

Reimbursement Policy	
<b>Title:</b> Time Span Codes	
<b>Policy Number:</b> RP-P-380X	<b>Application:</b> All Medica Members
<b>Last Reviewed:</b> 02/21/2023	<b>Effective Date:</b> 03/14/2010
<b>Related Policies:</b> <a href="#">Reduced Services</a> , <a href="#">Maximum Units of Service</a>	

**Disclaimer:** *This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

*Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.*

*All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.*

Summary:
This policy addresses reimbursement of Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes that contain time span verbiage in their description in the coding manuals or definitive expanded sourcing.

Policy Statement:
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There are a number of codes that, by description, should only be submitted weekly, monthly, annually or any specified time period other than daily. Additional sourcing to determine what constitutes a time span code includes definitive information parenthetically in the CPT book or coding guidance, other American Medical Association (AMA) publications or in the Centers for Medicare and Medicaid Services (CMS) coding guidance.

Medica will reimburse time span codes submitted by the same provider only once per the time span specified in the Time Span Code List.

**External Electrocardiographic Recording**

CPT coding guidelines for codes 93224-93227, External Electrocardiographic Recording up to 48 hours by continuous rhythm recording and storage, specify that when there is less than 12 hours of continuous recording, modifier 52 (Reduced Services) should be used.

***When modifier 52 is appended, the Reduced Services policy will apply instead of the Time Span Codes policy.***



**End-Stage Renal Disease**

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 that were provided per month. The single most comprehensive outpatient ESRD code submitted per age category will be reimbursed once per month.

**Time Span Comprehensive and Component Codes**

When two or more time span codes are reported that are considered a component of a single comprehensive code during the same time span period, only the more comprehensive code will be reimbursed.

**Note:** Medica’s Maximum Units of Service policy addresses reimbursement of services rendered with multiple units in a single day.

<b>Code Lists:</b>
<a href="#">Time Span Code List</a>
<a href="#">Time Span Comprehensive and Component Code List</a>

<b>Definitions:</b>
<b>Same provider</b> - All physicians and/or other health care professionals of the same group reporting the same federal Tax Identification Number.
<b>Calendar Month</b> – The time span referring to an individually named month of the year (e.g. January, February).

<b>Exclusions/Exemptions:</b>
Medicare Advantage products follow CMS guidelines with no deviations.

<b>Q &amp; A:</b>
<b>Q:</b> Does Medica recognize modifiers (59, 76, etc.) to allow reimbursement for additional submissions of a code within the Time Span Code List?
<b>A:</b> No. Reimbursement for codes included in the Time Span Codes Reimbursement Policy is based on the time span specified in the code description, CPT book parentheticals and/or other coding guidance from AMA or CMS.

<b>Resources:</b>
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFs)



<b>Effective Date:</b>	03/14/2010
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<b>Revision Updates:</b>	
02/21/2023	Code List Update
12/08/2022	Annual Policy Review
01/18/2022	Template Update
09/03/2021	Annual Policy Review
06/30/2020	Annual Policy Review

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