



Reimbursement Policy: After Hours and Weekend Care (Commercial)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210012	10/01/2019	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

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.

Policy Statement:

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 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 override 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 more costly urgent care or emergency room settings by reimbursing CPT code 99050 in addition to acute care services (not preventive medicine codes).



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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, and 99242-99245.

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.

CPT Code	Description
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

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 (Saturday or Sunday) 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.



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References:

1. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications
2. American Medical Association Current Procedural Terminology (CPT®*) Professional Edition

Revision History

Company(ies)	DATE	REVISION
EmblemHealth	10/8/2025	• Transferred policy content to individual company-branded template. No changes to policy title or policy number.
EmblemHealth ConnectiCare	2/29/2024	• Policy reviewed, no changes to coding or coverage criteria
EmblemHealth ConnectiCare	10/2021	• Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number