

TITLE:	HOSPITAL OUTPATIENT BASED CLINICS
DEPARTMENT:	PAYMENT POLICY
ORIGINAL EFF. DATE:	10/20/2026
REVISION DATE:	N/A

1. PURPOSE

This Payment Policy outlines clear and consistent reimbursement guidelines to ensure compliant, transparent, and timely payment for medically necessary, cost-effective care.

2. SCOPE

This policy applies to the reimbursement of covered services for all members and providers. Curative will allow reimbursement for services according to the criteria outlined in this policy, unless modified or superseded by contractual language.

3. DEFINITIONS

The following terms are defined as follows regarding this policy.

- 3.1. **Hospital-Based Clinic / Hospital Outpatient Clinic** A clinic or department that is operated by, or billed as part of, a hospital outpatient setting, including on-campus and off-campus hospital outpatient departments.
- 3.2. **Professional Evaluation and Management (E/M) Service** A physician or other qualified health care professional service reported with a CPT E/M code for face-to-face or other eligible professional assessment and management work.
- 3.3. **Same Visit** A facility visit and professional E/M service furnished to the same member on the same date of service that represent the same clinic encounter, rather than distinct medically necessary encounters.
- 3.4. **Hospital Outpatient Setting** A setting in which outpatient hospital services are furnished, including services reported with POS 19 or POS 22, as applicable.

4. POLICY

Disclaimer: These Payment Policies serve as a comprehensive guide for all providers, assisting in submitting accurate claims and outlining the essential framework for reimbursement. The determination that a service, procedure, or item is covered under a Curative member's benefit plan does not constitute a guarantee of payment. Services must meet medical necessity and authorization guidelines appropriate to the procedure and diagnosis and, where mandated, the members state of residence. Services rendered must be within the legal scope of practice for the specific type of provider and align with the professional credentials and training in the state where the care is furnished.

To ensure proper processing, providers are required to adhere to industry-standard, compliant codes and follow proper coding, billing, and submission guidelines. To ensure accurate reimbursement and proper claims adjudication, all services provided to the same member, by the same provider, and on the same date of service must be reported on a single claim. Current Procedure Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or relevant revenue codes must be used for billing. Codes submitted must be fully supported by corresponding documentation in the medical

record. Unless noted otherwise within a policy, these payment policies apply to both participating and non-participating providers and facilities.

Curative reserves the right to take corrective action, which may include the rejection or denial of the claim, or the recovery and/or recoupment of any previous claim payment if proper coding, billing guidelines, or these established payment policies are not followed. Providers may refer to the Provider Manual for guidance on addressing such actions, including the formal claim reconsideration, appeals, and dispute resolution processes.

These policies may be superseded by mandates within provider contracts, state or federal laws, or requirements issued by the Centers for Medicare & Medicaid Services (CMS). Curative retains the right to revise these policies as deemed necessary and will publish the most current version on the Curative website.

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Reimbursement Guidelines

This policy establishes reimbursement requirements for hospital outpatient clinic visits reported with HCPCS G0463 under revenue code 0510 and associated professional evaluation and management services.

When HCPCS G0463 is reported with a distinct professional evaluation and management service representing separately identifiable care for the same member, same date of service, and same clinic encounter, reimbursement is subject to review to ensure the facility and professional components are not paid more than once. The facility component is reimbursed according to the applicable outpatient facility reimbursement methodology, and the professional service is reimbursed according to the applicable professional reimbursement methodology.

Curative may adjust reimbursement when the billed services, claim configuration, or applicable contract terms would otherwise result in duplicate payment for the same facility or professional component. Reimbursement will be determined in accordance with this policy, applicable coding guidelines, the member's benefit plan, and the provider's applicable contract terms.

Accurate place of service and professional pricing

Professional claims must report the actual setting in which services were furnished, including POS 19 for off-campus outpatient hospital services and POS 22 for on-campus outpatient hospital services, as applicable.

When the governing reimbursement arrangement differentiates facility and nonfacility professional rates, the appropriate facility-setting rate will apply to services furnished in a hospital outpatient setting.

A professional claim reported with POS 11 may be reviewed when other claims indicate that the service occurred in a facility. Any pricing correction must be supported by verification of the service setting and the applicable reimbursement arrangement.

5. REFERENCE DOCUMENTS AND MATERIALS

- 5.1. **Centers for Medicare & Medicaid Services (CMS):** Medicare Claims Processing Manual, Publication 100-04, Chapter 6, Section 20.1.1.2 – "Hospital's 'Facility Charge' in Connection with Clinic Services of a Physician."

6. COLLABORATING DEPARTMENTS

- 6.1. Claims
- 6.2. Compliance
- 6.3. Medical Management
- 6.4. Network
- 6.5. System Configuration

7. POLICY & PROCEDURE CONTROL

This Policy will be reviewed at least annually and as necessary.

REVISION HISTORY			
Date	Author	Version	Comments
10/20/2026	CJW	001	Initial Version