

This payment policy provides guidance regarding hospital-based clinic visits, and is not intended to address every situation. In instances that are not addressed by this policy, or by another policy or contract, Molina Healthcare retains the right to use discretion in interpreting this policy and applying it (or not applying it) to the services provided.

POLICY OVERVIEW

Effective April 1, 2019, Molina 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 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 claim form and are not reimbursable if billed on a UB-04 claim form.

PAYMENT

Molina will not reimburse for professional E&M charges billed on a UB-04 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 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 claim form. Additionally, the member is not responsible for these charges.

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 or G0463

DEFINITIONS

UB-04 (CMS-1450) – is a claim for used by nursing facilities, hospitals, inpatient and other facility providers to process a patient's medical claim.

CMS-1500 (HCFA-1500) – is a claim form used by individual practices, doctors, nurses and professionals to process the medical claim of a patient. This form is not typically hospital-oriented.

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.

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:

- Level 1 codes numeric medical codes consist of CPT codes
- Level 2 include alphanumeric medical codes used to report non-physician products, supplies and procedures not included in CPT codes
- 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