Administrative Policy

Subject: Hospital Clinic Visits Facility Reimbursement

Effective Date: July 1, 2019

Revised: August 1, 2021

Coverage is subject to the terms, conditions, and limitations of an individual member's programs or products and policy criteria listed below.

Description

Wellpoint defines a facility clinic visit as a preventive, curative, diagnostic, rehabilitative and/or education service provided to an ambulatory patient in an outpatient setting, whether in a free-standing or an attached facility center that is either, owned, operated, leased or controlled by the facility.

Policy

Wellpoint reimburses professional providers for covered services provided in a facility clinic setting when reported on a professional CMS 1500 form with a place of service office. This reimbursement includes both the professional services and the associated overhead.

Wellpoint will not separately reimburse a facility for facility clinic and/or telehealth visits and services billed on a UB-04 when reported with revenue codes 510-529, 780 and no CPT®/HCPCS code or when reported with revenue codes 510-529, 780 and E&M codes or originating site codes. In these instances, the appropriate CPT®/HCPCS code associated with the disease management service rendered must be reported. Revenue codes 512 and 513 are excluded from this policy.

The technical and overhead component of the facility clinic visit is included in the maximum allowable benefit paid to the professional provider for professional services (reported on the CMS-1500 form with a place of service office), which encompasses but is not limited to E&M services in a clinic setting. The facility may not seek reimbursement for any technical or overhead component of the clinic charge from Wellpoint or the member for an in person or telehealth visit. The member is held harmless for these clinic overhead charges.