

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 and, when specified, to those billed on UB04 forms (CMS 1450). 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 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 and 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 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 (Reduced Services) 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

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.

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.

The following example illustrates how 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.

93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review, and interpretation by a physician or other qualified health care professional

93270 recording (includes connection, recording, and disconnection)

93271 transmission and analysis

93272 review and interpretation by a physician or other qualified health care professional

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	UnitedHealthcare 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, per month or monthly in their description.
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other 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 Medicare Advantage determine the “time span” for codes with a description of Calendar Month, per month or monthly?</p> <p>A: UnitedHealthcare 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> <p><u>Per month/or monthly</u></p> <p>HCPCS code A4595 (Electrical stimulator supplies, indicates 2 lead, per month, (e.g., tens, nmes). A maximum of one unit of Code A4595 would be allowed per month</p>
2	<p>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?</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	
 Time Span Codes	A list of codes and their Time Span designations.
 Time Span Comprehensive and Component Codes	A list of comprehensive and component Time Span Codes.

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

History	
8/21/2020	Submitted corrected Time Span Comprehensive and Component Codes list as code 259T was transposed and should read 295T
1/28/2019	Version Change <ul style="list-style-type: none"> ○ Updated Time Span Code list
1/1/2019	Annual Policy Approval Date and Version Change <ul style="list-style-type: none"> ○ Updated Time Span Code and Comprehensive and Component Codes List
11/14/2018	Annual Policy Approval Date and Version Change <ul style="list-style-type: none"> ○ Updated Time Span Code list ○ Updated Definition Section
9/4/2018	Policy Version Change Policy number changed from 2018R0102E to 2018R9040A Added the word 'Professional' to the policy title
7/25/2018	Code List Update: Time Span Codes List (Version Change)
6/20/2018	Code List Update: Time Span Codes List (Version Change)
4/18/2018	Code List Update: Time Span Codes List (Version Change)
3/21/2018	Code List Update: Time Span Codes List (Version Change)
2/6/2018	Policy Reimbursement Guidelines Section: Verbiage updated (New Version) Definitions Section: Updated Q&A Section: Q&A #1 updated
1/19/2018	Annual Policy Version Change



	Code List Update: Time Span Codes
11/8/2017	Policy Approval Date Change (new version) Policy Attachment List Update: Time Span codes and their Time Span designations
8/11/2017	Policy Attachment Updates: Time Span Codes Policy Preamble has been updated.
1/1/2017	Annual Policy Version Change
9/1/2016	Policy Implemented
5/11/2016	Policy Approved