



Policy Title	Time Span Codes
Policy Department	Payment Strategy and Operations
Effective Date	10/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

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

Definitions:

- **Calendar Month** - The Time Span policy defines calendar month as the time span referring to an individually named month of the year,
- **Time Span** - A CPT or HCPCS code that specifies a time period for which it should be reported (e.g., weekly, monthly).

Policy:

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.

Clover Health will reimburse time span codes submitted by the same provider only once per the time span specified in the Time Span Codes.

- 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 Time Span Codes policy will not apply.
- 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 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.

Claim Codes (if applicable)

• Time Span Comprehensive and Component Codes

Code	Code 2
0533T	0534T
0533T	0535T
0533T	0536T
93241	93242



	<table><tr><td>93241</td><td>93243</td></tr><tr><td>93241</td><td>93244</td></tr><tr><td>93245</td><td>93246</td></tr><tr><td>93245</td><td>93247</td></tr><tr><td>93245</td><td>93248</td></tr><tr><td>93268</td><td>93270</td></tr><tr><td>93268</td><td>93271</td></tr><tr><td>93268</td><td>93272</td></tr><tr><td>94014</td><td>94015</td></tr><tr><td>94014</td><td>94016</td></tr><tr><td>94774</td><td>94775</td></tr><tr><td>94774</td><td>94776</td></tr><tr><td>94774</td><td>94777</td></tr></table> • Time Span Codes<table><tr><td>0378T</td><td>30 Days</td></tr><tr><td>0379T</td><td>30 Days</td></tr><tr><td>0385T</td><td>30 Days</td></tr><tr><td>0386T</td><td>30 Day</td></tr><tr><td>0488T</td><td>30 Days</td></tr><tr><td>0688T</td><td>Calendar Month</td></tr><tr><td>0702T</td><td>30 Days</td></tr><tr><td>0703T</td><td>Calendar</td></tr></table>	93241	93243	93241	93244	93245	93246	93245	93247	93245	93248	93268	93270	93268	93271	93268	93272	94014	94015	94014	94016	94774	94775	94774	94776	94774	94777	0378T	30 Days	0379T	30 Days	0385T	30 Days	0386T	30 Day	0488T	30 Days	0688T	Calendar Month	0702T	30 Days	0703T	Calendar
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0688T	Calendar Month																																										
0702T	30 Days																																										
0703T	Calendar																																										



			Month
		0705T	30 Days
		0706T	Calendar Month
		89343	365 Days
		89344	365 Days
		89346	365 Days
		90963	Calendar Month
		90964	Calendar Month
		90965	Calendar Month
		90966	Calendar Month
		93224	2 Days
		93225	2 Days
		93226	2 Days
		93227	2 Days
		93228	30 Days
		93229	30 Days
		93241	7
		93242	7
		93243	7
		93244	7



	93245	15
	93246	15
	93246	15
	93247	15
	93248	15
	93264	30 Days
	93268	30 Days
	93270	30 Days
	93271	30 Days
	93272	30 Days
	93293	90 Days
	93294	90 Days
	93295	90 Days
	93296	90 Days
	93297	30 Days
	93298	30 Days
	93299	30 Days
	94014	30 Days
	94015	30 Days
	94016	30 Days
	94774	30 Days
	94775	30 Days



	94776	30 Days
	94777	30 Days
	95250	Calendar Month
	95251	Calendar Month
	95836	30 Days
	98976	30 Days
	98977	30 Days
	98980	Calendar Month
	99091	30 Days
	99318	365 Days
	99424	Calendar Month
	99426	Calendar Month
	99439	Calendar Month
	99446	7 Days
	99447	7 Days
	99448	7 Days
	99449	7 Days
	99451	7 Days
	99452	14 Days



Time Span Codes Reimbursement Policy

Policy # RP-075

	99454	30 Days
	99457	Calendar Month
	99483	180 Days
	99484	Calendar Month
	99487	Calendar Month
	99490	Calendar Month
	99490	Calendar Month
	99491	Calendar Month
	99491	Calendar Month
	99492	Calendar Month
	99493	Calendar Month
	99495	29 Days
	99496	29 Days
	A4436	Per Month
	A4437	Per Month
	E0441	Calendar Month
E0442	Calendar Month	



	E0443	Calendar Month
	E0444	Calendar Month
	E0447	Calendar Month
	G0181	Calendar Month
	G0182	Calendar Month
	G0249	7 Days
	G0250	7 Days
	G0303	15 Days
	G0304	9 Days
	G0445	Semi-Annual
	G0506	Calendar Month
	G0511	Calendar Month
	G0512	Calendar Month
	G2214	Calendar Month
	G9678	Calendar Month
	K0553	Calendar Month
	Q0513	30 Days



	<table><tr><td>Q0514</td><td>90 Days</td></tr></table>	Q0514	90 Days
Q0514	90 Days		

References
American Medical Association (AMA) Current Procedural Terminology (CPT®)
Medicare Claims Processing Manual Chapter 12