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<b>Title</b>	<b>After Hours Services</b>		
<b>Number</b>	<b>CP.PP.137.v2.8</b>		
<b>Last Approval Date</b>	02/06/26	<b>Original Effective Date</b>	02/07/05
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• Medicare Indicator “Status B, Status P and Status T” Services Reimbursement</li> <li>• Facility Fees: Clinic Services, Professional Fees and Specialty Services-Treatment Room</li> </ul>		

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan’s professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define when the Plan recognizes professional services provided after hours that are submitted on a professional claim.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
<b>Policy</b>	<p>Consistent with the Centers for Medicare and Medicaid Services (CMS) guidelines, the Plan considers reimbursement of Current Procedural Terminology (CPT) codes for after hours and weekend care (99050 through 99060) to be included in the reimbursement of the main services rendered.</p> <p>As such, the Plan will not separately reimburse after hours and weekend care CPT codes unless the provider contract terms specifically include for and allow reimbursement. These codes are Medicare Status B codes and are included in the allowance of the other service(s) rendered.</p> <p>For Facility fees related to after-hours care please see the cross reference policy “Facility Fees.”</p>
<b>Codes/Coding Guidelines</b>	<p>After hours and weekend care is defined by the following CPT codes:</p> <ul style="list-style-type: none"> <li>• 99050 - Services provided in the office at times other than regularly scheduled office hours or days when the office is normally closed, in addition to basic service</li> <li>• 99051 - Services provided in the office during regularly scheduled evening, weekend or holiday office hours, in addition to basic service</li> <li>• 99053 - Services provided between 10:00pm and 8:00am at 24-hour facility, in addition to basic service</li> <li>• 99056 - Services typically provided in the office, provided out of the office at the request of patient, in addition to basic service</li> <li>• 99058 - Services provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service</li> <li>• 99060 - Services provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service</li> </ul>

<b>Violations of Policy</b>	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined by the plan.
<b>Exceptions</b>	Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.
<b>Laws, Regulations &amp; Standards</b>	
<b>References</b>	<ul style="list-style-type: none"> <li>American Medical Association’s Current Procedural Terminology (AMA/CPT); Professional Edition codebook</li> <li>Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value file</li> </ul>

<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
<b>Annual Review Dates</b>	02/06/26; 06/12/25; 08/12/24; 11/09/23; 12/07/22; 01/07/22; 01/27/21; 02/10/20; 03/15/19; 03/29/18; 06/13/17; 06/26/16; 08/10/15; 08/10/14; 01/12/14; 01/13/13; 01/26/12; 01/27/11; 03/04/10; 05/11/09; 07/21/08; 06/09/07; 05/05/06; 02/01/06; 08/30/05; 08/29/05; 01/27/05; 09/18/01	
<b>Version History</b>	03/29/18	Clarified the first paragraph regarding reimbursement of these codes; added the new section “Codes/Coding Guidelines”
	03/15/19	Annual review; no changes
	02/10/20	Annual review; no changes
	01/27/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms
	01/07/22	Annual review; no changes
	12/07/22	Annual review; no changes
	11/09/23	Annual review; no changes
	08/12/24	Annual review; no changes
	06/12/25	Annual review; no changes
	02/06/26	Added cross reference to Facility Fees Policy