SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.25 URGENT CARE CENTERS

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

URGENT CARE CENTERS

Louisiana Blue recognizes urgent care centers as establishments that are similar to physician offices. We realize that physicians could rotate out of the office; therefore, we contract with urgent care centers and do not contract individually with any physician who may practice at the center.

An urgent care center is a center with extended office hours that provides urgent and minor emergency care to patients on an unscheduled basis without the need for an appointment. Louisiana Blue requires urgent care centers to have hours of operation that include:

- Open until at least 8 p.m. Monday through Friday;
- Open at least eight hours Saturday or Sunday.

The urgent care center cannot be part of a participating network primary care physician or specialist's regular practice or a hospital emergency room. The urgent care center does not provide routine follow-up care or wellness examinations. Patients will be referred (through the normal referral process) back to their primary physician for such follow-up care.

Urgent care is defined as a sudden, acute and unexpected medical condition that requires timely diagnosis and treatment but does not pose an immediate threat to life or limb. Examples of urgent care or routine care that do not qualify as emergencies include: colds and flu, sprains, stomach aches, nausea, etc.

Reimbursement for services provided in the urgent care center setting is consistent with the reimbursement for services rendered in a physician's office. CPT/HCPCS codes are used to identify the services performed, and the CMS-1500 claim form or the electronic equivalent is used to submit a claim for reimbursement. Louisiana Blue does not recognize, nor do we reimburse separately for a "facility fee" or "treatment room" fee in these settings as this is included in the overhead component of the professional service(s) the member is receiving. Consistent with our policies regarding services that are an integral part of another service, there should be no separate charge to the member for a "facility fee" or "treatment room" fee.

S9088 – This code may be listed in addition to the code for service. Urgent care centers should not bill this code for a "facility fee" or "treatment room" fee. The intent of this code is informational only and identifies the setting or place of treatment where the urgent care was performed. S9088 will not be separately reimbursed nor should the member be billed for this code. This is consistent with our policies regarding services that are an integral part of another service.

Bill Rendering Provider Number

Urgent care centers are required to bill the rendering provider National Provider Identifier (NPI) number and taxonomy code in block 24J of the claim form. Claims received without the rendering provider NPI and taxonomy code may be rejected.

New Patient Visit

New visit CPT codes 99202–99205 will deny if the patient has been seen by the same urgent care center within three years from the date of the previous evaluation and management visit.

Modifier SA

For nurse practitioners and physician assistants providing services under an urgent care center, Modifier SA should be appended to the services billed.