

After Hours and Weekend Care Policy

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Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to Health Insurance Plan of Greater New York, and Group Health Incorporated, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Overview

After hours or weekend care (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. This policy outlines when after hours or weekend care codes are considered for separate reimbursement.

The Centers for Medicare and Medicaid Services (CMS) considers reimbursement for Current Procedural Terminology (CPT®) codes 99050, 99051, 99053, 99056, 99058 and 99060 to be bundled into the payment for other services provided on the same day. EmblemHealth is aligned with Centers for Medicare and Medicaid Services (CMS) for after-hours services represented by CPT® codes 99051–99056 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. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident. A Modifier will not over-ride the edit”.

CPT Codes 99050 and 99058

Although CMS considers CPT code 99050 to be bundled into the payment for other services provided on the same day, EmblemHealth will provide additional compensation to participating primary care providers for seeing patients in situations that would otherwise require costlier urgent care or emergency room settings by reimbursing CPT code 99050 in addition to acute care services (not preventive medicine codes). Accordingly, separate reimbursement is allowed for after-hours CPT code 99050 when billed with one of the Evaluation and Management (E/M) codes from the following list and the E/M code is eligible for payment: 99201-99205, 99212-99215, 99241-99245, and 99354-99355

In addition, separate reimbursement is allowed for emergency basis code 99058 when billed with one of the E/M codes from the following list and the E/M code is eligible for payment: 99201- 99205 and 99212-99215.

Please note: Separate reimbursement for after-hours codes 99050 and 99058 is allowed on claims where only those codes and the appropriate E/M code (see list above) are billed. Adding additional codes to the claim may alter the payment for the after-hours code.

Place of Service and Providers

EmblemHealth will reimburse after hours CPT codes 99050 and 99058 to participating primary care providers when reported in the following CMS non-facility office place of service (POS 11) designation only.

EmblemHealth will reimburse the following participating primary care providers for CPT codes 99050 and 99058:

- Adolescent Medicine, Pediatric-Adolescent, Pediatrics
- Family Nurse Practitioner, Nurse Practitioner, Pediatric Nurse Practitioner, Advanced Registered Nurse Practitioner
- Family Practice
- General Practice
- Geriatric Medicine
- Gynecology, Obstetrics & Gynecology, Obstetrics
- Internal Medicine
- Certified Nurse Midwife

Definition of After-hours and Holidays

CPT code 99050 will only be reimbursed when provided in addition to basic services from 8PM to 7AM, on weekends and the following holidays; New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

After-hours services provided in the office during regularly scheduled evening, weekend, or holiday office hours are not covered.

Documentation to substantiate additional payment for after-hours and emergency services must be submitted upon request.