

After-Hours Codes Coverage

Policy Reimb-028

Origination Date: 3/24/2021

Reviewed/Revised Date: 04/01/2021

Next Review Date: 04/01/2022

Current Effective Date: 07/01/2021

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:

After hours or weekend care Current Procedural Terminology (CPT®) codes represent services provided, when an individual physician or other health care professional is required to render the services outside of regular posted office hours to treat a patient's urgent illness or condition.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans COVERS CPT code 99050 for an after-hours charge when services are provided in an office/clinic setting consistent with the following guidelines:

- A. After-hours services are provided in the office at times other than regularly posted office hours, or days when the office is closed (e.g., holidays, Saturday or Sunday) in addition to basic service.
- B. Providers will submit documentation to substantiate additional payment for after-hours upon request.
- C. Services are billed with a covered evaluation/management service CPT code but not a preventive service code
- D. The provider billing the service is a primary care provider practicing in one of the following areas:
 - i. Adolescent Medicine
 - ii. Pediatric-Adolescent
 - iii. General Pediatrics
 - iv. Family Nurse Practitioner

- v. Nurse Practitioner
- vi. Pediatric Nurse Practitioner
- vii. Advanced Registered Nurse Practitioner
- viii. Family Medicine
- ix. General Practice
- x. Geriatric Medicine
- xi. Obstetrics & Gynecology (*where the provider has indicated PCP status*)
- xii. General Internal Medicine (*where the provider has indicated PCP status*)
- xiii. Certified Nurse Midwife

U of U Health does NOT separately reimburse CPT codes 99051, 99053, 99056, 99060 for an after-hours charge when a service is provided in an office/clinic setting during regularly scheduled evening, weekend, or holiday office hours or at a 24-hour facility. These codes will be denied as a provider liability. Coverage for services rendered in an urgent care clinic or setting will be processed based on the procedure/service itself. Co-pays may differ based on member benefits.

U of U Health Plans does NOT separately reimburse a charge for an after-hours CPT code for a service provided at the request of the patient for the patient's convenience.

U of U Health Plans does NOT separately reimburse a charge for an after-hours CPT code when submitted with Virtual Visits.

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, U of U Health Plans' commercial policies would 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](#).

Rationale

The Centers for Medicare and Medicaid Services (CMS) considers reimbursement for CPT codes 99050, 99051, 99053, 99056, 99058 and 99060 to be bundled into the payment for other services provided on the same day. U of U Health Plans aligns with CMS for after-hours services represented by CPT codes 99053– 99056 and 99060 which are assigned a status of “B”. CMS assigns a status of “B” (Bundled Code) to the denied procedure, which is defined, “Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amount for these codes and no CMS 1500 separate payment is made. A Modifier will not over-ride the edit”.

In some instances providing services by providers in a clinic setting afterhours may reduce the use of higher cost services and warrants reimbursement. For that reason it is reasonable to consider coverage of 99050 and 99051 separately from the e/m bundling rules established by CMS.

Applicable Coding

CPT Codes

99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service
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

HCPCS Codes

No applicable codes

References:

1. American Medical Association (AMA). “Current Procedural Terminology (CPT)”. 2021.
2. Centers for Medicare and Medicaid Services (CMS) (2020) National Correct Coding Initiative Edits (NCCI). Accessed March 16, 2021. Available at: <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

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