**Title:** Time Span Codes  
**Policy Number:** RP-P-380X  
**Application:** All products  
**Last Updated:** 06/30/2019  
**Effective Date:** 03/14/2010  
**Related Policies:**

**Disclaimer:** This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

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**Summary:**

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.

**Policy Statement:**

There are a number of codes that, by their 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 in the CPT book in parentheses or coding guidance, other American Medical Association (AMA) publications, or in coding guidance from the Centers for Medicare and Medicaid Services (CMS).

Medica will reimburse time span codes submitted by the same provider only once per the time span specified in the Time Span Code List.
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. See the code list below.

Note: Medica’s Maximum Frequency per Day policy addresses reimbursement of services rendered with multiple units in a single day.

Code Lists:
- Time Span Code Lists
- Time Span Comprehensive and Component Code List

Definitions:
- **Same provider** - All physicians and/or other health care professionals of the same group reporting the same federal Tax Identification Number.
- **Calendar Month** - The time span referring to an individually named month of the year (e.g. January, February).

Resources:
- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

Effective Date: 03/14/2020

Revision Updates:
- 06/30/2020 - Annual policy review
- 08/30/2019 - Annual policy review
- 01/01/2019 - Code list update
- 01/01/2018 - Code list update
- 11/09/2017 - Annual policy review
- 04/02/2017 - Code list update
- 01/01/2017 - Code list update

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