

## ADJUNCT SERVICES



# UNISYS

### **Professional Services and RHC/FQHC Providers:**

Effective with date of service October 21, 2007, Louisiana Medicaid reimburses providers for select adjunct services, currently CPT codes 99050 (Services...at times other than regularly scheduled office hours...) and 99051 (Services ...at regularly scheduled evening, weekend, or holiday hours...), as outlined by the *Current Procedural Terminology* manual under "Special Services, Procedures and Reports" using the following guidelines:

- The intent of this policy is to facilitate recipient access to services during non-typical hours primarily to reduce the inappropriate use of the hospital emergency department. The reimbursement provided by use of the adjunct codes is intended to assist with covering the additional administrative costs associated with staffing during these times. The intent is not for providers to alter their existing business hours for the purpose of maximizing reimbursement.
- These adjunct codes are reimbursed in addition to the reimbursement for outpatient evaluation and management services when the services are rendered in settings other than hospital emergency departments between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends (12 a.m. Saturday through midnight on Sunday), and State/Governor proclaimed legal holidays (12 a.m. through midnight). Refer to the *Louisiana Medicaid Professional Services Fee Schedule* on the Medicaid website for reimbursement information relative to these codes. Providers are instructed to bill usual and customary charges.
- Only one of these adjunct codes may be submitted by a billing provider per day. Providers are to select the code that most accurately reflects their situation. Additionally, the codes are never reported alone, but rather in addition to another code or codes describing the service related to that patient visit or encounter. Some examples are listed below:
  - If the existing office hours are Monday-Friday 8 a.m.-5 p.m. and the physician treats the patient in the office at 7 p.m., then the provider may report the appropriate basic service (E/M visit code or encounter) and adjunct code (99050).
  - If a patient is seen in the office on Saturday, during existing office hours, then the provider may report the appropriate basic service (E/M visit code or encounter) and adjunct code (99051).
- Documentation in the medical record relative to this reimbursement must include the time that the services were rendered. Should there be a post payment review of claims, providers may also be asked to submit documentation regarding the existing office hours during the timeframe being reviewed.
- Refer to the Professional Services Fee Schedule on the LA Medicaid website ([www.lamedicaid.com](http://www.lamedicaid.com)) for current reimbursement rates.

Payments to all providers are subject to post payment review and recovery of overpayments.

RHC/FQHC providers should refer to page 2 of this document for further billing instructions.

## ADJUNCT SERVICES

### **RHC/FQHC Providers:**

RHC/FQHC providers will receive fee-for-service reimbursement for the adjunct services codes separate from, but in addition to, the PPS reimbursement for the associated medical or mental health encounter (T1015). The adjunct codes are not reimbursable for dental encounters.

For RHC/FQHC providers whose services meet the guidelines outlined in this policy, the encounter and required detail line(s) for services provided to the patient on a date of service should be reported as directed in current RHC/FQHC policy. If appropriate, the adjunct services code may be reported as a detail line, but it may **not** be submitted as the only detail line for an encounter.

- Effective with date of processing April 19, 2010, adjunct services will not be reimbursed if the code is billed alone on a claim separate from the T1015 and other detail lines.
- Effective with date of processing April 19, 2010, the detail line for the adjunct services code must be billed with a usual and customary fee in order to be reimbursed. Reimbursement will not be made if billed with a \$0 charge.

A systematic adjustment of claims that previously denied due to delayed implementation will occur in the near future and no action is required by providers. Programmers are currently assessing a means by which to perform a **one-time** systematic adjustment for denied claims with a date of processing **prior** to **April 19, 2010** that would allow for the following: reimbursement for adjunct services billed alone on a claim separate from the T1015 and other detail lines if there is a paid T1015 in history, as well as reimbursement for adjunct services billed with at \$0 charge. Providers should monitor future RAs for details regarding these adjustments.

The Department is also aware that providers are receiving error 106 (Service not authorized by PCP) for adjunct codes billed in conjunction with a mental health related encounter visit. This is due to programming not being completed yet. Providers should continue to bill for the adjunct code in these instances to preserve timely filing and monitor future RA's for updates regarding when this programming is complete. A systematic recycle will be performed for previously denied claims for this error and no action by providers will be necessary.