

Policy	REIMB-025
Effective Date	09/01/2024
Reviewed/Revised Date	07/16/2024
Next Review Date	10/01/2026
Origination Date	07/17/2024
Originated Department	Medical Management

Standard Operating Procedure (SOP) - Prolonged

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions and must reference the member-specific benefit plan document. The terms of the member-specific Policy document may differ from the standard benefit plan on which this medical policy is based. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the member-specific policy document supersedes this medical policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>According to American Medical Association's (AMA) Current Procedural Terminology (CPT), prolonged service codes 99359, 99415, 99416, 99417, 99418, G0513, and G0514 are considered add-on codes that are beyond the typical service time of the primary procedure and should not be reported without the appropriate primary evaluation and management (E/M) code.</p> <p>These codes are used to report prolonged services, with direct patient contact or without direct patient contact (99417-99418) beyond the usual service. These are time-based codes and time spent with the patient must be documented in the medical record. Codes 99417 and 99418 are only reported in addition to other highest level of service time-based E/M services.</p>

For prolonged services provided by a physician or other qualified health care professional involving direct face-to-face time with the patient in the office or other outpatient setting, see 99417.

For prolonged services provided by a physician or other qualified health care professional without face-to-face contact or unit/floor time, see 99358-99359. Codes 99358-99359 may be reported on a different date of service than the primary service and do not require the primary service to have an established time.

For prolonged services provided by a physician or other qualified health care professional involving total time spent at the patient's bedside and on the floor/unit in the hospital or nursing facility, see 99418.

The American College of Obstetricians and Gynecologists (ACOG) coding guidelines determined that prolonged services for labor and delivery are not separately reimbursable services, as they are not reported for services that do not have a time component such as labor and delivery management.

Policy/Procedure

Mountain Health Co-Op Health Plans will separately reimburse physicians or other qualified health care professionals when reporting the prolonged services CPT code with or without direct patient contact (99417) beyond the highest-level of service when the following criteria are met:

- A. Prolonged service code 99417 should be reported WITH the appropriate highestlevel of E/M service.
- B. Prolonged services must be at least 15 minutes or longer beyond the typical time of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous.
- C. Prolonged services CPT code 99417 should not be reported with E/M codes that do not have stated times within their CPT definitions.
- D. Documentation must support the reporting of prolonged services. The content and duration of the physicians or other qualified health care professional's service must be stated with start and stop times clearly indicated.

Mountain Health Co-op Plans will separately reimburse physicians or other qualified health care professionals when reporting prolonged services CPT code (99418):

- A. Prolonged services rendered in the inpatient or observation setting when the code for the primary E/M service has been selected based solely on total time, and only after exceeding the required time to report of the highest-level of service by at least 15 minutes.

Mountain Health Co-op Plans will separately reimburse physicians or other qualified health care professionals when reporting prolonged services CPT codes WITHOUT direct

patient (face-to-face contact or unit/floor time) contact (99358-99359) beyond the usual service when the following criteria are met:

- A. Prolonged services must be at least 30 minutes or longer beyond the typical time of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous; **and**
- B. 99358-99359 may be reported on a different date of service than the primary service and do not require the primary service to have an established time; **and**
- C. Documentation must support the reporting of prolonged services. The content and duration of the physicians or other qualified health care professional's service must be stated with start and stop times clearly indicated.

Mountain Health Co-op Plans does NOT reimburse time spent accompanied with office staff or clinical staff while unaccompanied by the physician or other qualified health care professionals, as this time should not be included in a prolonged service.

In accordance with AMA and the Centers for Medicare and Medicaid Services (CMS) coding guidelines, prolonged services without direct patient contact (CPT codes 99358– 99359) will not be separately reimbursed when reported with care management CPT codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494, G2058, and transitional care management CPT codes 99495 and 99496.

Mountain Health Co-op Plans does NOT reimburse for prolonged physician services for labor and delivery.

Clinical Rationale:

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.

Applicable Coding

CPT Codes

- 99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
- 99418** Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)
- 99358** Prolonged evaluation and management service before and/or after direct patient care; first hour
- 99359** ;each additional 30 minutes (List separately in addition to code for prolonged service)

HCPCS Codes

No applicable codes

References

1. American College of Obstetricians and Gynecologists (ACOG) Website (www.ACOG.org).
2. American Medical Association (AMA). Current Procedural Terminology (CPT®) and associated publications and services.
3. Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual, Chapter 12 Physicians/Nonphysician Practitioners, Section 30.6.5 Physicians in Group Practice <https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/clm104c12.pdf> and Chapter 18 Preventive and Screening Services, Section 240 Prolonged Preventive Services Codes <https://www.cms.gov/RegulationsandGuidance/Guidance/Manuals/Downloads/clm104c18.pdf>

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
07/17/2024	New Policy

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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