

cmi_113855

Title	Urgent Care Center Services		
Number	CP.PP.369.v2.1		
Last Approval Date	01/08/25	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 Premiera Blue Cross, Premiera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premiera Blue Cross HMO lines of business and products.
Policy	<p>Urgent care center HCPCS codes S9083 and S9088 are informational in nature and are used to indicate the place where the services are rendered. As such, these codes are not reimbursed by the Plan whether billed alone or with other services.</p> <p>The actual service(s) rendered should be described by an appropriate Current Procedural Terminology (CPT) procedure code or a Healthcare Common Procedure Coding System (HCPCS) procedure code and Place of Service (POS) code <i>20-Urgent Care Facility</i>.</p>
Codes/Coding Guidelines	<p>Urgent care center HCPCS procedure codes referenced in this policy include:</p> <ul style="list-style-type: none"> ▪ S9083 – Global fee urgent care centers ▪ S9088 – Services provided in an urgent care center (list in addition to code for service)
Violations of Policy	<p>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.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
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	01/08/25; 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
	01/08/25	Revised and clarified the Policy statement.