

# Medical Coverage Policy



## Hospital-based Clinic

- Device/Equipment  Drug  Medical  Surgery  Test  Other

<b>Effective Date:</b>		<b>Policy Last Updated:</b>	
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

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.

Currently Blue Cross & Blue Shield of Rhode Island (BCBSRI) utilizes revenue codes in combination with CPT codes in the hospital-based clinic setting. Mainly the CPT code is used for reimbursement and the revenue code is primarily used to determine the appropriate copayment for that specific clinic.

### Medical Criteria:

Not applicable as this is a reimbursement policy.

### Policy:

Blue Cross and Blue Shield of Rhode Island will not separately pay a physician for a hospital-based clinic visit as the reimbursement will be paid only to the facility.

### Global Hospital-Based Clinic:

E&M services for the facility and professional components, drugs, and the administration of drugs, as well as all supplies are part of the clinic global rate. All other services (e.g., laboratory tests or radiology services) are separately reimbursed.

The clinic should file using the revenue code and the appropriate CPT code for reimbursement. Please refer to the *Clinic and E&M Visits: Same Date/Same Diagnosis* policy.

### Coverage:

Contracts may vary between hospitals. Please refer to the appropriate contract for details regarding clinic-based reimbursement provisions.

Copayments, deductible and/or coinsurance may be applied depending on the member's hospital-based clinic benefit.

**Coding:**

Hospital-based clinics should file for reimbursement using "Clinic" revenue 051X with the appropriate fourth digit for the type of clinic and CPT code for the services rendered.

**CPT Codes:**

99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397

**Related to:**

*Clinic and E&M Visits: Same Date/Same Diagnosis*

**Publications:**

*Provider Update, August 2010*

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.