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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. Effective for claims with dates of service on or after January 1, 2018, 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 report only 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 clearly indicated.

A. Prolonged Service with Direct Patient Contact (Except with Office or Other Outpatient Services)

CPT® codes **99354-99357** are used when a physician or other qualified health care professional provides prolonged service(s) involving direct patient contact that is provided beyond the usual service in either the inpatient, observation, or outpatient setting, except with office or other outpatient services (99202-99205, 99212-99215). Prolonged services codes can be billed only if the total duration of the physician or other qualified health care professional direct face-to-face service equals or exceeds the threshold time for the E/M service.

Direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session.

Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the E/M codes.

- CPT® code **99354** is used to report the first hour of prolonged service in the outpatient setting on a given date. This code should be used only once per date. Prolonged service time must be at least 30 minutes in order to report this service.
- CPT® code **99355** is used to report each additional 30 minutes beyond the first hour in the outpatient setting. The code may 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.
- CPT® code **99356** is used to report the first hour of prolonged service at the bedside and on the patient's floor or unit in the hospital or nursing facility on a given date. This code should be used only once per date. Prolonged service time must be at least 30 minutes in order to report this service.
- CPT® code **99357** is used to report each additional 30 minutes beyond the first hour at the bedside and on the patient's floor or unit in the hospital or nursing facility on a given date. The code may 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.

B. Prolonged Service without Direct Patient Contact

Codes **99358 and 99359** are used when a prolonged service is provided that is neither face-to-face time in the outpatient, inpatient, or observation setting, nor additional unit/floor time in the hospital or nursing facility setting during the same session of an E/M service and is beyond the usual physician or other qualified health care professional service.

This prolonged service may be reported on a different date than the primary service to which it is related. However, it must relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management.

Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the E/M codes.

- CPT® code **99358** is used to report the first hour of non-face-to-face prolonged service on a given date regardless of the place of service. This code should be used only once per date. Prolonged service time must be at least 30 minutes in order to report this service.
- CPT® code **99359** is used to report each additional 30 minutes beyond the first hour of non-face-to-face prolonged service regardless of the place of service. This code may 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 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 beyond the highest total time of the E/M service. 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 may not be reported by facilities.

- 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.

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

Effective 01/01/2021, 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).

- 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. CMS HCPCS code G2212 defines prolonged service beyond the maximum required time for the primary procedure, whereas CPT® code 99417 is defined as prolonged office or other outpatient E/M service(s)

beyond the minimum required time of 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 (i.e., 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].
- Prolonged office or other outpatient E/M service that 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 (i.e. 99205 or 99215) are reported with HCPCS code G2212.
- HCPCS code G2212 may only be reported in conjunction with office or other outpatient service codes 99205 or 99215 if the codes were selected based on the time alone and not medical decision making.
- Prolonged service of less than 15 minutes additional time on the date of the office or other outpatient service (i.e., 99205, 99215) is not reported.
- Prolonged service HCPCS code G2212 should not be reported in conjunction with 99354 and 99355 (Prolonged service with direct patient contact), 99358 or 99359 (Prolonged service without direct patient contact), or 99415 or 99416 (Prolonged clinical staff services). Therefore, CPT® codes 99354, 99355, 99358, 99359, 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.

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
+ 99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202-99205, 99212-99215])
+ 99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
+ 99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)
+ 99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
+ 99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
+ 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)
+ 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 for office or other outpatient evaluation and management services)

Note: CPT® Prolonged Service codes 99354-99357, 99359, 99415-99416, G0513-G0514, and 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 and Standby Services <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>

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

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