

Retail Clinic - Limited Services Clinic

Policy

Mass General Brigham Health Plan reimburses contracted retail health clinics for medically necessary services to Mass General Brigham Health Plan plan members, at the provider's Massachusetts locations, offering evaluation of minor health care issues as defined by specific CPT codes in the provider's agreement with Mass General Brigham Health Plan.

Authorization, Notification and Referral

Service	Requirement
Retail Clinic services in Massachusetts	None

The Prior Authorization Guidelines are accessible by the following link [here](#).

Limitations

The provider may not provide any treatment to a child younger than 24 months, nor any childhood immunizations other than the flu vaccine for members 24 months to 19 years age in accordance with the Massachusetts Department of Public Health (MDPH) regulations.

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Exceptions to Policy Criteria

Patient co-payments apply only when an evaluation and management CPT code (99202-99204, 99211-99214) is billed.

Definitions

Retail Clinic/ Limited Service Clinic: A licensed, walk-in health care center located in a pharmacy (store) that is staffed by nurse practitioners who specialize in family health care and are trained to diagnose, treat and write prescriptions for common family illnesses, preventive health screenings, prescription

Provider Payment Guidelines

and over-the-counter medications and uncomplicated primary care. Minor wounds, abrasions and joint sprains are treated, and common immunizations such as influenza are available at all locations.

Mass General Brigham Health Plan Reimburses

- Contracted retail clinics in Massachusetts at a standard rate that includes both the facility and professional services.
- Services based on the contracted rate for specific CPT codes representing common family illnesses, including flu shots, and minor wound treatment. Age restrictions may apply for some conditions.

Mass General Brigham Health Plan Does *Not* Reimburse

- Services not specified in the contractual agreement between Mass General Brigham Health Plan and retail clinics located in Massachusetts.
- Other charges or services not specified in the contractual agreement, including but not limited to:
 - Handling Fees.
 - Blood draws.
 - Special reports or telephone management billed with evaluation and management codes.

Modifiers Applicable to Guideline

Modifier	Descriptor	Comments (Billing instructions when detailed specificity is required)
SL	State supplied vaccine	Use with all vaccines supplied by the MDPH.

Provider Payment Guidelines and Documentation

Bill for all services rendered on a CMS 1500 claim form, using place of service 17 (Walk-in Retail Health Clinic)

Vaccines supplied to the provider by the Massachusetts Department of Public Health (MDPH) must be identified on claims using the SL (State Supplied Vaccine) modifier in the first modifier field.

CPT 92567 requires use of calibrated electronic equipment, with the recording of results and a report with interpretation.

Provider Payment Guidelines

References

[CMS Walk-in Retail Health Clinic](#)

[MassHealth Bulletins](#)

Related Mass General Brigham Health Plan Provider Payment Guidelines

[Evaluation and Management Provider Payment Guideline](#)

[Vaccine and Immunization Provider Payment Guideline](#)

Publication History

Topic: Limited Services Provider-Retail Clinic	Owner: Network Management
<i>June 21, 2011</i>	<i>Original documentation</i>
<i>March 20, 2012</i>	<i>Annual review, no policy change</i>
<i>January 1, 2019</i>	<i>Document restructure; codes, code descriptor and references updated</i>
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<i>January 1, 2025</i>	<i>Annual review, no policy change</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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