99050 billed with place of service 11 (Office) is eligible for separate reimbursement.
 - b. Procedure code 99050 billed with any other place of service code is not eligible for separate reimbursement.
 - c. Procedure code 99050 is not eligible to be billed by hospitals, facilities, DME providers, or other non-office provider types, due to code definition (“services provided in the office...”). When identified, these charges will be denied to provider write-off as not eligible for separate reimbursement.
 - d. Procedure code 99051 is not eligible for separate reimbursement.
- 5. Moda Health allows separate reimbursement for emergency services provided in the office that result in a disruption of other scheduled services.
 - a. Procedure code 99058 billed with place of service 11 (Office) is eligible for separate reimbursement.
 - b. Procedure code 99058 billed with any other place of service code is not eligible for separate reimbursement.
 - c. Procedure code 99060 for out-of-office emergencies is not eligible for separate reimbursement.

Codes and Definitions

Separately reimbursed under limited circumstances:

- 99050 Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
- 99058 Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

Never eligible for separate reimbursement:

- 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
- S9088 Services provided in an urgent care center (list in addition to code for service)

Coding Guidelines

Codes 99050 – 99060 are reported in addition to an associated basic service. Typically only a single adjunct code from among 99050 – 99060 would be reported per patient encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.

Cross References

None.

References & Resources

1. CMS, Medicare Claims Processing Manual, pub. 100-04, Chapter 12 – Physicians/Nonphysician Practitioners, §20.2, 20.3.
2. CMS, Medicare Claims Processing Manual, pub. 100-04, Chapter 23 – Fee Schedule Administration and Coding Requirements, §30.2.2.

Background Information

CPT has provided procedure codes 99050 through 99060 as adjunct codes to identify the special circumstances under which a basic procedure is performed. Moda Health allows separate reimbursement for some of these special circumstances, but not for others. See the Policy Statement below.

99050 – 99060 are all designated as status B (bundled) on the Medicare Physician Fee Schedule Database (MPFSDB). CMS indicates that the costs associated with these codes are bundled into the RVU (and thus the fee allowance) for the related primary service procedure code(s). No separate reimbursement is allowed for procedure codes designated as status B (bundled).

S9800 is another adjunct code to identify a special circumstance under which the basic procedure is performed. CMS does not recognize any HCPCS S-code, so S9800 is designated as status I (invalid) rather than status B (bundled) on the Medicare Physician Fee Schedule Database (MPFSDB). However, CMS does clearly indicate that the costs associated with a special circumstance code such as this are already included in the RVU (and thus the fee allowance) for the related primary service procedure code(s).

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document Moda Health's payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Moda Health Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Providers are expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member's medical benefit plan. Should there be any conflicts between the Moda Health Reimbursement Policy and the member's medical benefit plan, the member's medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and Moda Health Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; Moda Health strives to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****