PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Services in Addition to a Basic Service
POLICY NUMBER	NR-09.902

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DESCRIPTION/BACKGROUND DEFINITIONS POLICY
EXCLUSIONS VARIATIONS - Yes REFERENCES

I. DESCRIPTION/BACKGROUND TOP

This policy describes the payment methodology associated with those services provided in addition to the basic service for the illness or condition which initially caused the member to see or be treated by a provider.

Services in addition to a basic service include those office services that take place, for example, after office house, between 10:00 PM and 8:00 AM on Sundays and holidays, and on an emergency basis. Services that take place at a location other than the provider's office, at the request of the member, are included as an addition to the basic office service. These services do not included telephone or teleconferencing services.

II. DEFINITIONS TOP

American Medical Association (AMA) - An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation's health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Add-on Codes – Procedures commonly carried out in addition to the primary procedure performed and describe additional or supplemental work associated with the primary procedure. Add-on procedure codes describe additional intra-service work associated with the primary procedure, e.g. additional digit(s), lesion(s), neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s).

Bundled Procedure - A bundled procedure is not always an integral part of a service and may or may not have a procedure code assigned. These procedures are not payable separately and

should not be billed to the patient or the patient's health insurance carrier. Bundled procedures are considered part of another related service performed on the same day or any other day.

Current Procedural Terminology (CPT) – The American Medical Association's (AMA) guidelines for coding and procedure reporting.

III. POLICY

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The CPT codes representative of services in addition to the basic service are listed below along with each procedure code description.

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

> Note – An example of a service(s) provided in a location other than the physician's office includes a physician treating the patient in a courtesy room at the hospital. This code does not include services such as telephone or teleconference services and may be reported in a place of service other than '11' (Office).

99058 – Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

99060 – Service(s) provided on an emergency, out of the office, which disrupts other scheduled office services, in addition to basic service.

Procedure Codes 99050, 99051 and 99056 may be eligible for reimbursement at 100% of the Plan allowance when reported by office based providers, performed as an adjunct service to the evaluation and management service(s) performed. Procedure codes 99050 and 99051 are eligible for reimbursement consideration only when reported in an office setting. Procedure Code 99056 may be eligible for reimbursement consideration when provided in a place of service other than the provider's office.

All other codes representing services in addition to a basic service will be denied as not eligible for separate reimbursement consideration.

Please refer to the following Professional Network Reimbursement Policies for additional information:
NR-30.019 *Correct Coding and Reimbursement Methodology*
NR-30.020 *Payment Policy Indicators*

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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Emergency services provided in a 24-hour facility between 10:00 PM and 8:00 AM (*procedure code 99053*), and those provided in or out of the office during regularly scheduled hours (*procedure codes 99058 and 99060*) are considered bundled codes and are not eligible for separate reimbursement.

Additional payment will not be made for eligible procedures if billed in combination with:
- Services rendered by a radiation oncologist or in conjunction with radiation therapy, or
- Emergency or urgent care provided in the emergency department or in an urgent care setting by a provider who is contracted with or employed by the emergency or urgent care facility.

V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

HMO[1]
[1] Primary Care Physicians (PCPs) for HMO products are generally not separately reimbursed for the following procedure codes: 99050 and 99056. However, these procedure codes are considered add-on codes for non-capitated PCPs and specialists and may be eligible for separate reimbursement.

BlueJourney HMO[2]

[2] Primary Care Physicians (PCPs) are generally not separately reimbursed for the following procedure codes: 99050 and 99056. However, these services are considered bundled for BlueJourney HMO non-capitated PCPs and specialists are not eligible for separate reimbursement.

BlueJourney PPO[3]

[3] Procedure codes 99050, 99051 and 99056 are considered bundled services and are not eligible for separate reimbursement.

VI. REFERENCES

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Current and historical versions of the RVU File can be located by accessing the CMS website.

CPT 2020, Professional Edition
American Medical Association