

## 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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.*

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan 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 Community Plan Medicaid 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 and all network and non-network physicians and/or other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and/or 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 Community Plan 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 Community Plan 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.

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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.

**Time Span Codes List**

<b>Code</b>	<b>Time Span</b>
0378T	30 Days
0379T	30 Days
0488T	30 Days
0498T	30 Days
0578T	90 Days
0579T	90 Days
0605T	30 Days
0606T	30 Days
78804	2 Days
89343	365 Days
89344	365 Days
89346	365 Days
90963	Calendar Month
90964	Calendar Month
90965	Calendar Month
90966	Calendar Month
93224	2 Days

93225	2 Days
93226	2 Days
93227	2 Days
93228	30 Days
93229	30 Days
93241	7 Days
93242	7 Days
93243	7 Days
93244	7 Days
<b>Time Span Codes List</b>	
93245	15 Days
93246	15 Days
93247	15 Days
93248	15 Days
93264	30 Days
93268	30 Days
93270	30 Days
93271	30 Days
93272	30 Days
93293	90 Days
93294	90 Days
93295	90 Days
93296	90 Days
93297	30 Days
93298	30 Days
94005	Calendar Month
94014	30 Days
94015	30 Days
94016	30 Days
94774	30 Days
94775	30 Days
94776	30 Days
94777	30 Days
95250	Calendar Month
95251	Calendar Month
95836	30 Days
98970	7 Days
98971	7 Days
98972	7 Days
99091	30 Days
99318	365 Days
99340	Calendar Month
99375	Calendar Month
99378	Calendar Month
99380	Calendar Month
99421	7 Days
99422	7 Days

99423	7 Days
99446	7 Days
99447	7 Days
99448	7 Days
99449	7 Days
<b>Time Span Codes List</b>	
99451	7 Days
99452	14 Days
99454	30 Days
99457	Calendar Month
99474	Calendar Month
99483	180 Days
99484	Calendar Month
99487	Calendar Month
99490	Calendar Month
99491	Calendar Month
99492	Calendar Month
99493	Calendar Month
99495	29 Days
99496	29 Days
A4221	7 Days
A4224	7 Days
A4226	Weekly
A4595	28 Days
E0441	Calendar Month
E0442	Calendar Month
E0443	Calendar Month
E0444	Calendar Month
E0447	Calendar Month
G0181	Calendar Month
G0182	Calendar Month
G0249	7 Days
G0250	7 Days
G0303	15 Days
G0304	9 Days
G0438	365 Days
G0439	335 Days
G0442	365 Days
G0444	365 Days
G0445	Semi-Annual
G0446	365 Days
G0506	Calendar Month
G0511	Calendar Month
G0512	Calendar Month
G2061	7 Days
G2062	7 Days
G2063	7 Days

G2064	Calendar Month
<b>Time Span Codes List</b>	
G2065	Calendar Month
G2066	30 Days
G2067	7 Days
G2068	7 Days
G2069	7 Days
G2070	7 Days
G2071	7 Days
G2072	7 Days
G2073	7 Days
G2074	7 Days
G2075	7 Days
G2086	Calendar Month
G2087	Calendar Month
G2214	Calendar Month
G9678	Calendar Month
H0042	Calendar Month
H0044	Calendar Month
K0553	Calendar Month
Q0513	30 Days
Q0514	90 Days
S0197	30 Days
S0311	Calendar Month
S0320	Calendar Month
S0610	365 Days
S0612	365 Days
S0613	365 Days
S4040	30 Days
S5141	Calendar Month
S5146	Calendar Month
S5161	Calendar Month
S5185	Calendar Month
S9110	Calendar Month
S9970	365 Days
T1041	Calendar Month
T2022	Calendar Month
T2023	Calendar Month
T2030	Calendar Month
T2032	Calendar Month

**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 Community Plan does not apply the Time Span Codes Policy for reimbursement of these codes. Instead, UnitedHealthcare Community Plan 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 Community Plan 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.

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.

**Time Span Code Comprehensive and Component Codes list**

Code	Code2
0533T	0534T
0533T	0535T
0533T	0536T
93241	93242
93241	93243
93241	93244
93245	93246

93245	93247
93245	93248
93268	93270
93268	93271
93268	93272
94014	94015
94014	94016
94774	94775
94774	94776
94774	94777

**State Exceptions**

<b>Hawaii</b>	Hawaii has a state requirement that T2022 can be billed with 1 unit daily
<b>Kansas</b>	Annual family planning visit codes S0612 and S0613 can be billed every 330 days.
<b>Mississippi</b>	MS has a state requirement that S9110 can be billed with 1 unit daily
<b>New York</b>	New York has a 5 year limit for the following codes and their applicable units: 95004__60 95017__60 95018__60 95024__40 95027__40 95028__40 95044__40 86003__30

**Definitions**

<b>Calendar Month</b>	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.
<b>Same Group Physician and/or Other Qualified Health Care Professional</b>	All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number.
<b>Time Span Code</b>	A CPT or HCPCS code that specifies a time period for which it should be reported (e.g., weekly, monthly).

**Questions and Answers**

	<b>Q:</b> How does UnitedHealthcare Community Plan determine the “time span” for codes with a description of calendar month, per month or monthly?
<b>1</b>	<b>A:</b> UnitedHealthcare Community Plan 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.

<b>2</b>	<p><b>Q:</b> Does UnitedHealthcare Community Plan 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><b>A:</b> 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>
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## Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

## History

<b>9/13/2021</b>	Policy Version Change Attachment Section: Added Hawaii
<b>5/14/2021</b>	Policy Version Change Attachment Section: Removed attachment(s) and converted to table(s)
<b>5/1/2021</b>	Policy Version Change State Exceptions: New York added
<b>3/28/2021</b>	Policy Version Change Policy List Change: Time Span Codes List updated
<b>1/1/2021</b>	Policy Version Change Policy List Change: Time Span Codes and Time Span Comprehensive and Component Codes Lists updated History Section: Entries prior to 1/1/2019 archived
<b>6/28/2020</b>	Policy Version Change Policy Reimbursement Guidelines Section: Verbiage updated to remove CPT code definitions Policy List Change: Time Span Codes List update
<b>4/17/2020</b>	Policy Version Change Attachments: Language removed to right click to open an attachment Policy List Change: Date removed from file name of the Time Span and Time Span Comprehensive and Component Codes Lists
<b>1/1/2020</b>	Policy Version Change Policy List Change: Time Span Codes List updated History Section: Entries prior to 1/1/2018 archived
<b>1/1/2019</b>	Policy Version Change Policy List Change: Time Span and Time Span Comprehensive and Component Codes Lists updated History Section: Entries prior to 1/1/2017 archived
<b>3/15/2010</b>	Implementation of Policy