KAISER PERMANENTE®

PAYMENT POLICY

PROLONGED SERVICES

Scope

This policy applies to:

☒ Kaiser Permanente Health Plan of Washington

☒ Kaiser Permanente Health Plan of Washington Options, Inc.

☒ Commercial

☒ Medicare

☐ Medicaid

Policy

Original Effective Date: 02/01/2024

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse Prolonged Services reported with the highest-level E&M code when documentation supports the services billed.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Prolonged services codes include but are not limited to:

CPT / HCPCS	Description
G2212	Prolonged office or other outpatient E&M service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or QHP, with or without direct patient contact
G0316	Prolonged hospital inpatient or observation care E&M service(s) beyond the total time for the primary service; each additional 15 minutes by the physician or QHP, with or without direct patient contact
G0317	Prolonged nursing facility E&M service(s) beyond the total time for the primary service; each additional 15 minutes by the physician or QHP, with or without direct patient contact
G0318	Prolonged home or residence E&M service(s) beyond the total time for the primary service, each additional 15 minutes by the physician or QHP, with or without direct patient contact
G0513	Prolonged preventative service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes

G0514	Prolonged preventative service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes
99415	Prolonged clinical staff service during an E&M service in the office or outpatient setting, direct patient contact with physician supervision, first hour
99416	Prolonged clinical staff service during an E&M service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes. Use Code 99415 first.
99417	Prolonged outpatient E&M service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time
99418	Prolonged inpatient or observation E&M service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time
99358	Prolonged E&M service and/or after direct patient care, first hour
99359	Prolonged E&M service before and/or after direct patient care; each additional 30 minutes

HCPCS G2212:

- HCPCS code G2212 may be used instead of CPT 99417 only when the office or outpatient primary service has been selected using time alone after the required time to report the highest-level E&M (i.e., 99205, 99215, 99483) by the physician or QHP with or without direct patient contact on the same date as the primary E&M code.
- HCPCS G2212 should not be reported with 99358, 99359, 99415, or 99416.
- Any time unit less than 15 minutes is not reportable.

HCPCS G0316:

- HCPCS code G0316 is used to report inpatient or observation care E&M service(s) only after the required time to report the highest-level E&M (i.e., 99223, 99233, and 99236) by the physician or QHP with or without direct patient contact on the same date as the primary E&M code.

- HCPCS G0316 should not be reported with 99358, 99359, 99418, 99415, or 99416.
- Any time unit less than 15 minutes is not reportable.

HCPCS G0317:

- HCPS code G0317 is used to report nursing facility E&M service(s) only after the required time to report the highest-level E&M (i.e., 99306, 99310) by the physician or QHP with or without direct patient contact on the same date as the primary E&M code.

- HCPCS G0317 should not be reported with 99358, 99359, or 99418.
- Any time unit less than 15 minutes is not reportable.

HCPCS G0318:

- HCPCS code G0318 is used to report home or residence E&M service(s) only after the required time to report the highest-level E&M (i.e., 99345, 99350) by the physician or QHP with or without direct patient contact on the same date as the primary E&M code.
- HCPCS G0318 should not be reported with 99358, 99359 or 99417.
- Any time unit less than 15 minutes is not reportable.

HCPCS G0513, G0514:

- These codes are used to report prolonged preventive service(s).
- These codes must be reported with the primary preventative service.
- HCPCS G0513 requires direct patient contact beyond the usual service; first 30 minutes.
- HCPCS G0514 is listed separately in addition to G0513 for each additional 30 minutes.

CPT codes 99415, 99416:

- These codes are used to report the total duration of a face-to-face time with the patient and/or family/caregiver spent by clinical staff on a given date providing prolonged service in the offices or outpatient setting even if time spent on that date is not continuous.
- The physician or QHP needs to be present to provide direct supervision of the clinical staff.
- These codes should not be billed for services less than 30 minutes total duration on a given date.
- CPT 99415 & 99416 may not be reported with CPT 99417.

CPT codes 99417, 99418:

- These codes are used when the primary service has been selected using time alone as the basis and only after the required time to report the highest-level E&M (i.e., 99205, 99215) has been exceeded by 15 minutes.
- These codes should not be reported for time less than 15 minutes.
- Codes 99417, 99418 are not separately reimbursed when submitted with codes 90833, 90836, 90838, 99358,99359, 99415, or 99416.
- Time spent performing separate reportable services other than the E&M and Prolonged E&M service is not counted toward the primary E&M or prolonged E&M service time.

CPT codes 99358, 99359:

- These codes are used to report prolonged time performed by a physician or QHP without direct contact with the patient on a different day than a related E&M service. Example: a review of medical records for a patient who received a face-to-face E&M on a previous service date or will receive care on a future date.
- The reported prolonged E&M does not have to selected based on time.
- The time should be reported for the duration of time spent by the provider even when the time spent on that date is not continuous.

- Report CPT 99358 for the first hour of prolonged care without direct patient care that is performed on a different date than the face-to-face E&M service and CPT 99359 for each additional 30 minutes.
- CPT 99358 should only be billed once per date of service.

Policy Definitions

Not applicable

Prerequisite(s)

Not applicable

References

Medicare Claims Processing Manual, Chapter 12, Section 30

Prolonged Service Code - JF Part B - Noridian (noridianmedicare.com)

Behavioral Health Add-on Codes

Frequently Asked Questions

Not applicable

Revision History

03/01/2024 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.