

Optometry Coding & Billing Alert

Reader Question: Fight for After-Hours Reimbursement

Question: I saw a patient at 5 a.m. on a holiday for a corneal ulcer. We billed an office visit code and an after-hours code. The carrier paid for the office visit but denied the after-hours code. If I had referred the patient to an emergency department, the insurance company would have had a whopper bill to pay, so I really did them a big favor. What should I have done?

Illinois Subscriber

Answer: Although Medicare carriers, some private carriers and Medicaid never reimburse after-hours codes, some private carriers do.

If the carrier that denied your claim is private and does not have a policy against reimbursing after-hours codes, consider appealing the denial.

Blue Cross and Blue Shield of Louisiana, for example, changed its policy in March 2003 to allow payment for the after-hours codes reported with E/M codes 99201-99215 (Office or other outpatient visit ...) and 99241-99245 (Office or other outpatient consultations ...).

After-hours codes 99050-99054 are designed to reimburse physicians when they see patients at unusual times, like after regular office hours, Sundays or holidays.

CPT has three codes to report after-hours services:

1. 99050 -- Services requested after posted office hours in addition to basic service
2. 99052 -- Services requested between 10:00 P.M. and 8:00 A.M. in addition to basic service
3. 99054 -- Services requested on Sundays and holidays in addition to basic service.

Don't report after-hours codes if scheduled patients remain in the waiting room after normal business hours due to delays or overbooking.

If your office is scheduled to be open every other Saturday, you should not use the after-hours codes on those Saturdays when you are open. And if you know in advance that a patient is planning to arrive after hours, you should not report the codes.