Time Span Codes Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

Application

This reimbursement policy applies to all Medicare Advantage products and for services reported using the 1500 Health Insurance Claim Form (a/k/a CMS1500) or its electronic equivalent or its successor form. This policy applies to all network physicians and other qualified health care professionals.

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Overview

Within the code description, Current Procedural Terminology (CPT®) book parentheticals and coding guidance by the American Medical Association (AMA) or Centers for Medicare and Medicaid Services (CMS) in other publications, certain CPT and Healthcare Common Procedure Coding System (HCPCS) Level II codes specify a time parameter for which the code should be reported (e.g., weekly, monthly). This policy describes reimbursement for these Time Span Codes.

For the purposes of this policy, the Same Individual Physician and /or Other Qualified Health Care Professional includes all physicians and/or other health care professionals of the same group with the same federal tax identification number.

Reimbursement Guidelines

Time Span Codes

United Healthcare Medicare Advantage will reimburse a CPT or HCPCS Level II code that specifies a time period for which it should be reported (e.g., weekly, monthly), once during that time period. The time period is based on sourcing from the AMA or CMS including: the CPT or HCPCS code description, CPT book parentheticals and other coding guidance in the CPT book, other AMA publications or CMS publications.

For example: Within the CPT book, the code description for CPT code 95250 states, "Ambulatory continuous glucose monitoring of interstitial tissue fluid via subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording". In addition to that code description, there is also a parenthetical that provides further instructions with regard to the frequency the code can be reported. The parenthetical states, "Do not report 95250 more than once per month". UnitedHealthcare Medicare Advantage will reimburse CPT Code 95250 only once per month for the same member, for services provided by the Same Group Physician and/or Other Qualified Health Care Professional.

CPT coding guidelines specify for physicians or other qualified health care professionals to select the name of the procedure or service that accurately identifies the services performed.

Refer to Q&A #2 for information on Time Span Code values and modifier usage.

External Electrocardiographic Recording Services - CPT codes 93224, 93225, 93226, and 93227 Reported with Modifier 52

CPT codes 93224-93227 are reported for external electrocardiographic recording services up to 48 hours by continuous rhythm recording and storage. CPT coding guidelines for codes 93224-93227 specify that when there are less than 12 hours of continuous recording modifier 52 should be used.

When modifier 52 is appended to CPT code 93224, 93225, 93226, or 93227, UnitedHealthcare Medicare Advantage does not apply the Time Span Codes Policy for reimbursement of these codes. Instead, UnitedHealthcare Medicare Advantage applies the "Reduced Services Policy" which addresses reimbursement for codes appended with modifier 52.

End-Stage Renal Disease Services (ESRD) CPT Codes 90951-90962

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CPT codes 90951-90962 are grouped by age of the patient and the number of face-to-face physician or other qualified health care professional visits provided per month (i.e., 1, 2-3, or 4 or more). UnitedHealthcare Medicare Advantage will reimburse the single most comprehensive outpatient ESRD code submitted per age category (i.e., under 2 years of age, 2-11 years of age, 11-19 years of age, and 20 years of age and older) once per month. This aligns with CPT coding guidance which states that the age-specific ESRD codes should be reported once per month for all physician or other health care professional face-to-face outpatient services.

Transitional Care Management Service 99495 and 99496

According to the CPT parentheticals, procedure codes 99495 and 99496 are reported based on medical decision making and the date of the first face-to-face visit are used to select and report the appropriate TCM code. For 99496, the face-to-face visit must occur within 7 calendar days of the date discharge and medical decision making must be of high complexity. For 99495 the face-to-face visit must occur within14 calendar days of the date of discharge and medical decision making must be of at least moderate complexity.

Only one individual may report these services and only once per patient within 30 days of discharge. Another TCM may not be reported by the same individual or group for any subsequent discharge(s) within the 30 days. The same individual may report hospital or observation discharge services and TCM. However, the discharge service may not constitute the required face-to-face visit. The same individual should not report TCM services provided in the postoperative period of a service that the individual reported

Time Span Comprehensive and Component Codes

When related Time Span Codes which share a common portion of a code description are both reported during the same time span period by the Same Group Physician and/or Other Health Care Professional for the same patient, the code with the most comprehensive description is the reimbursable service. The other code is considered inclusive and is not a separately reimbursable service. No modifiers will override this denial.

For example the CPT book lists code 93268 first as it is the comprehensive code. CPT codes 93270, 93271, and 93272 are indented and each share a common component of their code description with CPT code 93268.

When CPT code 93270, 93271, or 93272 are reported with CPT 93268 during the same 30 day period by the Same Group Physician and/or Other Qualified Health Care Professional for the same patient, only CPT code 93268 is the reimbursable service.

The Time Span Code Comprehensive and Component Codes list includes applicable comprehensive and related component Time Span Codes.

Definitions	
Calendar Month	The Time Span policy defines calendar month as the time span referring to an individually named month of the year, e.g., January, February, and includes codes with Calendar Month in their description
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number.
Time Span Code	A CPT or HCPCS code that specifies a time period for which it should be reported (e.g., weekly, monthly).

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Questions and Answers	
1	**Q:** How does UnitedHealthcare Medicare Advantage determine the "time span" for codes with a description of Calendar Month, per month or monthly? **A:** UnitedHealthcare Medicare Advantage determines the "time span" for codes with a description of Calendar Month, per month or monthly by an individually named month of the year, e.g., January, February etc. Reimbursement is only allowed once per that individual month. If a code description says 30 or 31 days then 30 or 31 days must pass since the last submission before reimbursement is allowed again. Per month/or monthly HCPCS code A4595 – a maximum of one unit of Code A4595 would be allowed per month.
2	**Q:** Does UnitedHealthcare Medicare Advantage recognize modifiers, e.g., 59, 76, through the Time Span Codes Policy to allow reimbursement for additional submissions of a code within the designated time span? **A:** No. Reimbursement for codes included in the Time Span Codes Policy is based on the time span parameter specified in the code description, CPT book parentheticals and/or other coding guidance from the AMA or CMS.

Attachments	
Time Span Codes **Time Span Codes**	A list of codes and their Time Span designations.
Time Span Comprehensive and Component Codes **Time Span Comprehensive and Component Codes**	A list of comprehensive and component Time Span Codes.

Resources
www.cms.gov American Medical Association (AMA) Current Procedural Terminology (CPT®) Centers for Medicare and Medicaid Services: PFS Relative Value Files Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners: Section 180 – Care Plan Oversight Services The Medicare Learning Network (MLN): Medicare Wellness Visit ICN MLN6775421, Medicare Quarterly Provider ICN 909051, Chronic Care Management Services Booklet ICN MLN909188, Transitional Care Management MLN 908628

History	
4/1/2024	Policy Version Change Attachments Section: Updated Time Span Codes Changed Hyperlinks to Excel Table in Attachment Section
1/1/2024	Policy Version Change Attachments Section: Updated Time Span Codes History Section: Entries prior to 1/1/2022 archived
11/1/2023	Policy Version Change Application Section: Updated Logo: Updated

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	History Section: Entries prior to 11/1/2021 archived
11/01/2022	Policy Version Change Reimbursement Guidelines Section: Added Transitional Care Management 99495 and 99496 Attachment Section: Updated HyperLinks
1/1/2022	Policy Version Change Attachments Section: Updated Time Span Codes
9/1/2016	Policy Implemented
5/11/2016	Policy Approved

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