



Proper Use of 99051, and the Status of S9088

■ DAVID STERN, MD, CPC

Q. Can I bill the CPT code 99051 (*Service(s) provided in office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service*) for the purpose of getting a denial? Can I bill a Medicare patient for the 99051 code if I have an advanced beneficiary notice (ABN) completed?

– Anonymous, Texas

A. This is a very interesting question, and I am sure it will generate significant controversy.

In regard to your question about billing 99051 along with a specific ABN, it does appear to be a compliant method for billing. On first look, it does make sense for patients to pay for the increased convenience of not having to wait in a hospital emergency department or even wait until regular office hours of their primary care physicians.

Of course, Medicare patients might object to having to pay for this service, and they may complain to their carrier and/or not return to your urgent care center. The experience for most centers for privately insured patients, however, is that most patients seem to understand that this fee is reasonable for the convenience and accessibility of urgent care.

Our current practice is that we do *not* bill via this method for Medicare. If you do decide to bill this way, I would recommend that you first pursue a formal legal opinion from an attorney with significant expertise in Medicare compliance. ■

Q. I attended the UCAOA Coding Conference in Memphis last year and learned about the S9088 code. I brought the info back to my urgent care center, which is a part of a hospital system. We have been using the code

and collecting. We are now being told by our billing department and contract negotiators that BCBS is no longer allowing the S9088 code, because they have “phased it out.”

Do you know this to be true or not?

– Anonymous, Georgia

A. This code (S9088) was requested by private payors to give them a specific method for appropriate reimbursement of urgent care centers for the increased costs (over those of primary care). Recently, a few payors have reversed their position and have been trying to cut costs by discontinuing reimbursement for S9088.

This is probably the most important (and detrimental) change in code processing for urgent care in 2009, and we did spend some time on this topic during the Coding Update session at the UCAOA National Convention in Las Vegas.

We encourage urgent care billers to appeal this decision. They should give payors the logic for reimbursing urgent care centers the additional costs (over a typical primary care practice) in wages (even when no patients walk in the door; and for staffing weekends, evenings and holidays) and equipment that an urgent care center bears.

If payors are willing to simply give you higher reimbursement, maybe this will suffice. But you will want to make sure that you find some way to get compensated for bearing these additional facility costs. ■

Q. I would be interested in attending a seminar on coding for urgent care facilities. Would there be any seminars in the New England area?

– Anonymous, Maine

A. The only urgent care-specific coding conference I am aware of is the UCAOA Fall Conference in Dallas on October 23-24, 2009. There are costs involved, but the knowledge that you gain is likely to pay for itself in increased coding compliance and/or improved revenue during the first week that you return to your center. You can get more information at www.ucaoa.org. Hope to see you there. ■



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