



Reimbursement for After Hours Services

“To support our Primary Care Practices in increasing after-hours services we have made the decision effective January 1, 2014 to reimburse all Medicaid and Medicare Assured[®] Fee-for-Service (FFS) and capitated primary care practices for after-hours services through use of billing codes 990580 and 99051. Reimbursement will be subject to retrospective record review to ensure the service was for an acute illness”

Overuse of the emergency department has been an issue that has concerned practicing many years. Services provided in the emergency room are costly and the clinical information relating to these visits is not consistently communicated to the primary care provider in a timely manner.

Our data reveals that many ED visits are for conditions related to URIs, sprains, abdominal pain and otitis media that can be effectively treated in the PCP office. We’ve also found patients who have frequent contact with their medical homes are more likely to have preventive screening tests performed, increasing the probability of early detection of some conditions (such as breast cancer) and improved management of chronic conditions (such as diabetes and asthma).

We believe that people from all walks of life consider time to be a valuable commodity and want to receive high-quality care at times that they find to be convenient. Primary care offices have indicated that they would like to be able to offer extended office hours to meet these needs. However, offering this service typically involves an increase in payroll costs without a consistent guarantee of reimbursement to cover these costs.

CODE	DESCRIPTION	RATE
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (holidays, Saturday or Sunday)	\$50.00*
99051	Services provided in the office during regularly scheduled evening, weekend, or holiday office hours.	\$35.00*

*Rates are not subject to any contractual percentage increase.

These services will be reimbursed at the flat rates noted above for patients on your panel without the application of deductible or co-insurance when the service was rendered for an **acute illness** with the goal of reducing emergency room visits.

When should you bill the after-hours codes?

- Code 99050 is applicable when the service is rendered during non-regularly scheduled evening office hours.
- Code 99051 is applicable when the office is open for two evenings per week and for two hours per evening, for a total of four
- (4) evening hours per week.
- Evening office hours are defined as those scheduled to begin at 5:00 p.m., Monday through Friday.
- Codes 99050 and 99051 are not payable when billed with Early Periodic Screening Diagnosis and Treatment (EPSDT) services, except when submitted with both an acute and non-acute diagnoses.
- Correct Coding Initiative (CCI) and Claim Check edits will continue to apply, as well as all other terms and conditions of your agreement with Gateway.

We steadfastly believe our decision to reimburse all Medicaid and Medicare Assured® participating primary care practices for after-hours services will improve access and result in decreased utilization of the emergency department, increased patient satisfaction and provide a positive impact to the financial well-being of your practice.