

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 (CMS-1500), 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

Origination Date: 6/19/2024

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Next Review Date: 6/2/2027