## Summary
This policy describes reimbursement for services provided in a hospital-based or “provider-based” clinic (as defined by the Centers for Medicare and Medicaid Services, or CMS). This policy applies to Medica commercial, Individual Family Business (IFB) and Minnesota Health Care Programs (MHCP) products. This policy does **not** apply to Federally qualified health centers (FQHCs) or rural health clinics.

## Policy Statement
Medica will accept both the facility UB-04 claim form (or its electronic equivalent) and the professional CMS-1500 claim form (or equivalent) when submitted for services performed in a hospital-based clinic. Medica may not, however, reimburse facility charges for the 051x revenue code when the 051x revenue code is submitted with an evaluation and management (E/M) code (defined as code series 99201-99499 and G0463). When the 051x revenue code is submitted with an E/M code, the 051x revenue code and associated facility E/M code may be denied as provider liability for all Medica commercial, IFB and MHCP products.

## Definitions
**Provider-Based Status** “Provider-based status” as defined by CMS means the relationship between a main provider (usually a hospital) and a provider-based entity or a department of a provider, remote location of a hospital, or satellite facility (the hospital-based clinic or department) that complies with the provisions set forth in the Code of Federal Regulations, 42 CFR § 413.65.

## Resources
- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
- Official UB-04 Data Specifications Manual

## Effective Date
08/01/2014

## Revision
11/03/2016 Annual policy review

## Updates
09/11/2015 Annual policy review

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