

Hospital Based Clinics

Reimbursement Policies

Origination Date: 11/11/2015

Last Review: 01/30/2025

Next Review: 01/2026

Description

A hospital based clinic refers to offices, professional buildings, medical office buildings, clinics, or other spaces owned, rented, or operated by a hospital or an institutional provider which are not the main structure on the hospital campus.

Policy

Oscar reimburses professional providers for covered services provided in a hospital based clinic setting when reported on a professional CMS 1500 form with a place of service office. This reimbursement includes both the professional services and the associated overhead. Oscar will not separately reimburse a facility for hospital based clinic visits billed on a UB-04 when reported with revenue codes 510-519, 520-529, and any successor codes.

The technical and overhead component of the facility clinic visit is included in the benefit paid to the professional provider for professional services, which encompasses but is not limited to Evaluation and Management services in a clinic setting. The facility may not seek reimbursement for any technical or overhead component of the clinic charge from Oscar or the member. The member is held harmless for these clinic overhead charges.

Oscar will consider for reimbursement covered services provided in a hospital based clinic when reported on a UB-04 and only for medical/surgical service(s).

Reimbursement Guidelines

Oscar will not reimburse the facility separately for services reported with hospital based clinic service codes (HCPCS code G0463 or CPT code(s) 99202-99215) if the revenue code is one of the following:

- 510-519
- 520-529

Oscar may reimburse the facility separately for services reported with hospital based clinic service codes if the service on the claim contains one or more codes from the following medical/surgical code ranges:

- 10004-69999
- 90281-90756
- 90935-98943
- 99100-99199

Related Policies

Evaluation and Management Policy

Publication History

Date	Action/Description
11/11/2015	Original Documentation
12/01/2015	Approval and inclusion in Oscar Provider Manual

01/30/2025	Annual Review; Added description section; Clarified Policy section; Added Reimbursement Guidelines section; Deleted Coding section; Updated guidelines for when G0463 is considered a non-reimbursable service; Added Related Policy Section
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