

	<i>Prolonged Service and Visit Complexity</i>	
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Prolonged services are for additional care provided to a beneficiary after an evaluation and management (E/M) service has been performed. Physicians submit claims for prolonged services when they spend additional time beyond the time

spent with a beneficiary for a usual companion E/M service.

“Visit complexity inherent to evaluation and management” refers to the extra cognitive effort, time, and resources needed for visits that are part of a long-term, ongoing relationship with a patient, particularly when the provider acts as a focal point for the patient's care or manages a serious or complex condition

Both prolonged services and visit complexity are evaluation and management add- on codes.

Policy

CPT codes 99354, 99355 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use 99417.

CPT codes 99356, 99357 have been deleted. For prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use 99418)

Prolonged Service on Date Other Than the Face-to-Face Evaluation and Management 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 evaluation and management encounter with the patient and/or family/caregiver. Codes 99358, 99359 may be reported for prolonged services in relation to any evaluation and management service on a date other than the face-to-face service, whether or not time was used to select the level of the face-to-face service.

This service is to be reported in relation to other physicians or other qualified health care professional services, including evaluation and management services at any level, on a date other than the face-to-face service to which it is related. Prolonged service without direct patient contact may only be reported when it occurs on a date other than the date of the evaluation and management service. For example, extensive record review may relate to a previous evaluation and management service performed at an earlier date. However, it must relate to a service or patient which (face-to-face) patient care has occurred or will occur and relates to ongoing patient management.

Codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service, even if the time spent by the physician or other qualified health care professional on that date is not continuous. Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service. It should be used only once per date.

Prolonged service of less than 30 minutes total duration on a given date is not separately reported.

Code 99359 is used to report each additional 30 minutes beyond the first hour. It may also be used to report the final 15 to 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.

Do not report 99358, 99359 for time without direct patient contact reported in other services, such as care plan oversight services (99374- 99380), chronic care management by a physician or other qualified health care professional (99437, 99491), principal care management by a physician or other qualified health care professional (99424, 99425, 99426, 99427), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), interprofessional telephone/Internet/electronic health record consultations (99446, 99447, 99448, 99449, 99451, 99452), or online digital evaluation and management services (99421, 99422, 99423).

(Do not report 99358, 99359 on the same date of service as 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99417, 99483)

Description	Code
less than 30 minutes	Not reported separately
30-74 minutes (30 minutes- 1 hr. 14 min.)	99358 X 1
75-104 minutes (1 hr. 15 min.- 1 hr. 44 min.)	99358 X 1 AND 99359 X 1
105 minutes or more (1 hr. 45 min. or more)	99358 X 1 AND 99359 X 2 or more for each additional 30 minutes

Prolonged Service with or Without Direct Patient Contact on the Date of an Evaluation and Management Service Office or Other Outpatient Service

Code 99417 is used to report prolonged total time (i.e., combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services, office consultation, or other outpatient evaluation and management services (i.e., 99205, 99215, 99245, 99345, 99350, 99483).

Inpatient evaluation and management service

Code 99418 is used to report prolonged total time (i.e., combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of an inpatient evaluation and management service. Report 99418 with 99223, 99233, 99236, 99255, 99306, and 99310 once the time of the E/M code has been surpassed by 15 minutes.

Time Required

Prolonged total time is 15 minutes beyond the time required to report the highest-level primary service. Codes 99417, 99418 are only used when the primary service has been selected using time alone as the basis and only after the time required to report the highest-level service has been exceeded by 15 minutes. To report a unit of 99417, 99418, 15 minutes of time must have been attained. Do not report 99417, 99418, for any time increment of less than 15 minutes.

When reporting 99417, 99418, the initial time unit of 15 minutes should be added once the time in the primary E/M code has been surpassed by 15 minutes. For example, to report the initial unit of 99417 for a new patient encounter (99205), do not report 99417 until at least 15 minutes of time has been accumulated beyond 60 minutes (i.e., 75 minutes) on the date of the encounter. For an established patient encounter (99215), do not report 99417 until at least 15 minutes of time has been accumulated beyond 40 minutes (i.e., 55 minutes) on the date of the encounter.

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

For prolonged services on a date other than the date of a face-to-face evaluation and management encounter with the patient and/or family/caregiver, see 99358, 99359.

For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professionals, see 99415, 99416. Do not report 99417, 99418 in conjunction with 99358, 99359, 99415,

99416.

(Use 99417 in conjunction with 99205, 99215, 99245, 99345, 99350, 99483)

(Do not report 99417 on the same date of service as 90833, 90836, 90838, 99358, 99359, 99415, 99416)

(Do not report 99418 on the same date of service as 90833, 90836, 90838, 99358, 99359)

(Do not report 99418 for any time unit less than 15 minutes)

E/M with Designated Prolonged Care Code	1 Unit	2 Units
99205 + 99417	75 mins	90 mins
99215 + 99417	55 mins	70 mins
99245 + 99417	70 mins	85 mins
99345 + 99417	90 mins	105 mins
99350 + 99417	75 mins	90 mins
99223 + 99418	90 mins	105 mins
99233 + 99418	65 mins	80 mins
99236 + 99418	100 mins	115 mins
99255 + 99418	95 mins	110 mins
99306 + 99418	60 mins	75 mins
99310 + 99418	60 mins	75 mins

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) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)

E/M with Designated Prolonged Care Code	1 Unit	2 units
99205 + G2212	89-103 minutes	104-118
99215 + G2212	69-83 minutes	84-98 minutes

Visit Complexity

CPT codes G2211 and G0545 are used to identify visit complexity.

G2211 - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or complex condition

G0545 - Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious disease specialist.

Blue KC will not separately reimburse G2211 or G0545 and consider payment for these 2 add on codes to be subsumed by the payment for the E/M service to which it is incident to.

Coding

CPT Code	Description
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)
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management 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
G2211	Visit complexity is inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent, or discharge)

Related Documents

CPT Evaluation and Management Guidelines

References

Blue KC Provider Reference Guide
 Centers for Medicare and Medicaid Services
 American Medical Association

Revision History

Version	Date	Summary of Revisions
001	3/1/2020	Initial version
002	12/30/2020	Update- Added 2021 E/M guidelines and new code 99417
003	12/01/2022	Update -Added CMS code G2212

004	3/01/2022	Annual review no changes or updates were made to the policy
005	1/1/2023	Update- Added new 2023 AMA prolonged service code updates
006	4/12/2023	Annual review added lines of business policy applies to.
007	3/21/2024	Added G2211 is not payable for commercial and ACA lines of business.
008	3/1/2025	Annual review no changes or updates were made to the policy
009	5/12/2025	Added G0545 visit complexity, inpatient/observation by infectious disease specialist is not covered
10	6/16/2025	Added information in bold Blue KC will not separately reimburse G2211 or G0545 and consider payment for these 2 add on codes to be subsumed by the payment for E/M service to which it is incident to.
11	11/10/2025	Re-added CMS code G2212 for prolonged telehealth services
12	3/1/2026	Annual review, there were no updates or changes made to the policy