

Michigan Department of Community Health

Bulletin Number: MSA 12-44

Distribution: All Providers

Issued: August 31, 2012

Subject: Enrollment of Urgent Care Centers

Effective: October 1, 2012

Programs Affected: Medicaid, Children's Special Health Care Services, Maternity Outpatient Medical Services, and Adult Benefits Waiver

The Michigan Department of Community Health (MDCH) has identified a need to improve access to non-emergency services for Medicaid beneficiaries. It is expected that the enrollment of urgent care centers (UCC) will provide access to a place of service (POS) more appropriate than a hospital emergency department for addressing non-emergency medical needs when a beneficiary's primary care provider is not available.

Effective for dates of service on and after January 1, 2013, the UCC may be enrolled with Medicaid in order to bill for services.

MEDICAID POLICY

Michigan Medicaid defines a UCC as a medical clinic or office, not located in a hospital emergency department, whose purpose is to provide unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions.

The UCC medical director, who must be a Michigan licensed physician, is responsible for the medical management of the urgent care clinic. All Medicaid covered physician services must be performed by the physician, the physician's employee, or an employee of the same legal entity that employs the physician, under the physician's delegation and supervision. Only persons currently licensed/certified in an appropriate health occupation/profession (e.g., physician's assistant, nurse practitioner) as authorized by Public Act 368 of 1978, as amended, may provide direct patient care under delegation and supervision of a physician when the physician is not physically present on the premises.

UCC services are based on the level of care appropriate in an urgent care place of service. UCCs must be open seven days a week. Hours of operation must be posted in the facility and include evening hours, weekends and holidays. UCCs must accept walk-in patients of all ages during all hours the facility is open to see patients.

All facilities must provide clinical documentation for services rendered and complete a discharge summary which must be sent to the appropriate primary care provider (PCP). If a beneficiary does not have a PCP, the facility must document assistance with arranging a medical home for follow-up care. Medicaid coverage for professional services rendered in an urgent care setting follows Current Procedural Terminology (CPT) coding guidelines.

COVERED SERVICES

- All unscheduled non-emergency services that are medically necessary for a non-life threatening condition or injury, or illness that can be treated appropriately in an urgent care clinic.

NONCOVERED URGENT CARE CENTER SERVICES

- MDCH will not cover the following Healthcare Common Procedure Coding System (HCPCS) urgent care services: S9083 & S9088.
- MDCH will not cover the following CPT codes in the urgent care center: 99050, 99051, 99053, 99056, 99058, 99060.
- MDCH will not cover separate facility charges.

COPAYMENT REQUIREMENTS

A copayment of \$2.00 may be required for office evaluation and management (E&M) visits for beneficiaries age 21 years and older.

REIMBURSEMENT POLICY

MDCH UCC reimbursement will be based on the practitioner fee schedule effective for dates of service (DOS) on and after January 1, 2013. The Medicaid Provider Manual and provider specific databases provide coverage and billing information and are available on the MDCH website. MDCH utilizes the Medicaid National Correct Coding Initiative (NCCI) coding policies and edits as developed by the Centers for Medicare & Medicaid Services (CMS) to promote national correct coding methodologies. Services performed in an urgent care center are reimbursed at the non-facility rate. For the purpose of this policy and to avoid duplicate payments, UCC providers submit only one non-facility service claim per beneficiary, per DOS. Separate physician service claims should not be submitted.

BILLING INSTRUCTIONS

Urgent care centers must bill Medicaid covered services following uniform billing (UB) guidelines on the professional CMS-1500 claim format or the electronic Health Care Claim Professional (837) ASCX12 Version 5010 information. Community Health Automated Medicaid Processing System (CHAMPS) NPI claim editing will be applied to the billing, rendering, supervising, attending, servicing and referring providers as applicable for payment.

Facility services must not be billed for any care provided in the urgent care center. If, however, ancillary service(s) are provided by non-urgent care center staff using hospital-owned equipment, (i.e., done in the same building where urgent care is located) the hospital may bill that service on the hospital UB claim format for the technical service, and submit a separate professional claim for professional service in place of service 22 (outpatient hospital).

PROVIDER ENROLLMENT

MDCH will begin on-line provider enrollment for UCCs beginning October 1, 2012. UCCs must enroll through the on-line MDCH CHAMPS Provider Enrollment (PE) subsystem to be reimbursed for covered Medicaid services rendered to eligible Medicaid beneficiaries in POS 20. Providers must be enrolled and approved prior to providing services.

To enroll, providers must go to the MDCH website at www.michigan.gov/mdch and click on the CHAMPS logo. To access the CHAMPS system, providers must register for a Single Sign-On (SSO) user identification (ID) and password. Log-on to <https://sso.state.mi.us> to register.

Contact the Provider Support Helpline at 1-800-292-2550 or e-mail providersupport@michigan.gov if additional technical help is needed

NATIONAL PROVIDER IDENTIFICATION (NPI)

A Type 2 (Group) NPI is required for organizations such as centers, group practices and incorporated individuals who provide health care services and receive payment.

Effective for DOS on and after January 1, 2013, UCCs must be enrolled with Medicaid and have a valid Type 2 (Group) NPI for MDCH claim adjudication. The group NPI must be reported as the "Billing Provider".

The Urgent Care Center claims must also include the appropriate Type 1 (Individual) NPI of the specific provider performing the services as "Rendering Provider". A valid MDCH enrolled rendering provider number is required for claim adjudication. Do not enter the Type 2 (Group) NPI as "Rendering Provider".

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration