

Urgent Care Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

In accordance with correct coding methodology, UnitedHealthcare determines reimbursement based on coding which specifically describes the services provided. S9088 (Services provided in an urgent care center (list in addition to code for service)) is considered informational only as it pertains to the place of service and not the components of the specific service(s) provided, and S9083 (Global fee urgent care centers) is a global code which does not provide encounter level specificity.

UnitedHealthcare will not reimburse S9088. In addition, S9083 will not be reimbursed in specific states. The State Application Table identifies the states where S9083 will not be reimbursed. Additional states will be added and the policy will be updated.

Reimbursement Guidelines

The American Medical Association *Current Procedural Terminology* (CPT®) Professional Edition gives the following instruction for code selection: "Select the name of the procedure or service that accurately identifies the service



performed."

According to Centers for Medicare and Medicaid Services (CMS), Place of Service (POS) Codes Database: "Place of service codes and descriptions should be used on professional claims to specify the entity where service(s) were rendered."

Consistent with CPT® and CMS, physicians and other healthcare professionals should report the evaluation and management, and /or procedure code(s) that specifically describe the service(s) performed. Additionally, a place of service code should be utilized to report where service(s) were rendered.

The following codes are not reimbursable for Urgent Care services:

- S9088 - Services provided in an urgent care center (list in addition to code for service) is not reimbursable. Report the specific codes for the services provided.
- S9083 - Global fee urgent care centers is not reimbursable in specific states. Report the specific codes for the services provided. The change to not allow reimbursement for S9083 is being implemented in a phased approach by state of provider practice (refer to State Application Table).

State Application Table

State:	Date of Implementation:
New York Maryland	Dates of service on or after December 1, 2017
New Jersey	Dates of service on or after January 1, 2018
Pennsylvania	Dates of service on or after February 1, 2018
Colorado Wyoming	Dates of service on or after June 15, 2018
California	Dates of service on or after July 1, 2018
Washington Oregon	Dates of service on or after September 1, 2018
Alabama Arkansas Florida Georgia Louisiana Mississippi North Carolina South Carolina Tennessee	Dates of service on or after November 1, 2018
Washington, DC Virginia West Virginia	Dates of service on or after March 1, 2019
Connecticut Rhode Island Massachusetts Maine New Hampshire Vermont	Dates of service on or after April 1, 2019



Codes	
S9088	Services provided in an urgent care center (list in addition to code for service)
S9083	Global fee urgent care centers

Resources
American Medical Association, Current Procedural Terminology (CPT®), and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
8/2/2019	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header
4/1/2019	Policy Version Change State Application Table Updated
3/1/2019	Policy Version Change Title section: Removed Annual Approval information & moved policy # to the header State Application Table Updated
11/18/2018	Annual Policy Approval Date and Version Change Added the word "Professional" to policy title Application Section: Removed pathway to policies for other lines of business State Application Table updated
7/1/2018	State Application Table Section updated
1/1/2018	Annual Policy Version Change State Application Table updated History Section: Entries prior to 1/1/2016 archived
11/19/17	Policy Verbiage Change: Policy Section: Added code S9083. Reimbursement Guidelines: Added information on the two codes. State Application Table Section added. Codes Section: Added code S9083
1/1/2017	Annual Policy Version Change Annual Approval Date updated; Committee name updated.