



## Urgent Care Services

### Marketplace

#### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

#### Policy Overview

Physician services billed using S9083 and S9088 are non-reimbursable when submitted for Urgent Care services. These specific codes do not meet the criteria for reimbursement under the guidelines for Urgent Care, and as such, any claims submitted with these codes will be denied.

#### Explanation:

- **S9083:** This code is typically used for global fees that cover all service provide during an urgent care visit, regardless of the specific procedures or services performed. Due to its generalized nature, it lacks the specificity for accurate reimbursement and therefore not accepted.
- **S9088:** This code is used to denote services provided in an urgent care facility, often with an additional fee to account for after-hours or urgent service delivery. However, it does not specify the individual services provided, which is a requirement for reimbursement.

#### Provider Action:

Providers must ensure that they accurately code the services performed during an Urgent Care visit. Each service should be billed using the most appropriate CPT (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) code that reflects the actual services rendered. By selecting the correct codes, providers can avoid claim denial and ensure proper reimbursement for their services.

#### Importance of Accurate Coding:

Accurate coding is crucial for compliance with reimbursement policies and for the correct documentation of the care provided. It ensures that the billing process is transparent, and the providers receive fair compensation for the services they perform. Additionally, it helps in maintaining accurate records for both providers and patients, which can be critical for future care decision and audits.

## Supplemental Information

### Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. The Centers for Medicare & Medicaid Services (CMS) is a federal entity under the United States Department of Health and Human Services (HHS). It oversees the Medicare program and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), as well as health insurance portability regulations.

## State Exceptions

State	Exception
Iowa	Iowa is excluded from this policy for Molina Marketplace as Molina Marketplace does not operate in Iowa.

## Documentation History

Type	Date	Action
Effective Date	11/18/2024	New Policy
Revised Date	12/17/2024	Update Template
Revised Date	03/31/2025	Iowa exception added

## References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance

***CODING DISCLAIMER.*** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.