Limited Services Clinics Payment Policy

Policy

The Plan reimburses covered services provided by contracted Limited Services Clinics to Plan members.

Definitions

Limited Services Clinics are walk-in medical clinics offering limited services. They treat basic illnesses such as strep throat, bronchitis, minor rashes and burns, and ear, eye, and sinus infections.

Reimbursement

The Plan reimburses contracted Limited Services Clinics at a standard rate that includes both facility and professional services. Facility charges will be rejected if billed separately.

Referral/notification/prior authorization requirements

PCP referrals are not required. Contracted Limited Services Clinics document each member's visit using electronic medical records. The member's chart will be sent electronically, mailed, or faxed to the member's PCP after their visit. The member will also receive a printed copy for their own records.

Summit ElderCare requires prior authorization for all non-emergency outside services. Please contact the referring Summit ElderCare PACE site for assistance. A consult report should be provided to the Summit ElderCare PCP for all authorized visits.

NaviCare® requires that detailed notes summarizing the member's visit be sent electronically, mailed, or faxed to NaviCare after the visit. The fax number is: 508-368-9030. The mailing address is NaviCare, Attn: Clinical Program Director, P.O. Box 15121, Worcester, MA 01615-9831. Please contact the NaviCare Clinical Program Director at 1-877-700-6996 with questions.

Billing/coding guidelines

Limited Services Clinics must submit claims on a CMS 1500 form. Claim lines billed with non-standard codes will deny.

Services should be billed with Place of Service 17:
A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.

Place of service

This policy applies to services rendered in Limited Services Clinics.

Policy history

Origination date:	05/01/2010
Previous revision date(s):	05/01/2010 – Introduced new policy. 11/01/2015 - Updated billing/coding guidelines to reflect place of service code. 09/01/2016 - Annual review.
Connection date & details:	July 2017 – Annual review. July 2018 – Annual review, no updates. July 2019 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.