

Time Span Codes Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

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 Value & Balance Exchange reimbursement policies may 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 and, when specified, to those billed on UB04 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 reference resource regarding UnitedHealthcare Value & Balance Exchange’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange 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, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Value & Balance Exchange products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

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 physician and/or other qualified health care professional includes all physicians and/or other qualified health care professionals of the same group with the same federal tax identification number.

Reimbursement Guidelines

Time Span Codes



UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange 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 (Reduced Services) should be used.

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

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

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 Value & Balance Exchange 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 physicians and/or other qualified health care professional face-to-face outpatient services.

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 Qualified 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.



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).

Questions and Answers	
1	<p>Q: How does UnitedHealthcare Value & Balance Exchange determine the “time span” for codes with a description of calendar month, per month or monthly?</p> <p>A: UnitedHealthcare Value & Balance Exchange 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.</p>
2	<p>Q: Does UnitedHealthcare Value & Balance Exchange 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?</p> <p>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.</p>

Attachments	
 UnitedHealthcare Value & Balance Exchange Time Span Codes	A list of codes and their time span designations.
 UnitedHealthcare Value & Balance Exchange Time Span Comprehensive and Component Codes	A list of comprehensive and component Time Span Codes.

Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange