

Medical Coverage Policies

[Printer-Friendly Page](#)

After Hours: Special Services, Procedures, and Reports

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| EFFECTIVE DATE | 04/01/2010 | LAST UPDATED | 01/19/2010 |
| RELATED POLICIES | Mid-Level Practitioners | | |

Description:

Special services, procedures, and reports codes provide the reporting physician (or other qualified healthcare professional) with the means of identifying the completion of these special reports and services as an adjunct to the basic services rendered. The specific CPT code number assigned indicates the special circumstances under which a basic procedure is performed.

Codes 99050-99060 are reported in addition to an associated basic service. Typically only a single adjunct code from among this group would be reported per patient encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.¹

While physician offices have varying hours, BCBSRI considers normal office hours to be between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Reimbursement for special services, procedures and reports will be extended to pediatricians, family practitioners, internal medicine, mid-level practitioners (PCP specialties) and OB/GYN physicians when functioning as PCPs related to specific lines of business.

Urgent care centers, emergency room providers, and others not listed above are excluded from receiving the additional reimbursement.

Medical Criteria:

Not applicable, this is a reimbursement policy only.

Policy:

Any urgently scheduled visit rendered outside of the routine hours of 8AM-5PM, Monday through Friday (except holidays), may have 99050 added. Code 99050 may not be reported for routine or preventative services. "Urgently scheduled" would typically be the same day or within 24 hours of the request for an acute problem or acute exacerbation of chronic illness.

Claims for services requested after regularly scheduled office hours, in addition to basic services (e.g., services requested on Sundays and holidays, 99050), are reimbursed to pediatricians, family practitioners, internal medicine, mid-level practitioners (PCP specialties) and OB/GYN physicians functioning as PCPs related to specific lines of business.

When filing code 99050, mid-level practitioners (PCP Specialties) will be reimbursed according to their appropriate fee schedule for this service.

Coverage:

Benefits vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable office visit benefits/coverage.

Coding:

The following service is covered and separately reimbursed

99050:

The following services are covered but not separately reimbursed:

99051 99053 99056 99058 99060:

Note: One Evaluation and Management (E/M) service (99201-99215) per day will be allowed to either the mid-level practitioner or the physician, not both.

Related Policies:

Mid-Level Practitioners

References:

¹CPT 2007: Special Services, Procedures and Reports; pg. 418-19.

Published:

Policy Update, Feb 2003
Policy Update, Oct 2004
Policy Update, Jan 2006
Policy Update, Feb 2008
Provider Update, Oct 2009
Provider Update, Jun 2010

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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](#)