

## 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 Individual Exchange 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 form. 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 Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.*

*UnitedHealthcare Individual Exchange 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 UnitedHealthcare Individual Exchange products.**

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.

#### Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

### Policy

#### Overview

In accordance with correct coding methodology, UnitedHealthcare Individual Exchange determines reimbursement based on coding which specifically describes the services provided. S9083 is a global code which does not provide encounter level specificity, and code S9088 is considered informational only, as it pertains to the place of service and not the components of the specific service(s) provided. In addition, both codes are listed in the Centers for Medicare and Medicaid (CMS) National Physician Fee Schedule (NPFS) with a payment status indicator of "I" or Invalid.

Therefore, UnitedHealthcare Individual Exchange will not reimburse either code.

### 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:

- S9083
- S9088

### Codes

S9083  
 S9088

### 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

8/6/2023	Policy Version Change Policy Logo Updated
1/1/2023	Policy Version Change Updated policy template
9/1/2022	Policy Application Section Change Policy Overview Section Change: Code S9083 will no longer be reimbursed.
1/1/2022	Policy Version Change Updated policy template
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange