

Urgent Care

Policy

Harvard Pilgrim reimburses services provided by uniquely contracted, urgent care providers that meet Harvard Pilgrim participation criteria for the treatment of an acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening.

Policy Definition

Urgent Care is care for the treatment of an acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening.

An *Urgent Care Center* is a medical practice or facility that is open to the general public and offers medical care without an appointment and is participating in Harvard Pilgrim's network and marketed in Harvard Pilgrim's directory under the specialty of urgent care.

Prerequisite(s)

- Referrals are not required for participating contracted urgent care providers marketed in the Harvard Pilgrim directory under the specialty of Urgent Care.
- Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Prior Authorization* for more information.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

Services rendered by free standing urgent care providers are reimbursed solely to a provider that is contracted with Harvard Pilgrim to bill for urgent care services.

Urgent care services are reimbursed at a standard rate that is inclusive of both facility and professional services. Facility reimbursement is included in the professional fee. Facility charges will be denied when billed separately. The member is not liable for these charges.

Covered services that are not provided by and are not billed directly by the contracted urgent care provider entity must be referred to and provided by a contracted Harvard Pilgrim provider in the member's network (i.e., DME not dispensed by the urgent care entity must be coordinated through a contracted network provider).

Harvard Pilgrim Does Not Reimburse

Handling fees, routine blood draws, special reports or telephone management billed with evaluation and management codes.

Urgent care providers are not intended to render preventive or routine services. Members should be directed to a primary care clinician for routine services and preventive care.

Member Cost-Sharing

Services are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable. Harvard Pilgrim reimburses services to contracted providers when the service is a covered benefit. Benefits vary among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Provider Billing Guidelines and Documentation

- Submit services on a CMS-1500 claim form or electronic 837P.
- Place of Service code 20: Urgent Care is required.
- Submit an organizational NPI or your lowest level subpart NPI assigned to the urgent care provider entity in boxes 24J (Rendering Provider NPI) of the paper CMS-1500 or in data element NM109 with qualifier XX in NM108, segment NM1 of loop 2310B and Box 33A (Billing Provider NPI) of the paper CMS-1500 or in data element NM109 with qualifier XX in NM108, segment NM1 of loop 2010AA .
- Populate Box 31² (Signature of physician or supplier including degrees or credential) with the name of the urgent care facility as contracted (not the name of a specific practitioner).

Related Policies

Payment Policies

- Non-Covered Services

Network Operations & Care Delivery Management

- Urgent Care and Walk in Providers

Billing & Reimbursement

- Completing a Paper CMS-1500 Form

PUBLICATION HISTORY

07/15/11	original documentation
01/01/12	removed First Seniority Freedom information from header
02/15/12	added clarity to billing guidelines - NPI and facility name
02/15/13	annual review; no changes
04/15/14	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
03/15/15	annual review; no changes
04/15/16	annual review; clarified Free Standing Urgent Care Center definition; clarified reimbursement terms for services not provided or billed by the contracted urgent care entity; added EDI billing specifications; updated Member Cost-Sharing statement
04/15/17	annual review; no changes
02/01/18	updated Open Access Product referral information under Prerequisites
04/02/18	annual review; updated Urgent Care Center definition; clarified prerequisites for participating contracted urgent care providers; administrative edits
04/01/19	annual review; updated Provider Billing Guidelines and Documentation section
04/01/20	annual review; removed 5010 from Provider Billing Guidelines and Documentation section
04/01/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines

² No electronic equivalent.