

Reimbursement Policy

Title: Reimbursement of Hospital Outpatient Facility Clinic Visits	
Policy Number: RP02	Applies to: <input checked="" type="checkbox"/> Commercial
Effective Date: 3/1/2026	<input checked="" type="checkbox"/> Level Funded
Last Updated:	<input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid

Disclaimer

These coding and reimbursement policies serve as a guide to assist providers in accurate claims submissions and to outline the basis for reimbursement. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that the provider will be reimbursed. Services and items must also meet Quartz provider and billing guidelines appropriate to the procedure and diagnosis.

Providers must follow proper billing and submission guidelines, including the use of industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the clinical documentation.

Quartz coding and reimbursement policies apply to both participating and non-participating providers and facilities unless a specific exception is stated in the policy.

If proper coding/billing guidelines or current reimbursement policies are not followed, Quartz may:

- Reject or deny the claim
- Recover and/or recoup claim payment
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Quartz utilizes claim editing software to assess coding and billing accuracy on claims.

From time to time, Quartz may, in its sole discretion, revise these policies. When there is an update, Quartz will publish the most current policy to Quartz's Provider Manual.

Definitions

G0463: Hospital outpatient clinic visit for assessment and management of a patient (facility fee)

Revenue code 051X: Clinic charge

Policy

This reimbursement policy applies to facility charges using the CMS-1450 (UB-04) Health Insurance Claim Form or its electronic equivalent for the Quartz Commercial and Level Funded lines of business. G0463 is not eligible for reimbursement when reported with revenue code 051X when there is a corresponding professional E&M billed for the same episode of care. When a 051X revenue code is submitted with G0463, the 051X revenue code and G0463 will be denied as provider liability.

Related Policies

General Coding Guidelines

Resources

Centers for Medicare and Medicaid Services (CMS)

HealthCare Common Procedure Coding System (HCPCS)

Official UB-04 Data Specifications Manual

Compliance

Quartz conducts post-payment reviews and audits to ensure policy compliance. Misuse of codes, modifiers, or exceeding service limits may lead to provider education, recoupment, or other corrective action. Providers must submit supporting documentation, if requested, as part of claim review processes.

Document History

3/1/2026	Document created	Payment Integrity Department