

## Prolonged Services

**Policy Reimb-026**

**Origination Date:** 04/28/2021

**Reviewed/Revised Date:** 05/19/2021

**Next Review Date:** 05/19/2022

**Current Effective Date:** 09/01/2021

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

### Description:

According to American Medical Association's (AMA) Current Procedural Terminology (CPT), prolonged service codes 99354–99357, 99359, 99415, 99416, 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.

These codes are used to report prolonged services, with direct patient contact (99354-99357) or without direct patient contact (99358-99359) beyond the usual service. These are time-based codes and time spent with the patient must be documented in the medical record. Codes 99354-99357 are only reported in addition to other time-based E/M services.

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 99354-99355.

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 99356-99357.

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 Statement and Criteria**

### **1. Commercial Plans**

**U of U Health Plans will separately reimburse physicians or other qualified health care professionals when reporting prolonged services CPT codes WITH direct patient contact (99354-99355) beyond the usual service when the following criteria are met:**

- A. Prolonged service codes 99354-99355 should be reported WITH the appropriate E/M service.
- B. 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.
- C. Prolonged services CPT codes 99354-99355 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.

**U of U Health Plans will separately reimburse physicians or other qualified health care professionals when reporting prolonged services CPT codes (99356-99357):**

- A. Prolonged services rendered in the inpatient or observation setting for the first 30 to 74 minutes, report 99356; for each additional 30 minutes, report 99357

**U of U Health 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.
- 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.
- 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.

**U of U Health 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.*

**U of U Health Plans does NOT reimburse for prolonged physician services for labor and delivery.**

## **2. Medicaid Plans**

**Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at**

**<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)**

## **3. Medicare Plans**

**Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at:**

**<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)**

## **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**

- 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** ; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99356** Prolonged service in the inpatient 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** ; each additional 30 minutes (List separately in addition to code for prolonged 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](http://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-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> and Chapter 18 Preventive and Screening Services, Section 240 Prolonged Preventive Services Codes <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>

### **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 with appropriate health care providers to obtain needed 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 individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of 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 it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association