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Independent RHC Billing – Introduction Session 3 Spring, 2018



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Healthcare Business Specialists



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[RHC Information Exchange Group on Facebook](#)

• "A place to share and find information on RHCs."



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Rural Health Clinic Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>



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Questions or Comments?

Raise your hand button and I will call on you to ask your question or comment.





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Disclaimer

- 1. Information is current as of 2/28/2018.**
- 2. Medicaid is different in each state. We will not be able to answer state specific questions in many states.**
- 3. I am not young enough to know everything, nor am I an expert in all areas of RHCs.**





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Its All about that Visit (QVL)



<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Qualifying-Visit-List.pdf>



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Visits - The RHC Qualifying Visit List (QVL)



The RHC Qualifying Visit List for a list of HCPCS codes that are defined as qualifying visits, which corresponds with the following guidance on service level information. CMS will no longer update this list. It is more of a guideline as to what is payable as a visit.



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Goodbye QVL – We hardly knew you.

**On October 1, 2016 –
CMS replaced the QVL
listing with the CG
Modifier.**





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RHC CG Modifier – 10/1/2016



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<u>Description</u>	<u>Links</u>
Last Version of SE1611 on Billing using QVL and CG Modifier Effective 10/1/2016	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1611.pdf
FAQs for the CG Modifier	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Reporting-FAQs.pdf



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MLN 9269 – What You Need to Know

Effective April 1, 2016, All RHCs are required to report the appropriate HCPCS code for each service line along with the revenue code, and other required billing codes.

Payment for RHC services will continue to be made under the All-Inclusive Rate (AIR) system when all of the program requirements are met.



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Medlearn Matters – MM9269 Released and Revised

What the Memorandum covers

- 1. HCPCS Coding**
- 2. Procedures**
- 3. Modifier 59**
- 4. Qualified Visit Listing**



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CG Modifier FAQ Summary

FAQ #	Question	CG Modifier
Q1	Use when bundling charges, the primary reason for the face-to-face encounter	Yes
Q2	Use for dates of service on or after April 1, 2016	Yes
Q3	Use to report the line subject to coinsurance and deductible	Not Necessarily
Q4	Use when only one service is provided	Yes
Q5	Use when preventive service only	Yes
Q6	Use when a medical service and preventive service is furnished on the same day	No 15



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CG Modifier FAQ Summary (2)

FAQ #	Question	CG Modifier
Q7	Use for IPPE	No
Q8	How often should CG modifier be used?	1 - 052x 1 - 0900
Q9	Use when medical service and mental health service are furnished	Yes, 2 CGs (see Q8)
Q10	Use for Chronic Care Management services	No
Q11	Use for medically-necessary visits in Skilled Nursing Facility	Yes



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FAQ #	Question	CG Modifier
Q12	Is there still a QVL?	Yes, sorta – it is a guide
Q13	Is CG used for two E and Ms on the same day for different diagnosis?	No – use 59 on the 2 nd visit.
Q14	Do you put the CG and the 59 (or 25) on the same line. IE 99213CG59	NO, just 59 (see Q13)
Q15	Do you use modifier 59 or 25 for bundled services with the subsequent visit?	No
Q16	Should RHCs continue to bundle services using the April 1, 2016 guidelines	Yes



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FAQ #	Question	CG Modifier
Q17	Should RHCs report the CG Modifier with incident to services	No
Q18	Can RHCs continue to bill incident to (the 30 day rule?)	Yes
Q19	What Revenue Codes are valid?	All are valid except a list provided.
Q20	Does the order of claim lines matter?	No
Q21	Do MSP claims use the CG Modifier?	Yes



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FAQ #	Question	CG Modifier
Q22	Will secondary payers accept the CG modifier?	Hopefully
Q23	Should RHCs use more than one UB-04?	No
Q24	Does Medicare use total charges to compute co-pays?	No.
Q25	Does this affect Part B – technical comps.	No
Q26	Does the affect flu and pneu?	No



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FAQ #	Question	CG Modifier
Q27	Does CG affect lab billing?	No.
Q28	How will the EB appear to the patient?	Some may look like the claim was inflated.
Q29	How to get additional information?	https://www.cms.gov/center/provider-type/rural-health-clinics-center.html



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Service Line Information₃

- Additional charges may require HCPCS
 - Reported on the claim
 - Considered components of the same procedure
 - Payment for added services included in the AIR
 - No separate payment allowed



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HCPSC Codes for All Inclusive Rate (AIR) Reimbursement General Guidelines for RHCs

Number	Description or Guideline
1	A payable encounter (visit) should (not must) be included on the QVL. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Qualifying-Visit-List.pdf
2	Report appropriate HCPSC code for each service line.
3	Include the appropriate revenue code for all HCPSC code
4	HCPSC Code 36415 Venipuncture is included in the AIR.
5	Include CG Modifier as required.
6	Claim Adjustment Codes can be found at Washington Publishing Company: http://www.x12.org/codes/claim-adjustment-reason-codes



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RHC Bill Types

<u>Type</u>	<u>Description</u>
711	Admit to discharge
717	Adjustment
718	Cancel
710	No payment



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Simple example of a patient with a only a 99213

RURAL HEALTH CLINIC		2		3a PAT. CNTL.# 3333		4 TYPE OF BILL 0711	
123 ANY STREET				3b MED. REC.# 3333			
ANYWHERE NE 666661234				5 FED. TAX NO. 47-0607118		6 STATEMENT COVERS PERIOD FROM 011012 THROUGH 011012	
3333333333 3333333334							
8 PATIENT NAME a				9 PATIENT ADDRESS a 123 AVENUE			
b PATIENT, IMA				b SMALLTOWN c NE d 66666 e			
10 BIRTH DATE	11 SEX	12 DATE		ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR
08101940	F			3	1		01
17 STAT		18		19		20	
21		22		23		24	
25		26		27		28	
29 ACCT STATE		30		31 OCCURRENCE CODE		32 OCCURRENCE DATE	
33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH	
37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT	
38		39		40		41	
PATIENT, IMA		a		b		c	
123 AVENUE		b		c		d	
SMALLTOWN, NE 66666		c		d			
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / IFFS CODE		45 SERV. DATE	
1		0521 CLINIC VISIT BY MEMBER T		99213CG		011012	
2						46 SERV. UNITS 1	
3						47 TOTAL CHARGES 132.50	
4						48 NON-COVERED CHARGES	
5						49	

Insert HCPCS Here

See Note 1

Note 1: Total charges for all services provided during the encounter, minus any charges for the approved preventive service”



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Bundling Under April 1, 2016 HCPCS Coding Guidelines

The visit is coded as a 99214. Patient receives ancillary services which could occur on the same day of the visit or within 30 days of the visit. (incident to).

<u>CPT Code</u>	<u>Service</u>	<u>Charge RHC</u>	<u>Reported RHC</u>
CPT 99214CG	Established Visit – (1) Copays computed on this line	150	210
CPT 96372	Injection Code	40	40
CPT 36415	Venipuncture	10	10
CPT J3301	Triaminolone acet..	<u>10</u>	<u>10</u>
Totals		<u>210</u>	<u>270</u>



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Bundling using .01 for the Ancillary Services

The clinic may elect to only show .01 as the charge for the ancillary services if it chooses. Depending on the billing and software that you use. Either way is approved by CMS.

		Charge	Reported
<u>CPT Code</u>	<u>Service</u>	<u>RHC</u>	<u>RHC</u>
CPT 99214CG	Established Visit – (1) Copays computed on this line	150	210
CPT 96372	Injection Code	40	0.01
CPT 36415	Venipuncture	10	0.01
CPT J3301	Triaminolone acetonide	10	0.01
Totals		<u>210</u>	<u>210.03</u>



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This is the tricky one
Multiple Services with a billable visit

<u>Description</u>	<u>Charge</u>
The patient has a 99213 E & M visit	\$100
Blood is drawn Venipuncture (36415)	\$20
A shot of Rocephin is administered	\$50
Total Charges	\$170



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Multiple services provided with a Billable Visit

42 Rev Code	44 HCPCS/RATES	45 SERV DATE	46 SERV UNITS	47 Total Charges	Payment	Coinsurance/ Deductible Applied
0521	99213CG	04/01/2016	1	\$170.00	All-inclusive rate (AIR)	Yes
0300	36415	04/01/2016	1	\$20.00	Included in AIR	No
0250	J0696	04/01/2016	1	\$50.00	Included in AIR	No
01-Total charge UB will total Incorrectly				\$240.00		



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Why is this so hard

**Medicare is trying to patch
The software by using most
Of the old programming which
Bundled everything in Line 1
Of the UB-04.**



CMS Programming the changes



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Example of an E & M and a Preventive Visit

Preventive services furnished with a medical visit are ineligible to receive an additional encounter payment at the AIR, except for the IPPE.

Example 2:

Revenue Code	HCPCS	Service Date	Service Units	Total Charges	Payment	Coinsurance/ Deductible Applied
052X	99213 ¹	04/01/2016 ²	1	\$XX.XX ³	AIR	Yes
052X	G0101	04/01/2016 ²	1	\$XX.XX ³	Included in the AIR	No

¹HCPCS code from the RHC Qualifying Visit List

²Any date of service on or after 04/01/2016

³Enter charge amount



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An E & M Code & a Preventive Visit

42 Rev Code	44 HCPCS/RATES	45 SERV DATE	46 SERV UNITS	47 Total Charges	Payment	Coinsurance/ Deductible Applied
0521	99213CG	04/01/2016	1	\$100.00	All-inclusive rate (AIR)	Yes
0521	G0101	04/01/2016	1	\$125.00	Included in AIR	No

<u>Description</u>	<u>Amount</u>
An independent RHC at the cost cap would receive from Medicare	\$64.52
A co-pay on the E & M visit could be collected of:	\$20
A co-pay for the G0101 should be paid on the Cost Report of:	\$25



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Preventive Visit Only

Preventive Services

When a preventive health service is the only qualifying visit reported for the encounter, the payment and applicable coinsurance and/or deductible will be based upon the associated charges for this service line. Frequency edits will apply.

Example 3:

Revenue Code	HCPCS	Service Date	Service Units	Total Charges	Payment	Coinsurance/ Deductible Applied
052X	G0101	04/01/2016 ¹	1	\$XX.XX ²	AIR	No ³

¹Any date of service on or after 04/01/2016

²Enter charge amount

³Coinsurance and deductible are waived when appropriate

The RHC will receive the full AIR minus sequestration.



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Preventive Visit Only

42 Rev Code	44 HCPCS/RATES	45 SERV DATE	46 SERV UNITS	47 Total Charges	Payment	Coinsurance/ Deductible Applied
0521	G0101CG	04/01/2018	1	\$125.00	Included in AIR	No

<u>Description</u>	<u>Amount</u>
An independent RHC at the cost cap would receive from Medicare 83.45 (2018 UPL) – \$1.67 (2% sequestration)	\$81.78



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**An E & M and a Procedure on the Same Day
(99213 charge is \$100)**

42 Rev Code	44 HCPCS/RATES	45 SERV DATE	46 SERV UNITS	47 Total Charges	Payment	Coinsurance/ Deductible Applied
0521	99213CG	04/01/2018	1	\$300.00	All-inclusive rate (AIR)	Yes
0521	12002	04/01/2018	1	\$200.00	Included in AIR	No

<u>Description</u>	<u>Amount</u>
An independent RHC at the cost cap would receive from Medicare	\$64.52
A co-pay on the E & M visit could be collected of:	\$60.00
Total Collections would be:	\$124.52



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Incident To Services (within 30 days of E & M) (Allergy Shots, B-12s, Venipuncture)

Medical Services and Incident to Services

Services and supplies furnished incident to a RHC visit are considered RHC services. They are included in the payment of a qualifying visit and are not separately billable. The qualifying visit line must include the total charges for all the services provided during the encounter/visit. RHCs can report incident to services using all valid revenue codes except 002x-024x, 029x, 045x, 054x, 056x, 060x, 065x, 067x-072x, 080x-088x, 093x, or 096x-310x. Payment for these service lines is included in the AIR and the service lines will receive CARC 97 for the covered lines not receiving the AIR payment on RHC claims.

Example 6:

Revenue Code	HCPCS	Service Date	Service Units	Total Charges	Payment	Coinsurance/ Deductible Applied
052X	99213 ¹	04/01/2016 ²	1	\$XX.XX ³	AIR	Yes
0300	36415	04/01/2016 ²	1	\$XX.XX ³	Included in the AIR	No

¹HCPCS code from the RHC Qualifying Visit List

²Any date of service on or after 04/01/2016

³Enter charge amount



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Incident To Services Example (99213 charge is \$100)

42 Rev Code	44 HCPCS/RATES	45 SERV DATE	46 SERV UNITS	47 Total Charges	Payment	Coinsurance/ Deductible Applied
0521	99213CG	04/01/2018	1	\$120.00	All-inclusive rate (AIR)	Yes
0300	36415	04/01/2018	1	\$20.00	Included in AIR	No

<u>Description</u>	<u>Amount</u>
An independent RHC at the cost cap would receive from Medicare	\$64.52
A co-pay on the E & M visit could be collected of:	\$24.00
Total Collections would be:	\$88.52



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Modifier 59 is Defined

Use when you have two separately identifiable E & M codes when a patient is treated on the same day for unrelated diagnosis. (ie. Hypertension in the morning and a fall in the afternoon)

- The patient, subsequent to the first visit, suffers an illness or injury that requires additional diagnosis or treatment on the same day, (for example, a patient sees their practitioner in the morning for a medical condition and later in the day has a fall and returns to the RHC for treatment). The subsequent medical service should be billed using a qualifying visit, revenue code 052X, and modifier 59. Modifier 59 signifies that the conditions being treated are totally unrelated and services are provided at separate times of the day and that the condition being treated was not present during the visit earlier in the day. This is the only circumstance in which modifier 59 should be used.



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Modifier 59 – MLN - 9269

Modifier 59 is used when you have two qualified visits that occur on the same day. Both have revenue code 0521

Two (2) E and Ms use 59

One (1) E and M and one preventive – do not use

One (1) E and M and mental health - do not use



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Modifiers for RHCs (Red - do not place on UB-04)

Modifier	Description
25	Two E & Ms or an office visit and a procedure on one day and 1 AIR paid.
54	Procedure only to be paid. No global payment requested.
59	Two E and M visits on the same day and two AIRs are expected. 99213 9921459



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Definition of Modifier 25

Modifier 25 (significant, separately identifiable evaluation and management [E/M] service by the same physician on the same day of the procedure or other service)

It is basically two E and M codes on the same

Day or an E and M code and a preventive



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Why is Modifier 25 important

- 1. If you are only paid one visit from Medicare, but report two E & M codes, your cost report preparer is going to pick up both E & M codes unless your CPT frequency report identifies one of them with a Modifier 25.**
- 2. This will cause you to over count your total visits and lower your cost per visit.**





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Modifier 25 – Use it - Don't Abuse it

- The E/M service must be significant. The problem must warrant physician work that is medically necessary. This can be defined as a problem that requires treatment with a prescription or a problem that would require the patient or family to return for another visit to address it. A minor problem or concern would not warrant the billing of an E/M-25. The E/M service must be separate. The problem must be distinct from the other E/M service provided (eg, preventive medicine) or the procedure being completed. Separate documentation for the E/M-25 problem is helpful in supporting the use of modifier 25 and especially important to support any necessary denial appeal.
- The E/M service must be provided on the same day as the other procedure or E/M service. This may be at the same encounter or a separate encounter on the same day.
- Modifier 25 should always be attached to the E/M code. If provided with a preventive medicine visit, it should be attached to the established office E/M code (99211–99215).
- The separately billed E/M service must meet documentation requirements for the code level selected. It will sometimes be based on time spent counseling and coordinating care for chronic problems.



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RHC Billing – No Globals – No Groups





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Procedures – Chapter 13 Updates

40.4 - Global Billing (Rev. 220, Issued: 01-15-16, Effective: 02-01-16, Implementation: 02-01-16) Surgical procedures furnished in a RHC or FQHC by a RHC or FQHC practitioner are considered RHC or FQHC services. Procedures are included in the payment of an otherwise qualified visit and are not separately billable. If a procedure is associated with a qualified visit, the charges for the procedure go on the claim with the visit. Payment is included in the AIR when the procedure is furnished in a RHC, and payment is included in the PPS methodology when furnished in a FQHC. The Medicare global billing requirements do not apply to RHCs and FQHCs, and global billing codes are not accepted for RHC or FQHC billing or payment.



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Procedures - Continued

Surgical procedures furnished at locations other than RHCs or FQHCs may be subject to Medicare global billing requirements. If a RHC or FQHC furnishes services to a patient who has had surgery elsewhere and is still in the global billing period, the RHC or FQHC must determine if these services have been included in the surgical global billing. RHCs and FQHCs may bill for a visit during the global surgical period if the visit is for a service not included in the global billing package. If the service furnished by the RHC or FQHC was included in the global payment for the surgery, the RHC or FQHC may not also bill for the same service.



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Hospice

- RHC's can get paid for Hospice patient's if the payment relates to an Unrelated diagnosis.
- Input condition code 07 which indicates that the diagnosis has nothing to do with the terminal illness.



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Questions, Thank You



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