n05761

Urgent Care Policy

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for all line of business, when claims are submitted for urgent care services.

Policy Detail:

I. Urgent care services will be reviewed for reimbursement when submitted as clinic-based or hospital-based care.

II. **Clinic-based urgent care**

A. Clinic-based urgent care services should be submitted on a professional claim form (CMS-1500), with Place of Service (POS) 20.

III. **Hospital-based urgent care**

A. Hospital-based urgent care services should be submitted on a facility claim form (UB-04), with Revenue code 0456.

B. The physician services should be submitted on a professional claim form with POS 22.

C. If the physician charges are submitted with POS 20, this will be considered incorrect billing, and the services will be denied with the following reason/remark codes:

1. Claim Adjustment Reason Code (CARC) Code 16 "*Claim/Service lacks information or has submission/billing error(s).*"
2. Remittance Advice Remark Code (RARC) Code M97 "*Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued to the facility.*"

Definitions:

Place of Service 20: Urgent care, facility location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and to treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.

Regulatory Citations:
Centers for Medicare & Medicaid Services (CMS)

Related Policies:
Unbundling Policy

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