

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3678	Date: December 16, 2016
	Change Request 9905

SUBJECT: Prolonged Services Without Direct Face-to-Face Patient Contact Separately Payable Under the Physician Fee Schedule (Manual Update)

I. SUMMARY OF CHANGES: Beginning in CY 2017, CPT codes 99358 and 99359 are separately payable under the Medicare Physician Fee Schedule.

EFFECTIVE DATE: January 1, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/30.6.15.2/Prolonged Services Without Direct Face-to-Face Patient Contact Service (Codes 99358 - 99359)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Medicare Claims Processing Manual, Pub. 100-04, Ch. 12, Section 30.6.15.2, for prolonged services without direct face-to-face patient contact, contained in this change request.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9905.2	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Lindsey Baldwin, 410-786-1694 or lindsey.baldwin@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

30.6.15.2 - Prolonged Services Without Direct Face-to-Face Patient Contact Service (Codes 99358 - 99359)

(Rev.3678, Issued: 12-16-16, Effective: 01-01-17, Implementation: 01-03-17)

Until CY 2017, CPT codes 99358 and 99359 were not separately payable and were bundled (included for payment) under the related face-to-face E/M service code. Practitioners were not permitted to bill the patient for services described by CPT codes 99358 and 99359 since they are Medicare covered services and payment was included in the payment for other billable services.

Beginning in CY 2017, CPT codes 99358 and 99359 are separately payable under the physician fee schedule. The CPT prefatory language and reporting rules for these codes apply for Medicare billing. For example, CPT codes 99358 and 99359 cannot be reported during the same service period as complex chronic care management (CCM) services or transitional care management services. They are not reported for time spent in non-face-to-face care described by more specific codes having no upper time limit in the CPT code set. We have posted a file that notes the times assumed to be typical for purposes of PFS rate-setting. That file is available on our website under downloads for our annual regulation at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>. We note that while these typical times are not required to bill the displayed codes, we would expect that only time spent in excess of these times would be reported under CPT codes 99358 and 99359. We note that CPT codes 99358 and 99359 can only be used to report extended qualifying time of the billing physician or other practitioner (not clinical staff). Prolonged services cannot be reported in association with a companion E/M code that also qualifies as the initiating visit for CCM services. Practitioners should instead report the add-on code for CCM initiation, if applicable.