

After Hours and Other Special Circumstances

Last Updated: 1/14/2026

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Originally Effective: 5/1/2003

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM004

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. Medicare Advantage

Medicare Advantage plans follow Original Medicare policy and do not allow separate reimbursement for any of these procedure codes.

B. Commercial Plans

1. Commercial plans follow the Medicare policy for after-hours codes, with limited exceptions.
2. There is no separate reimbursement for after-hours codes for services provided during normal, posted operating hours.
 - a. Emergency room services are never eligible for reimbursement of after-hours codes. Emergency rooms provide services 24/7. RVUs for ER E/M codes already reflect unplanned and after-hours care.
 - b. Urgent care services are not eligible for after-hours codes, as these centers provide walk-in care and operate during extended hours. They also have procedures to redirect patients to the ER, etcetera when closing time approaches.
 - c. Any after-hours codes billed with place of service (POS) 23 (Emergency room – hospital) or 20 (Urgent care facility) will be denied as bundled (provider responsibility).
3. An “Immediate Care” is considered urgent care. No extra reimbursement is given for this POS.
 - a. Procedure code S9088 will be denied as bundled (provider responsibility).
 - b. Urgent care services are reimbursed at contracted rates or the maximum plan allowable.
 - c. Procedure codes for complex services are assigned RVUs to provide fair compensation for the complexity of the care represented, including the associated practice expense.
4. Separate reimbursement is allowed only for office services provided when the office is normally closed.
 - a. Procedure code 99050 billed with POS 11 (Office) is eligible for separate reimbursement.
 - b. Procedure code 99050 billed with any other POS code will be denied.
 - c. The code definition for 99050 states “services provided in the office...”. If 99050 is billed by hospitals, facilities, DME providers, or other non-office provider types it will be denied to provider write-off.
 - d. Code 99051 is not eligible for separate reimbursement.
5. Separate reimbursement is allowed for emergency services provided in the office that result in a disruption of other scheduled services.
 - a. Code 99058 billed with POS 11 (Office) is eligible for separate reimbursement.
 - b. Code 99058 billed with any other POS will be denied.
 - c. Code 99060 for out-of-office emergencies is not eligible for separate reimbursement.

Definitions

Acronyms/Abbreviations

Acronym	Definition
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
E/M E&M E & M	Evaluation and Management (services, visit) (Abbreviated as "E/M" in CPT book guidelines, sometimes also abbreviated as "E&M" or "E & M" in some CPT Assistant articles and by other sources.)
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)

Procedure codes (CPT & HCPCS)

Codes separately reimbursed for Commercial plans under limited circumstances:

Code	Code Description
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

Codes never eligible for separate reimbursement:

Code	Code Description
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
S9088	Services provided in an urgent care center (list in addition to code for service)

Related Policies

- A. ["Moda Health Reimbursement Policy Overview."](#) Moda Health Reimbursement Policy Manual, RPM001.

Resources

1. CMS, Medicare Claims Processing Manual, pub. 100-04, Chapter 12 – Physicians/Nonphysician Practitioners, §20.2, 20.3.
2. CMS, Medicare Claims Processing Manual, pub. 100-04, Chapter 23 – Fee Schedule Administration and Coding Requirements, §30.2.2.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
1/14/2026	Acronyms updated. Formatting updates. Minor rephrasing. No policy changes. Retired sections: Background Information, Coding Guidelines & Sources, and Important Statement (info found in Related Policy RPM001).
1/8/2025	Updated Cross References. Formatting updates.
2/14/2024	Scope, Companies corrected to omit Medicaid EOCCO & OHSU Health IDS.
12/14/2022	Scope: Idaho added.
6/8/2022	Clarified that procedure codes "...separately reimbursed under limited circumstances" apply to Commercial plans. Formatting updates. No policy changes.
7/6/2011	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
5/1/2003	Original Effective Date (with or without formal documentation).