

An Independent Licensee of the Blue Cross and Blue Shield Association

Payment Policy POL-PP-110		
Subject:		
Effective Date:	Committee Approval Obtained: 7/1/2019	
7/1/2019	Last Review: 6/23/2021	
	Next Review: 6/23/2022	

The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.bluekc.com/ContactUs/PaymentPolicies">https://providers.bluekc.com/ContactUs/PaymentPolicies</a>

**Provider Payment policies** are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.

**Covered services and payment** are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to copayments, deductibles, and coinsurance. Members' costs depend on member benefits.

Certain services require prior authorization or referral.

**Blue KC reimburses** health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.

## **Policy**

## Blue KC reimburses the following urgent care services:

- Medical treatment of common illnesses and injuries (examples: cuts, sprains, cold and flus, sore throat).
- Diagnostic testing (examples: labs and x-rays).
- Vaccines and medications necessary as part of treatment (example: tetanus).
- Supplies, splints, crutches, and durable medical equipment as defined on provider fee schedules.
- One E/M (evaluation and management) code per member per date of service.
   New patient visit codes once every three years.
- An E/M in addition to a surgical procedure code when the E/M is a significant separately identifiable service and is indicated as such by use of the appropriate modifier.

Multiple surgical procedures at the same session. In the case of multiple payable procedures, the service with the higher provider resource consumption is reimbursed in full. The service with the lower provider resource consumption is paid at 50% of that procedure's allowance.

The health plan's reimbursement policies that apply to services rendered in a physician's office also apply to services performed in an urgent care center. These reimbursement policies include, but are not limited to:

	<ul> <li>Claim payment edits</li> <li>Global surgery</li> <li>Multiple surgery</li> <li>Prolonged services</li> <li>Incidental services and supplies</li> <li>Blue KC does not reimburse the following urgent care services:</li> <li>Adult vaccine administration codes when reported with an E/M service.</li> <li>Handling fees, special reports</li> <li>Separately for incidental services and supplies (examples: adhesive bandage strips, surgical trays, swabs, alcohol preps, disposable masks)</li> <li>Medical testimony</li> <li>New patient E/M visit for an established patient</li> <li>Preventive services</li> <li>Prolonged service codes</li> <li>Telephone management</li> <li>Venipuncture when billed with a lab or E/M service code.</li> </ul>
History	Approval Date 7/1/2019 Effective Date 7/1/2019
Review	Annual Review 6/23/2021, no changes
References and Research Materials	Blue KC Provider Manual
Related Policies	N/A

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.