

Hospital National Codes Crosswalk – Clinic Visits Desk Reference for Outpatient Hospitals

Local Code	Modifier(s)	Description	Fee	National Code	Modifier(s)	Description	Fee
W9051	None	Basic Hospital Outpatient Clinic Visit	\$53.00	T1015	U4	Clinic Visit/Encounter All Inclusive	\$53.00
W9051	None	Basic Hospital Outpatient Clinic Visit	\$53.00	T1015	U4/U1 (Psychiatric Clinic Visit)	Clinic Visit/Encounter All Inclusive	\$53.00
W9049	None	Hospital Outpatient Clinic Visit – Enrollment Approval Required	\$60.00	T1015	U5	Clinic Visit/Encounter All Inclusive	\$60.00
W9049	None	Hospital Outpatient Clinic Visit – Enrollment Approval Required	\$60.00	T1015	U5/U1 (Psychiatric Clinic Visit)	Clinic Visit/Encounter All Inclusive	\$60.00
W9064	None	Medical School Clinic Visit – Enrollment Approval Required	\$60.00	T1015	U5	Clinic Visit/Encounter All Inclusive	\$60.00
W9064	None	Medical School Clinic Visit – Enrollment Approval Required	\$60.00	T1015	U5/U1 (Psychiatric Clinic Visit)	Clinic Visit/Encounter All Inclusive	\$60.00

Base Reimbursement versus Higher Reimbursement for Clinic Visits

Hospitals are either approved for a base clinic visit fee or higher clinic visit fee. To review Medical Assistance (MA) policy for a base clinic visit fee versus higher clinic visit fee, please visit the Office of Medical Assistance Programs (OMAP) website at www.dpw.state.pa.us/omap. Go to Provider Information, Medical Assistance Regulations. Go to **Chapter 1221 (Clinic and Emergency Room Services Regulations)** and review **Chapter 1221.43 – Participation Requirements for Hospital Clinics and Emergency Rooms for Higher Reimbursement Rate**.

Additional Notes:

- *Modifier U4 denotes that the hospital is approved for a base clinic visit fee.*
- *Modifier U5 denotes that the hospital is approved for a higher clinic visit fee.*
- *Clinic visits, when billed with Modifier U4 or Modifier U5 and Modifier U1 denotes a psychiatric clinic visit.*

For additional information on hospital national codes and changes to the MA Program Fee Schedule, please refer to MA Bulletin 01-06-05 (Medical Assistance Program Fee Schedule Procedure Code Changes for Acute Care General Hospitals and Hospital Based Medical Clinics).