



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Urgent Care

Policy Number: POLPP110

Last Review: 7/1/2019

Effective Date: 7/1/2019

Next Review: 7/1/2020

Descriptions

This policy addresses Blue KC's coding and services on Urgent Care. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. Claims are subject to Providers Service Agreements, member benefits, and payment edits, which are all updated regularly by Blue KC.

Definitions

Urgent care is a category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency department (ED). Urgent care centers primarily treat injuries or illnesses requiring immediate care, but not serious enough to require an emergency department visit.

Policy Statement

Certain services may require prior authorization or referral. Please refer to the member's subscriber certificate and authorization requirements for more information.

Blue KC reimburses health care providers based on:

- Member benefits
- Network provider reimbursement or contracted rates

Claims are subject to payment edits, which Blue KC updates regularly.

Blue KC reimburses:

- Urgent care services at a reimbursement rate that includes both the professional and facility services.
- Medical treatment of common illnesses and injuries (examples: cuts, sprains, cold and flus, sore throat).
- Diagnostic testing (examples: labs and x-rays).

- Vaccines and medications necessary as part of treatment (example: tetanus).
- Supplies, splints, crutches and durable medical equipment as defined on provider fee schedules.
- One E/M (evaluation and management) code per member per date of service. New patient visit codes once every three years.
- An E/M in addition to a surgical procedure code when the E/M is a significant separately identifiable service and is indicated as such by use of the appropriate modifier.
- Multiple surgical procedures at the same session.

In the case of multiple payable procedures, the service with the higher provider resource consumption is reimbursed in full. The service with the lower provider resource consumption is paid at 50% of that procedure's allowance.

The health plan's reimbursement policies that apply to services rendered in a physician's office also apply to services performed in an urgent care center. These reimbursement policies include, but are not limited to:

- Claim payment edits
- Global surgery
- Multiple surgery
- Prolonged services
- Incidental services and supplies

Blue KC does not reimburse:

- Adult vaccine administration codes when reported with an E/M service.
- Handling fees, special reports
- Separately for incidental services and supplies (examples: adhesive bandage strips, surgical trays, swabs, alcohol preps, disposable masks)
- Medical testimony
- New patient E/M visit for an established patient
- Preventive services
- Prolonged service codes
- Telephone management
- Venipuncture when billed with a lab or E/M service code

Documentation Submission

Documentation must identify and describe the procedures performed. The time with the patient must be noted. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

The following applies to all claim submissions:

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all health services is subject to the current Blue KC Medical Policy criteria, policies found under Provider Payment Policy, Provider Office Guide, and all other provisions of the Provider Service Agreement. In the event that any new codes are developed during the course of the Provider's Agreement, such new codes will be paid according to the standard or applicable Blue KC fee schedule until such time as a new agreement is reached and supersedes the provider's current agreement. Eligible services will be subject to the subscriber benefits, Blue KC fee schedule amount, and any coding edits.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated, if appropriate, using the appropriate facility or non-facility components, based on the site of service identified, as submitted by provider.

Policy History

DATE	DESCRIPTION
	Approval Date
7/1/2019	Effective Date