

# SMSO Policy Manual

## Policy for Hospital-Based Clinic Visit

Executive Sponsor: Melissa Rusk, VP Operations

Issuing Department: Claims

Gate Keeper: Terry Snyder, Director Claims

### **COMPLIANCE STATEMENT:**

<b>Enforcement:</b>	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
<b>Review Schedule:</b>	This policy will be reviewed and updated as necessary and no less than every two years.
<b>Monitoring and Auditing:</b>	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
<b>Documentation:</b>	Documentation related to this policy must be maintained for a minimum of 10 years.

### **Applies to:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> SummaCare                                    | <input checked="" type="checkbox"/> Apex                    |
| <input checked="" type="checkbox"/> Summa Management Service Organization (SMSO) | <input checked="" type="checkbox"/> Summa Insurance Company |

### **Line of Business:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Commercial Groups | <input type="checkbox"/> Medicare               |
| <input type="checkbox"/> Medicare Supplemental        | <input checked="" type="checkbox"/> On-Exchange |
| <input checked="" type="checkbox"/> Off-Exchange      | <input checked="" type="checkbox"/> Self-Funded |

**1.0 Purpose:**

- 1.1 Payment Policy for Hospital-Based Clinic Visit

**2.0 Policy:**

- 2.1 SummaCare will not separately reimburse a clinic fee or any other facility fee associated with space used to provide Evaluation and Management (E&M) services in the event they are billed on a UB-04/837I claim form ('facility fee') regardless if the office is located on the hospital campus and/or uses the hospital tax identification number. Services rendered in an office, professional building, medical office building, clinic or a space owned by a hospital or an institutional provider, other than the primary structure on the campus of the hospital or institutional provider, or rented by a professional from the hospital or an institutional provider must be billed on a CMS-1500/837P claim form and are not reimbursable if billed on a UB-04/837I claim form.
- 2.2 Do not split-bill clinic-based services. Example billing part of the service as a facility charge, and part of the service as a professional charge using POS 19 or 22 or a professional revenue code.

**3.0 Procedure:**

- 3.1 SummaCare will not reimburse for professional E&M charges billed on a UB-04/837I claim form regardless of where services are rendered. All professional services, including but not limited to those rendered by hospital-based physicians such as emergency room physicians, radiologists, anesthesiologists, hospitalists, independent practitioners, physical therapists, occupational therapists, speech therapists, and Certified Registered Nurse Anesthetists (CRNA) must be billed on a CMS-1500/837P claim form using the appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes. Services rendered outside of the primary structure on the campus of a hospital or an institutional provider shall not be reimbursed on a UB-04/837I claim form. Additionally, the member is not responsible for these charges.
- 3.2 **The following are conditions under which claims will be denied:**
- **Type of Bill: 013X**
  - **Revenue Code: 051X**
  - **E&M CPT Procedure Codes: 99201-99205, 99211-99215, 99381-99395, 99396, 99397 or G0463**

**4.0 References:**

- 4.1 CMS. "Place of Service Code Set." Centers for Medicare & Medicaid. August 21, 2018, [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set.html](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html)

- 4.2 Gooch, Kelly. "7 Things to Know About Provider-based Billing." Becker's Hospital CFO Report. June 13, 2016. August 22, 2018, <https://www.beckershospitalreview.com/finance/7-things-to-know-about-provider-based-billing.html>
- 4.3 MLN. "Billing Requirements for OPPS Providers with Multiple Service Locations." Medicare Learning Network. SE18002. Effective January 1, 2017. Last accessed September 20, 2022. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18002.pdf> .
- 4.4 MLN. "January 2017 Update of the Hospital Outpatient Prospective Payment System (OPPS)." Medicare Learning Network. MM9930. Effective January 1, 2017. Last accessed September 22, 2022. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9930.pdf> .

## 5.0 Definitions:

- 5.1 UB-04/837I (CMS-1450) – is a claim form/EDI transaction for used by nursing facilities, hospitals, inpatient and other facility providers to submit a patient's medical claim.
- 5.2 CMS-1500/837P (HCFA-1500) – is a claim form/EDI transaction used by individual practices, doctors, nurses and professionals to submit the medical claim of a patient. This form is not typically hospital-oriented.
- 5.3 CPT – is a list of standardized numeric medical codes, developed by the American Medical Associate (AMA), used to report medical, surgical, radiology, laboratory, anesthesiology and E&M services to health insurance companies and accreditation organizations.
- 5.4 HCPCS – is a list of health care procedure codes, developed by the Centers for Medicare and Medicaid (CMS), based on AMA CPT Codes. HCPCS includes three separate levels of codes:
  - 5.4.1 Level 1 codes numeric medical codes consist of CPT codes
  - 5.4.2 Level 2 include alphanumeric medical codes used to report non-physician products, supplies and procedures not included in CPT codes
  - 5.4.3 Level 3 codes are developed by state and are only considered as local codes to be used in specific programs and jurisdictions, but these codes are not nationally recognized
- 5.5 Are there any key words that you may use to find this policy in a search? *Hospital-Based Clinic Visits, Split Billing*

ORIGINAL EFFECTIVE DATE: 6/1/2024

REVIEWED:

REVISED: