### Title
| Urgent Care Center Services |
### Number
| CP.PP.369.v1.9 |
### Last Approval Date
| 08/09/18 |
### Original Effective Date
| 11/22/09 |
### Replaces
| N/A |
### 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 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.

### Scope
Applies to all Company lines of business and products with the exception of Medicare Advantage.

### 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 procedure code or a HCPCS 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
Provider Billing Integrity Oversight Committee

### Contact
Any questions regarding the contents of this policy or its application should be directed to the Payment Policy Department.

### Annual Review
08/09/18; 10/19/17; 10/19/16; 10/25/15; 10/26/14; 11/03/13; 11/12/12; 11/04/11;
<table>
<thead>
<tr>
<th>Dates</th>
<th>11/09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version History</td>
<td>08/09/18</td>
</tr>
</tbody>
</table>