LifeWise Health Plan of Washington

Payment Policy

cmi_113855

Title	**Urgent Care Center Services**		
Number	**CP.PP.369.v2.0**		
Last Approval Date	03/04/24	**Original Effective Date**	11/22/09
Cross Reference	None		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define how the Plan recognizes urgent care center HCPCS procedure codes that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. Medicare Advantage products are not subject to this policy.
Policy	Urgent care center HCPCS codes S9083 and S9088 are not reimbursable by the Plan, whether billed alone or with any other service. These codes are informational in nature and are used to indicate the place where the services were rendered. The actual service(s) rendered should be described by a CPT or HCPCS procedure code and Place of Service code 20-Urgent Care Facility.
Codes/Coding Guidelines	Urgent care center HCPCS procedure codes referenced in this policy include: ▪ **S9083** – Global fee urgent care centers ▪ **S9088** – Services provided in an urgent care center (list in addition to code for service)
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	None.
Laws, Regulations & Standards	None.
References	• Center for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Level II codebook

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	03/04/24; 04/06/23; 05/12/22; 05/27/21; 06/15/20; 07/30/19; 08/09/18; 10/19/17; 10/19/16; 10/25/15; 10/26/14; 11/03/13; 11/12/12; 11/04/11; 11/09/10	
Version History	08/09/18	Created new section Codes/Coding Guidelines and moved the codes from the Policy section into the new section
	07/30/19	Annual review; no changes
	06/15/20	Clarified in the Purpose statement that the policy applies to professional services billed on a CMS-1500 or 837P claim form
	05/27/21	Annual review; no changes
	05/12/22	Annual review; no changes
	04/06/23	Annual review; no changes
	03/04/24	Annual review; no changes

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