Subject: Prolonged Services

CO/NV Policy: 0019 Effective: 10/01/2016

Coverage is subject to the terms, conditions, and limitations of an individual member’s programs or products contract benefits and policy criteria listed below. This reimbursement policy also applies to Employer Group Retiree Medicare Advantage programs.

Description

- “Codes 99354-99357 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting.”

- “Codes 99358-99359 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.”

- “Codes 99415 and 99416 are used when a prolonged evaluation and management (E/M) service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description.”

This policy documents Anthem’s position on prolonged services. The coding section of this policy provides the description of each prolonged service code.

Policy
Except as described in this policy, prolonged services are not eligible for separate reimbursement. The recording of patient history, review of past records, physical exam, medical decision making, treatment plan discussions, and counseling are all services included in the Evaluation and Management (E/M) code reported. Anthem considers the time spent providing these services is part of the overall E/M service provided and is not eligible for separate reimbursement.

Anthem requires providers to follow CPT coding guidelines when reporting prolonged services.

A. Prolonged services codes 99354-99357 are designated as add-on codes and should not be reported without the base E/M service. Prolonged services must be at least 30 minutes or longer beyond the typical time of the base E/M.

B. Prolonged services should not be reported with E/M codes that do not have stated typical times within their CPT definitions. (e.g. emergency room (ER) services)
Anthem Blue Cross and Blue Shield
Commercial Professional Reimbursement Policy

C. Documentation must support the reporting of prolonged services. The content and duration of the provider’s service must be stated with start and stop times clearly indicated. For example:
   1. Stating the patient spent 2 hours in the office being treated for an acute asthma attack is too vague.
   2. Time spent unaccompanied, accompanied by office staff, or accompanied with clinical staff other than the physician or other qualified health care professionals, should not be included as a prolonged service. Examples include monitoring the patient during the course of allergy testing or insulin stimulation testing. Other qualified health care professionals (such as physician assistants or advanced practice nurses) are distinct from “clinical staff” (such as registered nurses or nurses’ aides).

D. If time is used as the basis for selecting the appropriate level of E/M, then the medical record must indicate that counseling was the dominate service provided.

E. When counseling and coordination of care dominate the visit, the prolonged services may only be reported with the highest level E/M code. However, per policy, only the base E/M service code is eligible for reimbursement.

Prolonged Services in the Office or Other Outpatient Setting:
CPT codes 99354 and 99355 were designed to separate direct patient contact services from time spent coordinating patient care, prior to or following a patient encounter. However, Anthem does not reimburse prolonged service codes when used to designate time spent counseling the patient during the performance of an E/M service.

Prolonged services should be reported and may be eligible for separate reimbursement in a few urgent or unique situations.
   • An example of an urgent situation may be respiratory distress with shortness of breath or severe wheezing, or a severe allergic reaction with systemic pruitus or swelling. Treatment in this case may require significant additional provider time to monitor response to treatment provided beyond what is typically included in an E/M or other reported services.
   • In addition, there may be a unique situation which may require significant additional time of direct face-to-face provider involvement for which there is no other appropriate CPT code to report.

CPT codes 99354-99355 may be eligible for separate reimbursement when the E/M service performed is reported based on the required component factors (which are history and/or examination, and decision making, but not counseling and coordination of care), is not based on time, and:
   • For 99354: The medical record clearly documents the content of the specific face-to-face service provided, beyond what is typically included in the E/M service. Start and stop times are noted and are at least 30 minutes or more beyond the typical time of the reported E/M. Anything less than 30 minutes is considered part of the work effort of the base E/M.
   • For 99355: For additional 30 minute increments, documented face-to-face service and time frames need to be at least 15 minutes or more to be reported.

Prolonged Service in the Inpatient or Observation Setting:
CPT codes 99356-99357 which describe prolonged services in the inpatient or observation setting are not eligible for separate reimbursement. Time spent as floor time, coordinating patient care on the unit and/or counseling a patient or patient’s family is considered part of the primary care rendered and is not eligible for separate reimbursement.

**Prolonged Service Without Direct Patient Contact:**
CPT codes 99358-99359, which describe non-face-to-face services performed before and/or after direct patient care are not eligible for separate reimbursement. (These codes are also listed in the Bundled Services and Supplies Reimbursement Policy.)

**Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision:**
CPT codes 99415-99416, which describe supervised face-to-face time spent by clinical staff with the patient in the office or outpatient setting after an E/M service provided by a physician or other qualified health care professional, are not eligible for separate reimbursement. (These codes are also listed in the Bundled Services and Supplies reimbursement policy.)

Correct coding should be used when reporting prolonged services; and the medical record documentation with content and timeframes are required for consideration of possible reimbursement. Prolonged Services will be denied as included in the primary E/M service provided and not eligible for separate reimbursement for most typical case scenarios and when all of the criteria listed above are not met.

**Coding**
The following codes may be eligible for separate reimbursement when all criteria listed in this policy are met and when the line item diagnosis submitted on a claim is one Anthem expects when prolonged services are rendered.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99354</td>
<td>Prolonged service 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 service)</td>
</tr>
<tr>
<td>99355</td>
<td>each additional 30 minutes (List separately in addition to code for prolonged service)</td>
</tr>
</tbody>
</table>

**ICD-10-CM Diagnosis Codes:**
To reference the listing of diagnosis codes that are eligible for reimbursement when reported with 99354 and 99355, please close out of this policy and refer to the link under Prolonged Services titled “Prolonged Services Coding.”

The following codes are not eligible for separate reimbursement:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99356</td>
<td>Prolonged service in the inpatient or observation setting, requiring unit/floor</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>99357</td>
<td>time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)</td>
</tr>
<tr>
<td>99358</td>
<td>each additional 30 minutes (List separately in addition to code for prolonged service)</td>
</tr>
<tr>
<td>99359</td>
<td>Prolonged evaluation and management service before and/or after direct patient care; first hour</td>
</tr>
<tr>
<td>99415</td>
<td>each additional 30 minutes (List separately in addition to code for prolonged service)</td>
</tr>
<tr>
<td>99416</td>
<td>Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service)</td>
</tr>
</tbody>
</table>

2Ibid, 33
3Ibid, 33
4CPT® is a registered trade mark of the American Medical Association

Use of Reimbursement Policy
This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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 Anthem Blue Cross and Blue Shield.

©2016 Anthem Blue Cross and Blue Shield.