

# TIME SPAN CODES POLICY

**Policy Number:** ADMINISTRATIVE 221.26 T0

**Effective Date:** January 14, 2019

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**Related Policy**

- Refer to the [Reimbursement Guidelines](#) section of the policy

## INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

## 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.

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

**Time Span Codes**

Oxford 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”. Oxford will reimburse CPT Code 95250 only once per month for the same member, for services provided by the Same Group Physician and/or Other 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, Oxford does not apply the Time Span Codes Policy for reimbursement of these codes. Instead, Oxford applies the *Reduced Services* policy which addresses reimbursement for codes appended with modifier 52.

**End-Stage Renal Disease Services (ESRD) 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). Oxford 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 to report 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 Physicians 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.

CPT Code	Description
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, physician review and interpretation
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 Health Care Professional for the same patient, only CPT code 93268 is the reimbursable service.

The [Time Span Comprehensive and Component Codes](#) list includes applicable comprehensive and related component Time Span Codes.

## DEFINITIONS

**Calendar Month:** Oxford 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 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	Q:	How does Oxford determine the "time span" for codes with a description of Calendar Month, per month or monthly?
	A:	Oxford 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.
2	Q:	Does Oxford 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 parentheses and/or other coding guidance from the AMA or CMS.

## ATTACHMENTS

### Time Span Codes List

A list of Time Span Codes and their designations



[Time Span Codes List](#)

### Time Span Comprehensive and Component Codes

A list of comprehensive and component Time Span Codes



[TS Comprehensive & Component Codes](#)

## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2018R0102D]

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

Centers for Medicare and Medicaid Services (CMS). Healthcare Common Procedure Coding System (HCPCS): HCPCS Release and Code Sets.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/14/2019	<ul style="list-style-type: none"><li>• Updated <i>Time Span Codes List</i> (CPT/HCPCS codes their Time Span designations) to reflect annual code edits:<ul style="list-style-type: none"><li>○ Added:<ul style="list-style-type: none"><li>▪ 7 days - 99446, 99447, 99448, 99449, and 99451</li><li>▪ 10 days - 0533T, 0534T, 0535T, and 0536T</li><li>▪ 14 days - 99452</li><li>▪ 30 days - 0498T, 93264, 95836, and 99454</li><li>▪ Calendar month - 99457, 99491, and E0447</li><li>▪ 180 days - 99483</li></ul></li><li>○ Removed:<ul style="list-style-type: none"><li>▪ 30 days - 0489T</li></ul></li></ul></li><li>• Archived previous policy version ADMINISTRATIVE 221.25 TO</li></ul>