

# Medical Coverage Policies

[Printer-Friendly Page](#)

## Prolonged Physician Services

<b>EFFECTIVE DATE</b>	12/01/2004	<b>LAST UPDATED</b>	05/17/2007
-----------------------	------------	---------------------	------------

### Description:

Prolonged services are add-on codes that allow physicians to report services that are for unusual services (above and beyond the usual services) provided in either a hospital inpatient or other outpatient setting. The services involve either direct (face-to-face) or without direct (face-to-face) patient contact. The prolonged services can be intermittent and can be reported with any level Evaluation and Management (E&M) service in addition to other physician services.

The CPT codes are grouped into two main categories:

#### With Direct Face-to-Face Contract

- Prolonged E&M service codes **99354 - 99357** are used to report the total duration of time spent with **direct face-to-face** contact between patient and physician.

#### Without Direct Face-to-Face Contact

- Prolonged E&M service codes **99358 - 99359** are used to report the duration **without direct face-to-face** contact, even if the time spent by the physician on that date is not continuous. The codes are used to report prolonged services before and/or after direct face-to-face patient care, which includes reviewing of extensive records and/or tests and communication with other healthcare professionals, or the patient or family.

### Medical Criteria:

Not applicable as this is a reimbursement policy.

### Policy:

Filings for prolonged services (99354 - 99357) will automatically be suspended for review. If claims are filed electronically or by paper claims, they will be denied for lack of documentation. Once the appropriate documentation of the **time spent** is received, it will be reviewed to determine the appropriate CPT code(s) to be used.

### Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet, subscriber agreement, or Rlte Care contract for the applicable doctors' hospital visits and office visits benefits/coverage.

### Reimbursement:

- Prolonged services (99354 - 99357) are used to report total duration (30 to 60 minutes) of face-to-face contact time spent by the physician on a given date of service.
- Prolonged service of less than 30 minutes total duration on a given date is not separately reported and considered included in the total work of the E&M service.

CPT codes 99358 and 99359 are covered but not separately reimbursed as they represent services without direct patient contact. These services are considered inclusive in the direct face-to-face (E&M) services billed by the provider.

Prolonged Services Filed by Mid-Level Practitioners:

Mid-level practitioners (e.g., Nurse Practitioners) will not be reimbursed when providing E&M prolonged services in the inpatient hospital setting.\*

Covered Prolonged Services:

**99354**

(Use 99354 in conjunction with codes 99205, 99215, 99245, 99275, 99345, and 99350 which are E&M codes that reflect highest level of service per category allowed by BCBSRI.)

**99355**

(Use 99354 in conjunction with codes 99205, 99215, 99245, 99275, 99345, and 99350 which are E&M codes that reflect highest level of service per category allowed by BCBSRI.)

**99356**

(Use 99356 in conjunction with codes 99223, 99233, 99255, 99263, 99303, 99313, 99323, and 99333, which are E&M codes that reflect highest level of service per category allowed by BCBSRI.)

**99357**

(Use 99356 in conjunction with codes 99223, 99233, 99255, 99263, 99303, 99313, 99323, and 99333, which are E&M codes that reflect highest level of service per category allowed by BCBSRI.)

Coding for prolonged services (more than 75 minutes for codes 90801 and 90802) related to psychiatric diagnostic interviews and/or examinations for individuals under the age of 18 years should be appended with a TU modifier. Only these services may be reported with the TU modifier. Please refer to the Behavioral Health Policy for details regarding prolonged services.

**90801**

**90802**

Coding for extended services (more than 25 minutes for code 90862) related to pharmacologic management for individuals under the age of 18 years should be appended with a TU modifier.

**90862**

Prolonged Services **Not Separately Reimbursed:**

**99358**

**99359**

CPT 99354 and 99355 are not appropriate for coding with Preventative Medicine (99381-99397), Emergency Department (99281-99285) or Critical Care (99291-99292) services. CPT 99356 and 99357 are not appropriate coding for use in addition to Critical Care (99291-99292) or Neonatal Intensive Care (99295-99298).

\*See Medical Policy on Mid-Level Practitioners

**Published:**

*Policy Update*, December, 2004

*Policy Update*, July, 2006

*BCBSRI Web*, June, 2007

**References:**

Policy Update: March 2006 Vol. 13 No. 3

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)