



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date
01-01-2018		05/02/2018
Policy Name		Policy Number
Place of Service Policy- Special Services, Procedures and Reports		ABHLA-RP-101
Policy Type		
Medical	Administrative	Pharmacy
		Reimbursement

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by either CMS or the Louisiana department of Health.

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

According to the AMA CPT Manual, by definition codes 99050 (Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed) and 99051 (Services provided in the office during regularly scheduled evening, weekend or holiday office hours) are for services provided in the office setting. They should not be used in settings other than physician's office. This policy is reflective of our system configuration and is aligned with Louisiana Department of Health manual.

B. Overview

Aetna covers after-hours and weekend care in addition to the office visit charge (CPT codes 99050-99051) when an office visit is used in lieu of an emergency room or urgent care visit. After-hours and weekend care are defined as care provided when the physician is required to open his or her office outside of regular posted office hours to treat a patient's urgent illness or condition or is required to leave or disrupt his/her regular practice. Please note only one of the after-hours codes can be used per visit (i.e., after regular hours, weekend, holiday, etc.). Charges for after-hours services will not be covered when billed for Emergency Department, Urgent Care, Critical Care, Hospital Care or Nursing Facility. . They should not be used in settings other than physician's office. Medicare and private health insurance companies that strictly follow CMS guidelines do not pay additional reimbursement for after-hours services.

C. Definitions

99050 Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.

99051 Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service. This code is reported for any service provided during evening hours, weekends or holidays.

"After Hours "are defined as services rendered between 5:00 p.m. and 8:00 a.m. on weekdays, and anytime on weekends and holidays when the office is usually closed.

D. Reimbursement Guidelines

Each code:

is reported in addition to other services provided at the encounter;

can be reported in addition to any service (does not require an evaluation and management (E/M) service);

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Does not require a modifier (code already states “in addition to basic services”); and can be reported with other special services (again no modifier).

The After Hours and Weekend Care policy is intended to reimburse physicians for services.

Those are outside their normal office routines as an alternative to more costly emergency room or urgent care center services. Reimbursement for CPT codes 99051, 99050 would not accomplish this purpose and are not reimbursed by CMS.

E. Codes/Condition of Coverage

To report 99050 codes, the office must be closed when the patient is seen. This code is not reported if the patient has an appointment during business hours but is not seen until later because the office is behind. This is not reported when the office is open for emergency appointments (i.e., walk-ins) before or after regularly scheduled appointments.

CPT does not define what constitutes a holiday or when evening begins. A general rule would be a federal holiday and any appointments after 6 p.m. However, always check with your payers. 99051 code can be appended to preventive services that are provided during the designated times.

F. Frequently Asked Questions

What are the codes that are not eligible for separate reimbursement?

99053: Service(s) provided between 10:00 p.m. and 8:00 a.m. at 24 hour facility, in addition to basic service.

99056: Service(s) typically provided in the office, provided out of the office at the request of patient, in addition to basic service.

99058: Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service.

99060: Service(s) provided on an emergency basis out of the office, which disrupts other scheduled office services, in addition to basic service.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	03-26-2018	
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H. Resources

- 1) <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>
- 2) <https://www.aapc.com/blog/39830-consider-negotiation-to-make-the-most-of-after-hours-codes/>

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