



NETWORK *Notification*

Notice Date: February 19, 2025
To: Georgia Marketplace Providers
From: CareSource
Subject: Hospital-Based Clinic Visits
Effective Date: April 1, 2025

Summary

CareSource will not separately reimburse a clinic fee, or any other facility fee associated with space used to provide Evaluation and Management (E&M) services, in the event they are billed on a UB-04 claim form ('facility fee') regardless of if the office is located on the hospital campus and/or uses the hospital tax identification number.

Services rendered in an office, professional building, medical office building, clinic or a space owned by a hospital or an institutional provider, other than the primary structure on the campus of the hospital or institutional provider or rented by a professional from the hospital or an institutional provider must be billed on a CMS-1500 claim form and are not reimbursable if billed on a UB-04 claim form.

It is the policy of CareSource that facility charges for hospital-based outpatient clinics (revenue code 510) do not represent covered services under the health plan provider participation agreements. As such, the charges are not applicable to be reimbursed under the rate exhibits set forth in such agreements unless specifically addressed.

Impact

CareSource will not reimburse for professional E&M charges billed on a UB-04 claim form regardless of where services are rendered. All professional services, including but not limited to those rendered by hospital-based physicians such as emergency room physicians, radiologists, anesthesiologists, hospitalists, independent practitioners, physical therapists, occupational therapists, speech therapists, and Certified Registered Nurse Anesthetists (CRNA) must be billed on a CMS-1500 claim form using the appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

Services rendered outside of the primary structure on the campus of a hospital, or an institutional provider shall not be reimbursed on a UB-04 claim form. Additionally, the member is not responsible for these charges.

Importance

Effective April 1, 2025, the following are conditions under which claims will be denied:

- Type of Bill: 013X, 014X
- Revenue Code: 0510

Questions?

If you have questions, please contact Provider Services at **1-833-230-2101**, Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

GA-EXC-P-3608105