



After Hours and Weekend Care, Professional

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal Government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy Overview

This reimbursement policy is applicable to services billed using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent, as well as any successor forms. It is applicable to all healthcare products and all network and non-network physicians and other qualified healthcare professionals. This includes, but is not limited to, non-network authorized providers and healthcare professionals under percent-of-charge contracts.

The after-hours or weekend care (CPT®) codes represent services delivered when a physician or healthcare professional is required to provide treatment outside of their regular office hours to address a patient's urgent illness or condition. This policy specifies the circumstances under which after-hours or weekend care codes are eligible for separate reimbursement."

Reimbursement Guidelines

The Centers for Medicare and Medicaid Services (CMS) have a policy regarding the reimbursement of certain Current Procedural Terminology (CPT®) codes, specifically 99050, 99051, 99053, 99056, 99058, and 99060. According to CMS guidelines, reimbursement for these codes is bundled into the payment for other services provided on the same day.

Here is how Molina Healthcare handles these codes:

- 1. CPT Codes 99053, 99056, 99058, and 99060:**
 - In accordance with CMS guidelines, Molina Healthcare does not separately reimburse these codes.
- 2. CPT Codes 99050 and 99051:**
 - Although CMS considers CPT codes 99050 and 99051 to be bundled into the payment for other services provided on the same day, Molina Healthcare provides additional compensation to participating primary care providers in specific situations. This additional compensation is offered when primary care providers see patients in situations that would otherwise necessitate more costly urgent care or emergency room settings.
 - Molina Healthcare reimburses CPT code 99050 in addition to basic services and CPT code 99051 in addition to acute care services (excluding preventive medicine codes).
- 3. Molina Healthcare will reimburse after-hours CPT codes 99050 and 99051 to participating primary care providers, but only when reported in one of the following CMS non-facility places of service (POS) designations:**
 - School (CMS POS 03)
 - Indian Health Service Free-standing Facility (CMS POS 5)
 - Tribal 638 Free-Standing Facility (CMS POS 7)
 - Office (CMS POS 11)

- Independent Clinic (CMS POS 49)
 - Federally Qualified Health Center (CMS POS 50)
 - State or Local Public Health Clinic (CMS POS 71)
 - Rural Health Clinic (CMS POS 72)
4. **Molina Healthcare extends reimbursement for CPT codes 99050 and 99051 to the following participating primary care providers:**
- Adolescent Medicine
 - Pediatric-Adolescent
 - Pediatrics
 - Family Nurse Practitioner
 - Nurse Practitioner
 - Pediatric Nurse Practitioner
 - Advanced Registered Nurse Practitioner
 - Family Practice
 - General Practice
 - Geriatric Medicine
 - Gynecology
 - Obstetrics & Gynecology
 - Obstetrics
 - Internal Medicine
 - Certified Nurse Midwife

CPT Code Section		
99050	99051	99053
99056	99058	99060

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid

References

This policy was developed using.

- CMS
- State Medicaid
- State Contracts
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications
- [DHCS - Provider Portal](#)

MI	99050 and 99501 will deny for POS 11
CA	99056 is separately reimbursable when billed by participating PCPs in a place of service listed in policy.
SC	99058 is separately reimbursable when billed by participating PCPs in a place of service listed in policy.
WA	99050 and 99053 are separately reimbursable when billed by participating PCPs in a place of service listed in policy. 99051, 99056, 99058, 99060 are bundled charges and not separately reimbursable.
TX	https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2024-10-TMPPM.pdf MEDICAL AND NURSING SPECIALISTS, PHYSICIANS, AND PHYSICIAN ASSISTANTS' HANDBOOK 9.2.59.4.6 After-Hours Services Texas Medicaid has specific codes that are utilized for after hours and weekend care that does not have POS requirements After-Hours Procedure Codes 99050 99056 99060

Documentation History

Type	Date	Action
Effective Date	05/05/2023	
Revised Date	12/12/2023	Verified References and state expectations. Updated Template

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.