



EFFECTIVE DATE: 08|01|2019

POLICY LAST UPDATED: 05|21|2019

OVERVIEW

This policy documents claim filing and reimbursement guidelines for services including payment to the physician, when rendered on a hospital based clinic.

This policy is applicable to all BlueCHiP for Medicare and Commercial Product

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Primary Care and Dual Providers

Effective for dates of service on or after 8/1/2019, BCBSRI requires any services provided by a provider (physician or midlevel practitioner) that is credentialed as a Primary Care Physician or Dual Provider to bill their services on a CMS-1500 using their Type 1 NPI number and appropriate Evaluation and Management codes e.g. 99000's series codes or G0438 or G0439 (annual wellness visit/preventive codes for Medicare Advantage members) and correct coding for other services provided. BCBSRI allows for providers to bill Place of Service 11/Office for these services. Billing services in this manner will ensure the members benefit is applied correctly and allows for accurate primary care physician attribution/patient panels.

Non-Primary Care Physicians or non Dual Providers

Services rendered in a Hospital-Based Clinics by non-Primary Care Physicians or non Dual Providers are reimbursed a global fee which includes Evaluation and Management services, drugs, administration of drugs, as well as all supplies are part of the clinic global rate. Laboratory or radiology services obtained during the clinic visit are not included in the clinic global rate and are reimbursed according to the applicable benefit.

Non-Primary Care Physicians or non-Dual Providers shall continue to bill services on a UB-04 form. Claims should be filed using the clinic revenue code and the appropriate CPT/HCPCS code for services that are rendered.

Blue Cross & Blue Shield of Rhode Island (BCBSRI) will not separately reimburse a non-Primary Care Physician or non-Dual Provider for a hospital-based clinic visit as the reimbursement will be paid only to the facility as part of the clinic global rate.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable clinic benefits/coverage.

BACKGROUND

As defined by the Centers for Medicare and Medicaid Services (CMS), a hospital-based clinic provides "outpatient service" that includes preventive, diagnostic, therapeutic, rehabilitative, or palliative services. This definition does not include clinics exclusively designed for and providing laboratory, X-ray, testing, therapy, pharmacy or educational services.

BCBSRI utilizes revenue codes in combination with CPT codes in the hospital-based clinic setting. Mainly the CPT/HCPCS code is used for reimbursement and the revenue code is primarily used to determine the appropriate benefit for that specific clinic.

CODING

For all providers, to ensure correct claims processing, add on codes must be filed on the same claim form as the primary code.

Hospital-based clinics for non-Primary Care Physician or non-Dual Providers should file for reimbursement using “Clinic” revenue 051X with the appropriate fourth digit for the type of clinic and CPT/HCPCS code for the services rendered.

Primary Care Physicians or Dual Providers shall bill their services on a CMS-1500 using appropriate Evaluation and Management codes e.g. 99000’s series codes or G0438 or G0439 the annual wellness visit/preventive codes and correct coding for other services provided. All claims shall be billed with the Type 1 NPI of the rendering provider and BCBSRI allows for claims filed on a CMS-1500 form to be billed with Place of Service 11/Office.

RELATED POLICIES

Prolong Physician Services

Preventive Services for Commercial Members

Preventive Services for BlueCHiP for Medicare Members

Preventive Medicine and Other Evaluation and Management Office Services

PUBLISHED

Provider Update, July 2019

Provider Update, March 2017

Provider Update, August 2010

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