

## Commercial Reimbursement Policy

Subject: <b>After-Hours, Emergency, and Miscellaneous E/M Services – Professional and Facility</b>	
Policy Number: <b>C-07001</b>	Policy Section: <b>Administration</b>
Last Approval Date: <b>08/23/2023</b>	Effective Date: <b>01/01/2024</b>

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Wellpoint allows separate reimbursement for after-hours services if the basic service provided meets **all** the following criteria, unless provider, state, federal, contracts and/or requirements indicate otherwise:

- Billed by a professional provider on a CMS-1500 Form
- Billed with an office place of service (POS 11)

- Rendered between 5:00 p.m. and 8:00 a.m. on weekdays, or anytime on weekends (based on arrival time; not actual time the service commenced)

Wellpoint refers to CPT® codes 99050 and 99051 as “after-hours” services and does not designate a special status in this policy to holidays. If a holiday falls on a weekday, then services rendered between 5:00 p.m. and 8:00 a.m. on that day are eligible for reimbursement. If a holiday falls on a weekend, then services rendered anytime on that weekend are eligible for reimbursement.

## Related Coding

Code	Description	Comments
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday, or Sunday), in addition to basic service	Eligible for separate reimbursement if reported without a preventive diagnosis and/or a preventive service
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	Eligible for separate reimbursement
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	Not eligible for separate reimbursement
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	Not eligible for separate reimbursement
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	Not eligible for separate reimbursement
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	Not eligible for separate reimbursement

## Policy History

08/23/2023	Review approved 08/23/2023 and effective 01/01/2024: policy updated to apply to both professional and facility providers; no longer allows separate reimbursement for claims billed with POS 20, nor facility providers
03/26/2021	Review approved: minor administrative update to add “unless provider, state, federal contracts and/or requirements indicates otherwise”
05/24/2019	Review approved: no changes made
04/03/2019	Review approved: policy template updated; Description section was removed, and codes were moved from the policy body to the Related Coding section
05/02/2017	Review approved: updated disclaimer language
02/03/2015	Revised: ‘After-hours’ and ‘holidays’ descriptions updated; added place of service 20

07/01/2014	Review approved: Description section updated
07/02/2013	Review approved: Description section updated
07/10/2012	Review approved: policy language updated
07/12/2011	Review approved: basic service language was clarified
09/07/2010	Review approved: no changes made
06/25/2009	Review approved: description of after-hours clarified; coding section added
08/20/2007	Initial approval and effective

## References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Business Decision
- Optum EncoderPro, 2023

## Definitions

General Reimbursement Policy Definitions

## Related Policies and Materials

None

## Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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