

RETAIL CLINIC -LIMITED SERVICES CLINIC

Policy

NHP reimburses contracted retail health clinics for medically necessary services to NHP plan members, at the provider's Massachusetts locations, offering evaluation of minor health care issues as defined by specific CPT codes in the provider's agreement with NHP.

Authorization, Notification and Referral

Service	Requirement
Retail Clinic services in Massachusetts	None
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

The Prior Authorization Guidelines are accessible by the following link:

<http://www.nhp.org/PDFs/Providers/PriorAuthGrid.pdf>

Limitations

The provider may not provide any treatment to a child younger than 24 months, nor any childhood immunizations other than the flu vaccine for members 24 months to 19 years age in accordance with the Massachusetts Department of Public Health (MDPH) regulations.

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Exceptions to Policy Criteria

Patient co-payments apply only when an evaluation and management CPT code (99201-99204, 99211-99214) is billed.

Definitions

Retail Clinic/ Limited Service Clinic: A licensed, walk-in health care center located in a pharmacy (store) that is staffed by nurse practitioners who specialize in family health care and are trained to diagnose, treat and write prescriptions for common family illnesses, preventive health screenings, prescription and over-the-counter medications and uncomplicated primary care.

Minor wounds, abrasions and joint sprains are treated, and common immunizations such as influenza are available at all locations.

Neighborhood Health Plan Reimburses

- Contracted retail clinics in Massachusetts at a standard rate that includes both the facility and professional services.
- Services based on the contracted rate for specific CPT codes representing common family illnesses, including flu shots, and minor wound treatment. Age restrictions may apply for some conditions.

Neighborhood Health Plan Does *Not* Reimburse

- Services not specified in the contractual agreement between NHP and retail clinics located in Massachusetts.
- Other charges or services not specified in the contractual agreement, including but not limited to:
 - Handling Fees.
 - Blood draws.
 - Special reports or telephone management billed with evaluation and management codes.

Procedure Codes Applicable To Guideline

Note: This list of codes may not be all-inclusive.

CPT	CPT Descriptor	Comments, if any
17000	Destruction, premalignant lesions; first lesion	
17003	Destruction, premalignant lesions; second through 14 lesions, each	
69210	Removal impacted cerumen (separate procedure), 1 or both ears	
86308	Heterophile antibodies; screening	
86580	Skin test; tuberculosis, intradermal	
87804	Influenza test	
87880	Streptococcus, Group A (Quick Strep Test)	
90471	Immunization administration; 1 vaccine (single or combination vaccine/toxoid)	
90472	Immunization administration; each additional vaccine (single or combination vaccine/toxoid)	
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	
90649	Human Papilloma virus (HPV) vaccine types 6, 11, 16, and 18, (quadravalent) 3 dose schedule for intramuscular use	Massachusetts, adults only. Bill for patients ≥ 19 years of age.
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use	

90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Massachusetts, adults only. Bill for patients ≥ 19 years of age.
90713	Poliovirus vaccine, inactivated (IVP) for subcutaneous or intramuscular use	
90715	Tetanus diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	
90733	Meningococcal Polysaccharide Vaccine (any group(s)), for subcutaneous use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	
92567	Tympanometry (impedance testing)	
99201	New patient office or other outpatient visit	
99202	New patient office or other outpatient visit	
99203	New patient office or other outpatient visit	
99204	New patient office or other outpatient visit	
99211	Established patient office or other outpatient visit	
99212	Established patient office or other outpatient visit	
99213	Established patient office or other outpatient visit	
99214	Established patient office or other outpatient visit	
99401	Preventive medicine counseling and /or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	

Modifiers Applicable to Guideline

Modifier	Descriptor	Comments (Billing instructions when detailed specificity required)
59	Distinct procedural service	May only be used when billed in conjunction with CPT 87804.
SL	State supplied vaccine	Use with all vaccines supplied by the MDPH.

Provider Payment Guidelines and Documentation

Bill for all services rendered on a CMS 1500 claim form.

Vaccines supplied to the provider by the Massachusetts Department of Public Health (MDPH) must be identified on claims using the SL (State Supplied Vaccine) modifier in the first modifier field.

CPT 92567 requires use of calibrated electronic equipment, with the recording of results and a report with interpretation.

References

MassHealth Limited Services Clinic Bulletin 1, May 2009

MassHealth Limited Services Clinic Bulletin 2, September 2009

Massachusetts 105 CMR 140 dated 2/08/2008

Related NHP Provider Payment Guidelines

Evaluation and Management Provider Payment Guideline

Vaccine and Immunization Provider Payment Guideline

Publication History

Topic: Limited Services Provider-Retail Clinic	Owner: Provider Network Management
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2011/06/21 *Original documentation*

2012/03/20 *Annual Review, no changes*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan's Provider Manual Billing Guidelines section for additional information on NHP's billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.