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<b>Title</b>	<b>Prolonged Services for Labor Management</b>		
<b>Number</b>	<b>CP.PP.396.v1.8</b>		
<b>Last Approval Date</b>	08/12/24	<b>Original Effective Date</b>	05/12/15
<b>Cross Reference</b>	<i>Maternity Services</i>		

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 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 how the Plan limits prolonged services codes when separately billed for labor management that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
<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>The Plan restricts the use of prolonged service procedure codes when they are billed separately or with an Evaluation and Management (E/M) code to represent labor management as identified by the diagnosis, by a provider who does <b>not</b> perform the actual delivery.</p> <p>The Plan will not separately reimburse billed prolonged services for professional outpatient services or for inpatient services, when billed with an E/M code, to represent labor management when that provider does <b>not</b> deliver the baby.</p> <p>Management of labor is considered a component of the maternity care delivery codes and is not separately billable.</p>
<b>Codes/Coding Guidelines</b>	<p>Prolonged services procedure codes for both outpatient and inpatient care and coding guidelines from CPT Codebook include the following:</p> <ul style="list-style-type: none"> <li>• <b>+99415</b> – Prolonged clinical staff services (the service beyond the highest time in the range of total time of the service) during and 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)             <ul style="list-style-type: none"> <li>○ Use 99415 in conjunction with 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215.</li> <li>○ Do not submit with 99417.</li> </ul> </li> <li>• <b>+99416</b> - Prolonged clinical staff services (the service beyond the highest time in the range of total time of the service) during and 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 outpatient Evaluation and Management service)             <ul style="list-style-type: none"> <li>○ Use 99416 in conjunction with 99415.</li> <li>○ Do not submit with 99417</li> </ul> </li> <li>• <b>+99417</b> - Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when</li> </ul>

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)

- Use 99417 in conjunction with 99205, 99215, 99245, 99345, 99350, 99483.
  - Use 99417 in conjunction with 99483, when the total time on the date of the encounter exceeds the typical time of 99483 by 15 minutes or more.
  - Do not use on the same date of service as 90833, 90836, 90838, 99358, 99359, 99415, 99416.
- **+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)
    - Use 99418 in conjunction with 99223, 99233, 99236, 99255, 99306, 99310.
    - Do not report on the same date of service as 90833, 90836, 90838, 99358, 99359.
  - **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).
    - Use in conjunction with 99358.
    - (Do not report 99358, 99359 on the same date of service as 99202-99205, 99212-99215, 99417).
  - **+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)
  - **+G0316** - Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes)
  - **+G0318** - Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using 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 99345, 99350 for home or

	<p>residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes)</p> <p>(+ = Add-on code; bill with an appropriate primary code)</p>	
<b>Violations of Policy</b>	<p>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 in Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>	
<b>Exceptions</b>		
<b>Laws, Regulations &amp; Standards</b>	None	
<b>References</b>	<ul style="list-style-type: none"> <li>American Medical Association’s Current Procedural Terminology (AMA/CPT), Professional Edition codebook</li> <li>American College of Obstetrics and Gynecology</li> <li>“Planned Home Births and Births in Birthing Centers Billing Guide”, Washington State Health Care Authority, Medicaid Provider Guide, September 1, 2023</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>	11/09/23; 12/07/22; 06/06/22; 08/10/21; 01/27/21; 02/10/20; 02/18/19; 02/27/18; 04/10/17; 05/10/16; 05/12/15	
<b>Version History</b>	02/27/18	Added Codes/Coding Guideline section and moved code descriptions into the new section
	02/18/19	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. Clarified in the Policy section that the codes are “add-on codes”
	08/10/21	<ul style="list-style-type: none"> <li>Revised policy title.</li> <li>Additional Prolonged Service codes are added to the policy, codes 99415-99417 and G2212 which will not be reimbursed when billed for labor management effective with claim dates of service December 16, 2021.</li> <li>Revised code descriptions for 99354-99356.</li> </ul>
	06/06/22	Clarified the first paragraph in the Policy section when prolonged services procedure codes are billed for labor management by a provider who does not perform the delivery.
	12/07/22	In the Codes/Coding Guidelines section, updated the codes to reflect revisions to code descriptions, new and terminated codes effective January 1, 2023.
	11/09/23	Minor clarifications to the Policy statement and code descriptions.
	08/12/24	In the Codes/ Coding Guidelines section, removed codes 99354-99357 that were deleted on January 1, 2023.