

Professional Pricing Policy	
Subject: Urgent Care (Coding and Bundled Supplies)	
Policy Number: H LAP-0005	Policy Section: Administration
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink requires urgent care providers to follow the “new patient” definition when reporting an evaluation and management (E/M) visit code. For claim editing purposes, providers who belong to the same group practice rendering urgent care and submit claims under the same federal tax identification number (TIN) will be considered by HealthLink as having the same specialty.

The New Patient Evaluation and Management (E/M) edit in our claims processing system identifies when a new patient E/M visit code is inappropriately submitted for an established patient. When HealthLink’s editing system detects that the same provider has reported a new or established patient E/M code for the same patient within the last year, the currently reported new patient E/M code will not be allowed. The provider may re-submit the claim with the appropriate established patient E/M code.

Related Coding

Code	Description	Comments
N/A	N/A	Standard correct coding applies.

Exemptions

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Definitions

Urgent Care	A service or treatment for a non-life-threatening unexpected illness or injury that requires immediate medical attention to minimize pain and/or the severity of symptoms, and/or to reduce the risk of complications
Urgent Care Center	Typically provides prompt medical attention for conditions that are less complex than those that would warrant hospital emergency room care. Because of the immediate nature of the illness or injury, visits to an urgent care center usually are unscheduled and are provided on a walk-in basis.
New Patient	One who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the last three years.
General Professional Pricing Policy Definitions	

Related Policies and Materials

Claim Editing Overview
Global Surgery
Multiple Surgery
Bundled Services and Supplies
Documentation and Reporting Guidelines for Evaluation and Management Services

References and Research Materials

<p>This policy has been developed through consideration of the following</p> <ul style="list-style-type: none"> • CMS • Urgent Care Association of America (UCAOA) • American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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