URGENT CARE POLICY

Policy Number: ADMINISTRATIVE 222.13 T0

Effective Date: April 1, 2019

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INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member’s contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford’s administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, 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.

OVERVIEW

In accordance with correct coding methodology, Oxford 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.
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

<table>
<thead>
<tr>
<th>State</th>
<th>Date of Implementation</th>
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</thead>
<tbody>
<tr>
<td>New York</td>
<td>Dates of service on or after December 1, 2017</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Dates of service on or after January 1, 2018</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Dates of service on or after April 1, 2019</td>
</tr>
</tbody>
</table>

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>S9083</td>
<td>Global fee urgent care centers</td>
</tr>
<tr>
<td>S9088</td>
<td>Services provided in an urgent care center (List in addition to code for service)</td>
</tr>
</tbody>
</table>

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REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2018R0108C]


Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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| 04/01/2019 | - Updated policy overview; added language to indicate HCPCS code S9083 is a global code which does not provide encounter level specificity
|           | - Reformatted and revised reimbursement guidelines; added language to indicate HCPCS code S9083 (global fee urgent care centers) will not be reimbursed for dates of service on or after Apr. 1, 2019 for the state of Connecticut (CT)
|           | - Archived previous policy version ADMINISTRATIVE 222.12 T0                         |