

## Limited Service Provider – Retail Medicine

### Policy

Harvard Pilgrim reimburses covered services provided to ambulatory patients by limited service providers in a licensed retail setting when performed by a provider entity contracted under a standard Harvard Pilgrim Health Care ancillary provider agreement, unless retail medicine is excluded by the member's health plan. Discrete facility charges associated with these services are not reimbursed.

### Policy Definition

*Limited Service Provider* refers to a licensed retail (in-store) medical setting that offers evaluation and treatment of minor health care issues, as defined by specific CPT codes in the provider's Harvard Pilgrim ancillary provider agreement.

### Prerequisite(s)

None.

### Harvard Pilgrim Reimburses<sup>1</sup>

Harvard Pilgrim reimburses limited service providers at a standard rate that is inclusive of both facility and professional services.

- The facility reimbursement is included in the professional fee:
  - Facility charges will be denied when billed separately.
  - The member is not liable for these charges.

Services rendered by limited service providers are reimbursed solely to a provider that is contracted with Harvard Pilgrim in the member's network to bill for retail medicine (i.e., DME not dispensed by the limited service provider entity must be coordinated through a contracted network provider).

Reimbursement is based on Harvard Pilgrim's contracted rate for specific CPT codes representing common family illness services. Age restrictions apply for some conditions.

When a specifically covered procedure is provided in a retail setting, Harvard Pilgrim will reimburse only that procedure; other charges or services may be denied.

### Harvard Pilgrim Does Not Reimburse

- Routine and preventive services provided in a retail setting
- Handling fees, routine blood draws, special reports or telephone management billed with evaluation and management codes
- Services that are not provided/dispensed by a contracted Harvard Pilgrim limited service provider

### Member Cost-Sharing

Services are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable.

### Provider Billing Guidelines and Documentation

#### Coding

Reference your Harvard Pilgrim ancillary provider agreement for specific codes and services that are covered.

#### Other Information

Limited service providers must use a CMS-1500 claim form or electronic 837P, to bill for services. Claims must be submitted using the Place of Service code 17: Walk-in retail health clinic.

### Related Policies

Payment Policies

- Evaluation and Management
- Vaccination and Immunization

Referral, Notification & Authorization

- When a Referral is Not Required

Network Operations & Care Delivery Management

- Limited Service Providers-Retail Medicine

## PUBLICATION HISTORY

08/01/08	original documentation
08/15/09	annual review; no changes
07/15/11	annual review; added POS 17 requirement
01/01/12	removed First Seniority Freedom information from header
10/15/12	annual review; removed typical treatment & services information, clarified routine/preventive services are not reimbursed
08/15/13	annual review; minor edits for clarity
08/15/14	annual review; no changes
08/15/15	annual review; added language to indicate services must be provided by a contracted Harvard Pilgrim provider in the member's network for those services not billed by a contracted limited service provider; added electronic billing information
08/15/16	annual review; no changes
08/15/17	annual review; no changes
09/04/18	annual review; no changes
09/03/19	annual review; removed "version 5010" from Other Information
09/01/20	annual review; administrative edits
09/01/21	annual review; administrative edits