

Urgent Care Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy

Overview

In accordance with correct coding methodology, UnitedHealthcare determines reimbursement based on coding which specifically describes the services provided. S9083 is a global code which does not provide encounter level specificity, and code S9088 is considered informational only, as it pertains to the place of service and not the components of the specific service(s) provided. In addition, both codes are listed in the Centers for Medicare and Medicaid (CMS) National Physician Fee Schedule (NPFS) with a payment status indicator of "I" or Invalid. Therefore, UnitedHealthcare will not reimburse either code.

Reimbursement Guidelines

The American Medical Association *Current Procedural Terminology* (CPT®) Professional Edition gives the following instruction for code selection: "Select the name of the procedure or service that accurately identifies the service performed."

According to Centers for Medicare and Medicaid Services (CMS), Place of Service (POS) Codes Database: "Place of service codes and descriptions should be used on professional claims to specify the entity where service(s) were rendered."

Consistent with CPT® and CMS, physicians and other healthcare professionals should report the evaluation and management, and /or procedure code(s) that specifically describe the service(s) performed. Additionally, a place of service code should be utilized to report where service(s) were rendered.

The following codes are not reimbursable for Urgent Care services:

- S9083
- S9088

Codes

S9083
 S9088

Resources

American Medical Association, Current Procedural Terminology (CPT®), and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History

4/1/2024	Template Update <ul style="list-style-type: none"> • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> ○ All UnitedHealthcare Commercial benefit plans ○ All Individual Exchange benefit plans
8/6/2023	Policy Version Change Policy Logo Updated History Section: Entries prior to 8/6/2021 archived
9/1/2022	Policy Application Section Change Policy Overview Section Change: Code S9083 will no longer be reimbursed. State Application Table: Removed table History Section: Entries prior to 9/1/2020 archived
4/10/2022	Policy Version Change History Section: Entries prior to 4/10/2020 archived
9/1/2009	Policy implemented by UnitedHealthcare Employer & Individual
12/10/2008	Policy Approved by the National Reimbursement Forum