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Prolonged Services

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DESCRIPTION:

Prolonged Service codes are codes billed with a primary evaluation and management (E/M) service or other service. Providers submit claims for prolonged services when they spend additional time beyond the time spent with a patient for a usual companion E/M service. Like E/M visit codes, many of the preventive services codes describe a service that has an atypically broad range of potential resource costs, including differential amounts of time required to furnish services. Prolonged preventive services (G0513, G0514) may be submitted when a provider spends additional time beyond the time spent with a patient for an applicable preventive service code.

This policy identifies when Florida Blue will separately reimburse physicians or other qualified health care professionals for Prolonged Services when reported in conjunction with companion E/M codes or other services.

This policy is intended to address Prolonged Services reported on a CMS-1500 form or its electronic equivalent.

REIMBURSEMENT INFORMATION:

PROLONGED E/M SERVICES

Physicians or other qualified health care professionals should only report Prolonged Services beyond the typical duration of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous.

Time spent performing separately reported services other than the E/M or psychotherapy service is not counted toward the prolonged services time.

Prolonged services should not be reported with E/M codes that do not have stated times within their Current Procedural Terminology (CPT®) definitions. For example: Prolonged physician services for labor and delivery are not separately reimbursable services, as codes reported for labor and delivery management do not have a time component.

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 or total time clearly indicated.

A. Prolonged Service without Direct Patient Contact

Codes **99358** and **99359** are used when a prolonged service is provided on a date other than the date of a face-to-face E/M encounter with the patient and/or family/caregiver.

CMS proposed that prolonged services on any date within the service period (with or without direct patient contact, on the same or different date) would be reportable under specific coding for prolonged E/M services (G0316-18 and G2212). Therefore, CPT® codes 99358-9 could not be billed for base codes (i.e., 99205, 99215, 99223, 99233, 99236, 99245, 99255, 99306, 99310, 99345, 99350, or 99483). Florida Blue agrees with CMS that having a single add-on code specific to an E/M companion code is administratively simpler and improves payment accuracy and program integrity. Since HCPCS codes G0316-18 and G2212 includes time without direct patient contact, there would no longer be a need to use CPT® codes 99358 and 99359 in conjunction with base codes. In addition, there are several other codes such as Chronic Care Management (CCM), Transitional Care Management (TCM), Principal Care Management (PCM), behavioral health integration (BHI), and other care management codes that may be used to report time spent outside the direct patient contact on dates other than the E/M visit, if the reporting requirements for those services are met. While these care management codes are not identical to the prolonged visit codes, they can be used to report a number of similar activities.

Therefore, Florida Blue will not separately reimburse CPT® 99358 and 99359 for prolonged services.

B. Prolonged Clinical Staff Services with Physician or Other Qualified Health Care Professional Supervision

Code **99415**, **99416** are used when a prolonged E/M service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time with the patient and/or family/caregiver. The physician or qualified health care professional is present to provide direct supervision of the clinical staff. This service is reported in addition to the designated E/M services and any other services provided at the same session as E/M services.

Codes 99415, 99416 may be reported for no more than two simultaneous patients and the time reported is the time devoted only to a single patient.

Facilities may not report 99415, 99416.

- CPT® code **99415** is used to report the first hour of prolonged clinical staff service on a given date. The code should be used only once per date. Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the clinical staff time involved is included in the E/M codes

- CPT® code **99416** is used to report each additional 30 minutes of prolonged clinical staff service beyond the first hour. Code 99416 may also be used to report the final 15 - 30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

C. Prolonged Service for Office or Other Outpatient E/M Visits (HCPCS code G2212)

Healthcare Common Procedure Coding System (HCPCS) code G2212 is used to report prolonged total time (i.e., combined time with or without patient contact) provided by the physician or other qualified health care professional on the date of an office or other outpatient service (i.e., 99205, 99215, 99245, or 99483).

- Florida Blue will align with the Centers for Medicare & Medicaid Services (CMS) and require HCPCS code G2212 when billing prolonged service for office or other outpatient E/M visits instead of CPT® code 99417.
- Florida Blue concurs with CMS and will require G2212 to be reported for prolonged service beyond the maximum required time for the primary procedure. See **Prolonged Office/Outpatient E/M Visit Reporting** tables below.
- Reporting of CPT® code 99417 after the minimum time for a level 5 visit (e.g., 99205, 99215,) is exceeded by at least 15 minutes would result in double counting time [e.g., practitioner spent 55 minutes of time, reporting CPT® code 99215 (40-54 minutes) and CPT® code 99417 (15 minutes) would result in double counting of 14 minutes included in the service described by CPT® code 99215].
- HCPCS code G2212 requires at least 15 minutes or more of total time either with or without direct patient contact by the physician or other qualified health care professional on the date of the primary E/M service.
- HCPCS code G2212 may only be reported in conjunction with the highest code level in a code family for office or other outpatient service codes.
- Prolonged service of less than 15 minutes additional time on the date of the office or other outpatient service is not reported.
- Prolonged service HCPCS code G2212 should not be reported in conjunction with 99415 or 99416 (Prolonged clinical staff services). Therefore, CPT® codes 99415, and 99416 will be denied when reported with HCPCS code G2212 on the same date of service.

Prolonged Office/Outpatient E/M Visit Reporting

New Patient - Office or Other Outpatient Services (99205)	
CPT®/HCPCS Code	Total Time Required for Reporting
99205	60-74 minutes
99205 X 1 and G2212 X 1	89-103 minutes
99205 X 1 and G2212 X 2	104-118 minutes
99205 X 1 and G2212 X 3 or more for each additional 15 minutes.	119 or more

*Total time is the sum of all time, including prolonged time, spent by the reporting practitioner on the date of service of the visit.

Established Patient- Office/Outpatient E/M Service (99215)	
CPT®/HCPCS Code	Total Time Required for Reporting
99215	40-54 minutes
99215 X 1 and G2212 X 1	69-83 minutes
99215 X 1 and G2212 X 2	84-98 minutes
99215 X 1 and G2212 X 3 or more for each additional 15 minutes.	99 or more

*Total time is the sum of all time, including prolonged time, spent by the reporting practitioner on the date of service of the visit.

D. Prolonged Service for Other E/M Services (G0316, G0317, and G0318)

Effective January 1, 2023, the CPT® Editorial Panel deleted codes 99354, 99355 for prolonged service in the outpatient setting and 99356, 99357 for prolonged service in the inpatient or observation setting. According to CPT®, 99417 should be reported for prolonged outpatient service, home or residence service, or cognitive assessment and care plan. In addition, CPT® created code 99418 to report prolonged E/M service for inpatient or observation or nursing facility service.

CMS created specific coding for prolonged Other E/M services. The three G codes (G0316, G0317 and G0318) for reporting prolonged Other E/M services are for inpatient/observation visits, nursing facility visits, and home or residence visits. CMS coding is consistent with the previously finalized approach to prolonged office and outpatient E/M services.

Florida Blue aligns with CMS and requires the following HCPCS codes to report prolonged service for Other E/M services:

- HCPCS code G0316 (Prolonged hospital inpatient or observation care E/M) is required to report prolonged total time (i.e., combined time with or without patient contact) provided by the physician or other qualified health care professional for hospital inpatient or observation care E/M services (99223, 99233, and 99236, 99255) instead of CPT® code 99418.
- HCPCS code G0317 (Prolonged Service for nursing facility E/M service(s)) is required to report prolonged total time in conjunction with the highest level codes for nursing facility E/M services (CPT® code 99306 and 99310) instead of CPT® code 99418.
- HCPCS code G0318 (Prolonged Service for home or residence E/M service(s)) is required to be report prolonged total time in conjunction with the highest level codes for home or residence E/M (CPT® code 99345 and 99350) instead of CPT® code 99417.

Prolonged physician or other health care professional Other E/M services would be reportable when the total time (in the physician time file) is exceeded by 15 or more minutes.

See Time Thresholds to Report Other E/M Prolonged Services in the table below.

Required Time Thresholds to Report Other E/M Prolonged Services

Primary E/M Service	Prolonged Code	Time Threshold to Report Prolonged Service
Initial IP/Obs. Visit (99223)	G0316	90 minutes
Subsequent IP/Obs. Visit (99233)	G0316	65 minutes

IP/Obs. Same-Day Admission/Discharge (99236)	G0316	110 minutes
IP/Obs. Discharge Day Management (99238-9)	n/a	n/a
Emergency Department Visits	n/a	n/a
Initial NF Visit (99306)	G0317	95 minutes
Subsequent NF Visit (99310)	G0317	85 minutes
NF Discharge Day Management	n/a	n/a
Home/Residence Visit New Pt (99345)	G0318	140 minutes
Home/Residence Visit Estab. Pt (99350)	G0318	110 minutes
Cognitive Assessment and Care Planning (99483)	G2212	100 minutes
Consults Office (99245)	G2212	85 minutes
Consults Inpatient (99255)	G0316	100 minutes

*Time must be used to select visit level. Prolonged service time could be reported when furnished on any date within the primary visit's surveyed timeframe and would include time with or without direct patient contact by the physician or other qualified health care professional.

PROLONGED PREVENTIVE SERVICE(S)

HCPCS codes G0513 and G0514 for prolonged preventive services may be used for preventive medicine services (CPT® codes 99381-99387 and 99391-99397), as well as procedure codes considered as preventive services by CMS listed at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Medicare-PFS-Preventive-Services.html>

- HCPCS code G0513 is used to report prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service).
- HCPCS code G0514 is used to report prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service).

BILLING/CODING INFORMATION:

CPT®/HCPCS Codes:

Code	Descriptor
+ 99415	Prolonged clinical staff service (the service beyond the highest time in the range of the total time of the service) 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)
+ 99416	Prolonged clinical staff service (the service beyond the highest time in the range of the total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)
+G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for

	hospital inpatient or observation care evaluation and management services). (do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report G0316 for any time unit less than 15 minutes)
+G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services), (do not report G0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (do not report G0317 for any time unit less than 15 minutes)
+G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services. (do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report G0318 for any time less than 15 minutes)
+ G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
+ G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)
+ G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT® codes 99205, 99215, 99483 for office or other outpatient evaluation and management services) (do not report G2212 on the same date of service as 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)

Note: CPT® Prolonged Service codes 99415-99416, G0316-G0318, G0513-G0514, G2212 are considered add-on codes, defined as a code listed separately in addition to a code for the primary procedure and should not be reported without the primary code.

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Add-On Codes 15-044
Evaluation and Management for Office or Other Outpatient Services 21-070

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition
2. Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual, Chapter 12 Physicians/Nonphysician Practitioners, Section 30.6.15 Prolonged Services, Standby Services and Evaluation and Management Service for Power Mobility Devices (PMDs)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> and Chapter 18 Preventive and Screening Services, Section 240 Prolonged Preventive Services Codes <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>

3. CMS CY 2023 Medicare Physician Fee Schedule (PFS) final rule <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>

GUIDELINE UPDATE INFORMATION:

04/11/2019	New Payment Policy
04/09/2020	Annual Review
01/14/2021	Revised: HCPCS code G2212 added to policy
04/15/2021	Annual Review
04/14/2022	Annual Review – no changes
01/01/2023	Revision – Policy revised to align with new reporting guidelines for prolonged services.
04/13/2023	Annual Review – HCPCS code descriptions updated. References reviewed and updated.
06/08/2023	Revision – Policy revised to align with new time thresholds for reporting select prolonged service and to update documentation requirements of time reported. References reviewed and updated.

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