



ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Urgent Care Facilities-OH MCD-AD-1644	11/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements contain supplemental information regarding standard benefit administration and coverage details. Administrative Policy Statements do not guarantee an authorization or payment of services. The Member's plan contract (e.g., Evidence of Coverage, Member Handbook) contains specific terms and conditions, including limitations, exclusions, benefit maximums, eligibility, and other relevant conditions of coverage. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

Table of Contents

A. Subject	2
B. Background	2
C. Definitions	2
D. Policy	3
E. Conditions of Coverage	5
F. Related Policies/Rules	5
G. Review/Revision History	5
H. References	5

A. Subject**Urgent Care Facilities****B. Background**

Primary care physicians (PCPs) serve as the foundation of a member's longitudinal healthcare relationship. PCPs are responsible for delivering comprehensive, preventive, and continuous care, including wellness visits, chronic disease management, immunizations, and coordination of specialty services. Care is typically delivered by appointment during standard office hours, with an emphasis on continuity, long-term treatment planning, and population health management. Primary care settings may not be able to address all time-sensitive or unscheduled medical needs that arise.

Urgent care services provide timely, outpatient medical services for the evaluation and treatment of acute illnesses, minor injuries, and exacerbations of chronic conditions that require prompt attention but are not expected to result in further disability or death if not treated immediately. Urgent care facilities are intended to bridge the gap between primary care and emergency department (ED) services by providing convenient access to care when a member's PCP is unavailable, such as during provider absence or when timely appointments cannot be obtained. Urgent care services may be utilized for medical concerns arising outside of standard office hours, offering a lower cost alternative to non-emergency use of hospital emergency departments.

Urgent care settings are designed for short-term evaluation and treatment of non-life-threatening conditions. Urgent care facilities are not intended to provide ongoing, longitudinal, or preventive care. Continuity of care is an essential component of safe and effective treatment. Continuing/ongoing care should be referred back to the PCP when clinically indicated.

Emergency departments are hospital-based medical treatment facilities that provide unscheduled care to members presenting with acute illness or injury requiring immediate medical attention. ED services are intended for conditions requiring rapid intervention to prevent significant harm to health or bodily function. Examples of conditions typically treated in an ED include, but are not limited to, miscarriage/pregnancy with vaginal bleeding, severe chest pain, shortness of breath, head injury, uncontrolled bleeding, major burns, and behavioral health emergencies. Once a member's condition has stabilized, follow-up with a PCP or appropriate provider is usually warranted.

C. Definitions

- **Emergency** – Per the Ohio Administrative Code (OAC) 4123-6-01, medical services that are required for the immediate diagnosis and treatment of a condition that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death, or that are immediately necessary to alleviate severe pain. Emergency treatment includes treatment delivered in response to symptoms that may or may not represent an actual emergency but is necessary to determine whether an emergency exists.

- **Emergency Medical Condition** – Per OAC 5160-26-01, a medical condition manifested by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.
- **Primary Care Provider (PCP)** – An individual physician (M.D. or D.O.), a physician group practice, an advanced practice registered nurse, an advanced practice nurse group practice within an acceptable specialty, or a physician assistant contracting with an MCO to provide primary care services, including coordination of care, preventive services, and management of chronic conditions. Acceptable PCP specialty types include family/general practice, internal medicine, pediatrics, and obstetrics/gynecology (OB/GYNs).
- **Prudent Layperson** – A person who possesses an average knowledge of health and medicine.
- **Urgent Care Facility** – A facility where ambulatory care is provided outside a hospital emergency department and is available on a walk in, non-appointment basis used to treat non-life-threatening issues.
- **Urgent Care Visit** – Care provided for a non-emergent illness or injury with acute symptoms that require prompt medical attention (or immediate care), but do not meet criteria for an emergency medical condition. Examples include, but are not limited to, sprains, flu symptoms, minor cuts and wounds, sudden onset of stomach pain, and severe, non-resolving headache.

D. Policy

- I. Site of Care Determination
 - A. If symptoms/conditions are an emergency and/or meet the definition of an emergency medical condition under the prudent layperson standard, services should be treated in an emergency department.
 - B. If symptoms do not meet emergency criteria but require prompt evaluation for an acute illness or injury, urgent care is an appropriate setting when the PCP is unavailable or the member does not have one.
 - C. If the condition is routine, preventive, or related to ongoing management of a chronic condition without acute exacerbation, care should be provided in the primary care setting.
- II. CareSource covers medically necessary urgent care services for the treatment of non-emergent acute illnesses or injuries that require prompt medical attention and can be safely managed in an urgent care setting, in accordance with the member's benefit plan. Urgent care conditions/symptoms may include (but are not limited to) the following:
 - allergic reaction
 - back pain
 - pneumonia
 - conjunctivitis

- rash
- diarrhea
- sinusitis
- ear infection
- fever
- sprains
- insect bites
- upper respiratory infection
- lacerations
- migraine
- vomiting
- mononucleosis
- wounds/abscess

III. Services that are generally considered not appropriate in an urgent care center include, but are not limited to, the following:

- advanced imaging (eg, CT, MRI), unless required to treat an urgent, acute condition
- genetic testing for hereditary disorders
- molecular diagnostic testing for bacterial infections in asymptomatic individuals
- longitudinal care
- preventive E/M medicine (eg, well-child visits, annual wellness visit)
- primary care services
- routine blood draws
- routine preventive immunizations administered according to established immunization schedules, except when required as part of the evaluation or treatment of an acute condition.

IV. Examples of conditions that may require evaluation in an emergency department include, but are not limited to, the following:

- altered mental state
- chest pain with radiating pain, sweating, nausea, vomiting, or difficulty breathing
- deep lacerations to the maxillofacial region
- falls that occur with bleeding while on blood-thinning medications
- head injury with possible loss of consciousness
- high fevers with a rash
- loss of balance
- motor vehicle accident with airbag deployment
- newborn baby less than 4 months old with a fever
- persistent vomiting or diarrhea
- seizures without previous diagnosis of epilepsy
- severe burns
- severe heart palpitations
- severe abdominal pain or abdominal pain with fever

- sudden difficulty speaking or difficulty understanding speech
- sudden testicular pain or swelling
- suicidal thoughts, self-harm, or harm to others
- weakness on one side of the body

V. CareSource reserves the right to review post-service claims for services for medical necessity and appropriateness of site of care based on the member's presenting symptoms, clinical documentation, applicable policy criteria, and guidelines.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

Providers must utilize proper billing guidelines, industry standards, and state compliant codes on all claims submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, CareSource policies apply to both participating and nonparticipating providers and facilities.

In the event of any conflict between this policy and a provider's contract with CareSource, the provider's contract will be the governing document.

F. Related Policies/Rules

N/A

G. Review/Revision History

DATE		ACTION
Date Issued	07/15/2026	New policy. Approved at Committee.
Date Revised		
Date Effective	11/01/2026	
Date Archived		

H. References

1. Allen L, Cummings JR, Hockenberry JM. The impact of urgent care centers on nonemergent emergency department visits. *Health Serv Res.* 2021;56:721-730. doi:10.1111/1475-3773.13631
2. Definitions, OHIO ADMIN. CODE, 4123-6-01 (2021).
3. Emergency Medicine. American Board of Emergency Medicine. Accessed May 18, 2026. www.abms.org
4. Emergency Services Coverage, OHIO REV. CODE 1753.28
5. Liang K-L, Tackett S, Myers S, et al. An oncology urgent care clinic for the management of immune-related adverse events: a descriptive analysis. *Curr Oncol.* 2022;29:4342-4353. doi:10.3390/curroncol29060347
6. Managed Care: Covered Services. OHIO ADMIN. CODE, 5160-26-03 (2022).
7. Managed Care: Definitions. OHIO ADMIN. CODE, 5160-26-01 (2022).

8. Managed Care: Primary Care and Utilization Management. OHIO ADMIN. CODE, 5160-26-03.1 (2026).
9. *Managed Care Member Handbook, Ohio Medicaid*. CareSource. Accessed May 18, 2026. www.caresource.com
10. Minen MT, Khanns D, Guiracocha J, et al. The role of urgent care centers in headache management: a quality improvement project. *BMC Health Serv Res*. 2022;22:162. doi:10.1186/s12913-021-07457-2
11. Nurse Definitions. OHIO REV. CODE, 4723.01 (2026).
12. *Provider Manual, Ohio Medicaid*. CareSource. Accessed April 3, 2026. www.caresource.com
13. Services Provided by a Physician Assistant. OHIO ADMIN. CODE, 5160-4-03 (2022).
14. Urgent care: know where and when to go. American Academy of Urgent Care Medicine. Accessed May 18, 2026. www.aaucm.org
15. What is urgent care medicine? American Academy of Urgent Care Medicine. Accessed April 3, 2026. www.aaucm.org
16. Wu N, Woloski JR. Emergency Department versus primary care use: a patient perspective. *PRiMER*. 2024;8:44. doi:10.22454/PRiMER.2024.526921

Approved by Ohio Department of Medicaid 07/21/2026.