SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.2 AFTER HOURS CARE

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

AFTER HOURS CARE

After-hours physician CPT® codes are reimbursed as follows:

99050 – This code is separately reimbursed when the service provided is outside of the office's regularly scheduled "posted hours" of operation, or days when the office is normally closed (e.g., holidays, Saturday or Sunday) in addition to basic services.

For example, if the office is regularly open Monday through Friday, 8 a.m. to 6 p.m., and the physician is requested to see a patient in the office at 10 p.m. on a Wednesday night, then the physician may report 99050 in addition to the appropriate evaluation and management (E&M) code. The medical record should reflect the medical necessity and services rendered.

- 99050 pays separately when billed with one of the following E&M codes: 99202–99215. 99050 is only reimbursed when submitted with the E&M codes listed.

99051 – This code may be eligible for reimbursement as an add-on code when submitted by a pediatrician, family practice, general practice, internal medicine or rural health provider with the appropriate primary code, and should be used by office-based providers for reporting services that were performed during regularly scheduled evening (after 6 p.m.), weekend or holiday office hours and are adjunct to the basic service performed. This code may be billed for services started any time after the office has been opened for eight consecutive hours.

- 99051 may be eligible for reimbursement as an add-on code when submitted with the appropriate primary basic service code.

After-hours services are not separately reimbursable to urgent care centers. Please refer to the Urgent Care Centers section of the provider manual for the billing guidelines and the criteria that define an urgent care center.

The provider's documentation in the medical record should support the need for these services.