HBS
Healthcare Business Specialists

Rural Health Clinic Billing – Three of Four
Presented by Healthcare Business Specialists
Sponsored by Azalea Health and ChartSpan
January 23, 2020

Azalea HEALTH chartspan

1

HBS
Healthcare Business Specialists

Contact Information

Mark Lynn, CPA (Inactive), CRHCP
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com

Become a fan and Like us on Facebook for more RHC information

2

2

HBS
Healthcare Business Specialists

Dani Gilbert, CPA, CRHCP
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (833) 787-2542
dani.gilbert@outlook.com
www.ruralhealthclinic.com

RHC Information Exchange Group on Facebook
- *"A place to share and find information on RHCs."*

3

HBS
Healthcare Business Specialists

Panelist

Louise Burkhead RH-CBS

Billing Staff
Trinity Medical Clinic LLC
731.434.0200

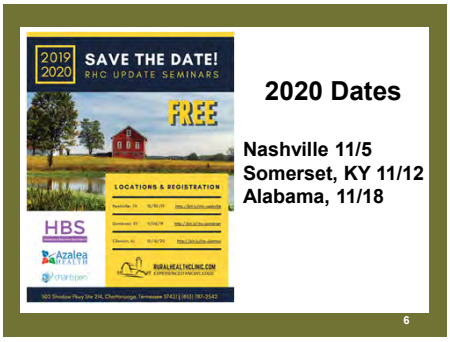
4

HBS
Healthcare Business Specialists

Panelist

Cammie Jones, CPC
Commonwealth Health Management
151 N. Eagle Creek Drive, Suite 310
Lexington, KY 40509
Phone: (859) 263-4341
Fax: (859) 263-7441
Cell: (859) 771-7220
E-Mail: cjones@kymba.net

5



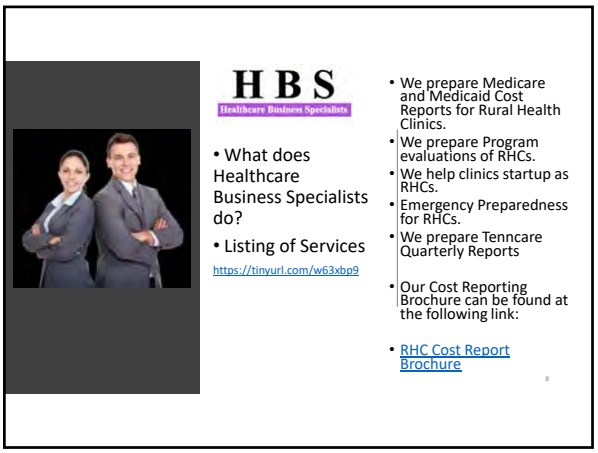
2020 Dates

Nashville 11/5
Somerset, KY 11/12
Alabama, 11/18

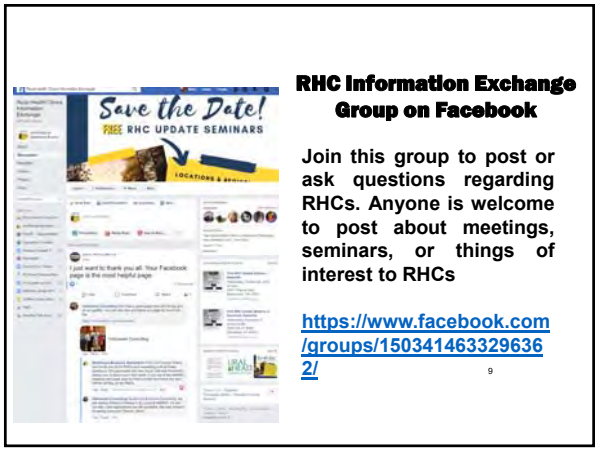
6


Azalea HEALTH
HBS
chartspan
RHC Update Seminar – Clanton, Alabama
Agenda and Topics Outline
January 16, 2020
7

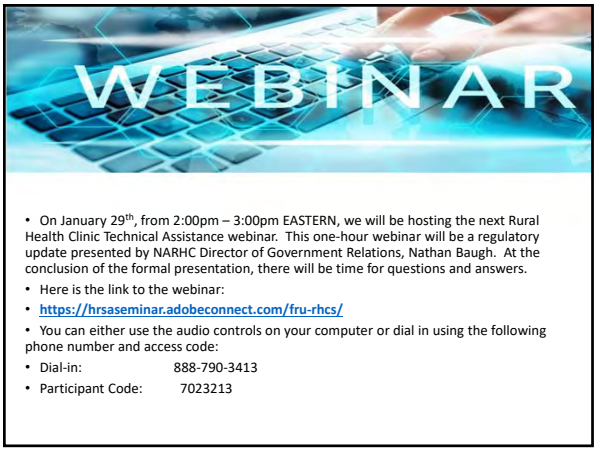
7


HBS
Healthcare Business Specialists
• What does Healthcare Business Specialists do?
• Listing of Services
https://tinyurl.com/w63xbp9
• We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
• We prepare Program evaluations of RHCs.
• We help clinics startup as RHCs.
• Emergency Preparedness for RHCs.
• We prepare Tenncare Quarterly Reports
• Our Cost Reporting Brochure can be found at the following link:
• RHC Cost Report Brochure
8

8


Save the Date!
FREE RHC UPDATE SEMINARS
RHC 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/
9

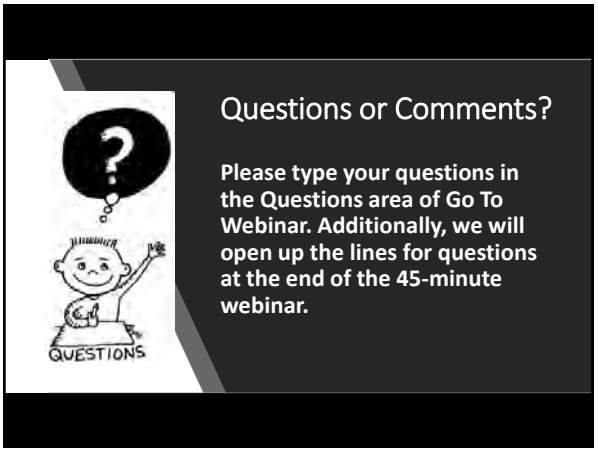
9


WEBINAR
• On January 29th, from 2:00pm – 3:00pm EASTERN, we will be hosting the next Rural Health Clinic Technical Assistance webinar. This one-hour webinar will be a regulatory update presented by NARHC Director of Government Relations, Nathan Baugh. At the conclusion of the formal presentation, there will be time for questions and answers.
• Here is the link to the webinar:
• https://hrsaseminar.adobeconnect.com/fru-rhcs/
• You can either use the audio controls on your computer or dial in using the following phone number and access code:
• Dial-in: 888-790-3413
• Participant Code: 7023213

10


WEBINAR
Please register for Cost Reporting for Rural Health Clinics - What is needed to file an accurate and timely cost report on Jan 30, 2020 3:00 PM EST at:
https://attendee.gotowebinar.com/register/7460659588778612236
After registering, you will receive a confirmation email containing information about joining the webinar.
Brought to you by GoToWebinar®
Webinars Made Easy®

11


Questions or Comments?
Please type your questions in the Questions area of Go To Webinar. Additionally, we will open up the lines for questions at the end of the 45-minute webinar.
QUESTIONS

12

- Information is current as of 1/20/2020.
- We will supply general information. All situations are specific so refer to specific guidance as necessary.
- This session is being recorded.

THE DISCLAIMER

13

RuralHealthClinic.com
Experienced Knowledge

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.

14

14

RuralHealthClinic.com
Experienced Knowledge

Goodbye QVL – We hardly knew you.

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

15

15

19. A patient has an E & M, IPPE, and a mental health visit on the same day. How many visits qualify to be paid at the AIR?

a. 1
b. 2
c. 3

16

RuralHealthClinic.com
Experienced Knowledge

Multiple Visits on One Day

- In general, encounters with more than one RHC practitioner on the same day, or multiple encounters with the same RHC practitioner on the same day count as a single RHC visit and will only receive one AIR payment.
- "This applies regardless of the length or complexity of the visit, the number or type of practitioners seen, whether the second visit is a scheduled or unscheduled appointment, or whether the first visit is related or unrelated to the subsequent visit."
  - **Resource:** CMS IOM 100-02, Chapter 13, Section 40.3
- However, there are a few ***specific*** exceptions…

17

17

RuralHealthClinic.com
Experienced Knowledge

Multiple Visits on the Same Day – Exceptions

- Exceptions are for the following circumstances ***only***:

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). In this situation only, the RHC would use modifier 59 or 25 to attest that the conditions being treated qualify as 2 billable visits.

The patient has a qualified medical visit and a qualified mental health visit on the same day (2 billable visits).

The patient has an initial preventive physical exam (IPPE) and a separate medical and/or mental health visit on the same day (2 or 3 billable visits).

18

RuralHealthClinic.com
Experienced Knowledge

RHC CG Modifier – 10/1/2016

HBS
Healthcare Business Specialists

19

RuralHealthClinic.com
Experienced Knowledge

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.

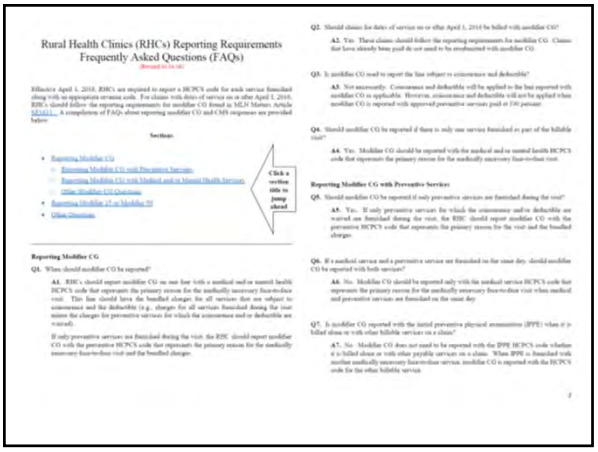
Payment for RHC services will continue to be made under the All-Inclusive Rate (AIR) system when all of the program requirements are met.

20

RuralHealthClinic.com
Experienced Knowledge

Description	Links
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

21


Rural Health Clinics (RHCs) Reporting Requirements
Frequently Asked Questions (FAQs)

22

RuralHealthClinic.com
Experienced Knowledge

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

23

23

RuralHealthClinic.com
Experienced Knowledge

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

24

24

RuralHealthClinic.com
Experienced Knowledge

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 2nd 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

25

25

RuralHealthClinic.com
Experienced Knowledge

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

26

26

RuralHealthClinic.com
Experienced Knowledge

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 pnu?	No

27

27

RuralHealthClinic.com
Experienced Knowledge

FAQ #	Question	CG Modifier
Q27	Does CG affect lab billing?	No.
Q28	How will the EOB 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

28

28

RuralHealthClinic.com
Experienced Knowledge

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

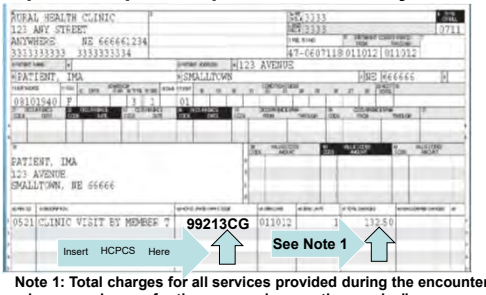
Number	Description or Guideline
1	A payable encounter (visit) should (not must) be included on the QVL. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Qualifying-Visit-List.pdf
2	Report appropriate HCPCS code for each service line.
3	Include the appropriate revenue code for all HCPCS code
4	HCPCS 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

29

29

RuralHealthClinic.com
Experienced Knowledge

Simple example of a patient with a only a 99213



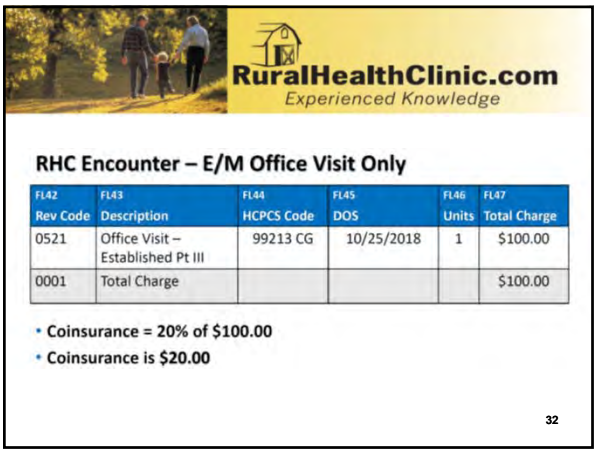
Note 1: Total charges for all services provided during the encounter, minus any charges for the approved preventive service"

30

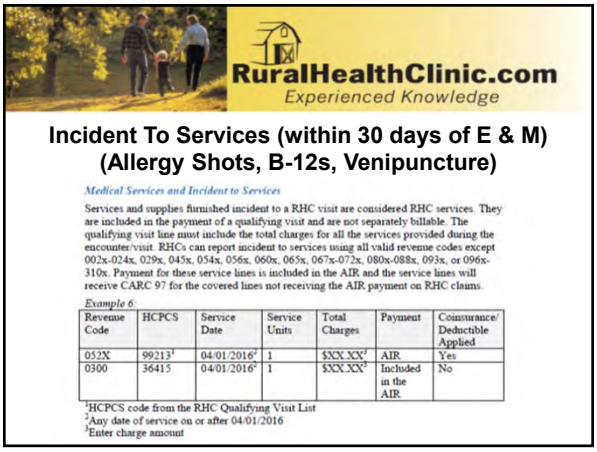
30

https://www.cgsmedicare.com/parta/pubs/news/2013/0213/cope21194.html#A

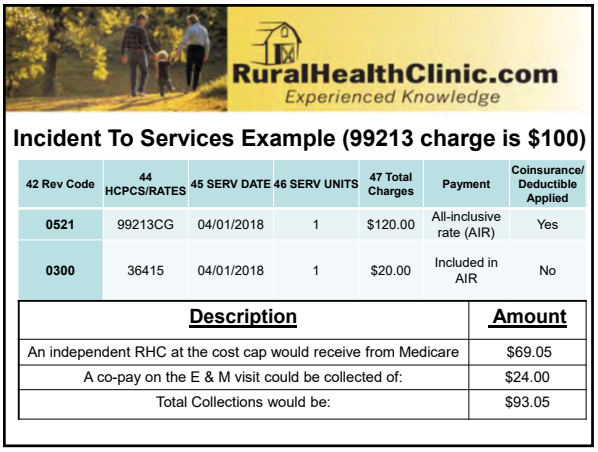
31



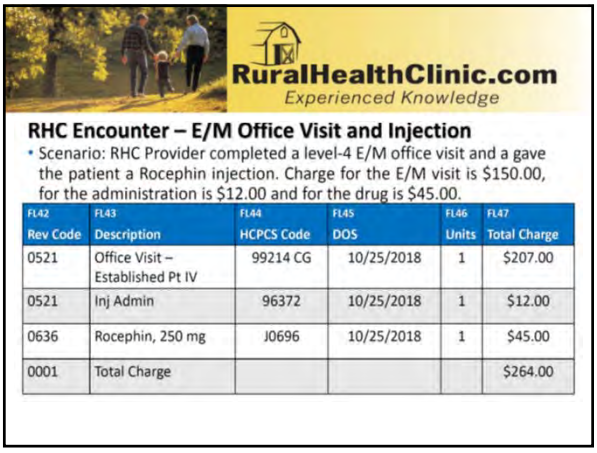
32



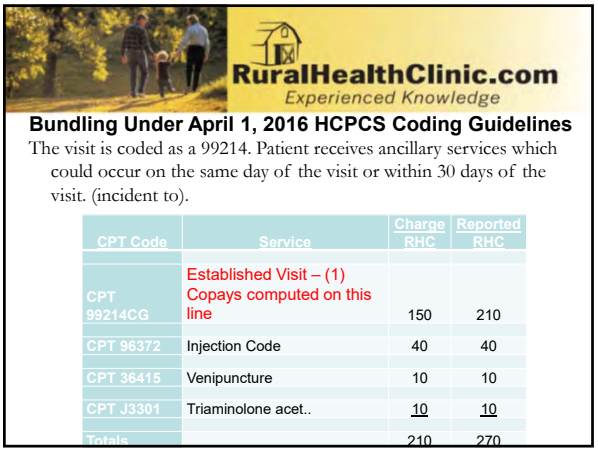
33



34



35



36

RuralHealthClinic.com
Experienced Knowledge

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.

CPT Code	Service	Charge RHC	Reported RHC
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		210	210.03

37

RuralHealthClinic.com
Experienced Knowledge

RHC Encounter – E/M Office Visit and EKG

- Scenario: RHC Provider completed a level-3 E/M office visit. While in the office, the provider also did an EKG. Charge for the E/M visit is $100.00, and for the professional fee for the EKG is $25.00.

FL42 Rev Code	FL43 Description	FL44 HCPCS Code	FL45 DOS	FL46 Units	FL47 Total Charge
0521	Office Visit – Established Pt III	99213 CG	10/25/2018	1	$125.00
0521	EKG, interpretation and report	93010	10/25/2018	1	$25.00
0001	Total Charge				$150.00

38

38

RuralHealthClinic.com
Experienced Knowledge

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

39

RuralHealthClinic.com
Experienced Knowledge

Non-RHC Services

40

40

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralChart.pdf

41

41

Table of Contents

TABLE OF CONTENTS

42

42

RHC Billing Summary

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Physician, Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Psychologist (CP), and Clinical Social Worker (CSW) Furnished Office Visits Services and Supplies (including Part B-Covered Drugs) Furnished Incident to a Physician, PA, NP, CNM, or CP Services Visiting Nurse Services Furnished to Homebound Patients in Home Health Shortage Areas Preventive Primary Health Services Transitional Care Management Services Advance Care Planning Services	Bill RHC practitioner medically necessary, face-to-face (one-on-one) medical, mental health, and qualified preventive health visits to your A/B MAC (A) when they take place in any of these locations: • The RHC • The patient's residence (including an assisted living facility) • A Medicare-covered Part A Skilled Nursing Facility • The scene of an accident Your MAC pays an all-inclusive rate (AIR) Bill professional services to your MAC. Encounters with more than one RHC practitioner on the same day, regardless of the length or complexity of the visit, or multiple encounters with the same RHC practitioner count as a single visit, **except** when the patient has: • An illness or injury requiring additional diagnosis or treatment after the first encounter • A qualified medical and mental health visit on the same day • An Initial Preventive Physical Examination (IPPE) and a separate medical and/or mental health visit on the same day	Except certain preventive services, deductible and coinsurance/coinsurance applies	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9

43

43

RHC Services

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Radiology and Diagnostics	Practitioners and facilities furnishing services separately bill the technical service components to their A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' identification (ID) number and non-RHC place of service (POS) codes The AIR includes the professional component and is not separately billable	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapters 4, 13, and 18
Telehealth Services	Bill the originating site facility fee to your MAC when the originating site is located in: • A county outside a Metropolitan Statistical Area • A rural Health Professional Shortage Area or a rural census tract	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 12
Clinical Laboratory Tests	Practitioners and facilities furnishing services separately bill the technical service components to their A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes AIR rules include venipuncture, so it is not separately billable	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 16 Medicare Claims Processing Manual Chapter 18
Supplies and Drugs	Bill authorized durable medical equipment, prosthetics, and orthotics according to DMEPOS requirements, but not supplies, your AIR payment covers the costs of supplies, drugs, and biologicals	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 16 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 20

44

44

CCM & Preventive Services

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Chronic Care Management (CCM); General Behavioral Health Integration (BHI); Services, and Psychiatric Collaborative Care Model (CoCM) Services	Bill your A/B MAC (A) using HCPCS code G0511 for CCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable RHC services on your claim	Copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
IPPEs	You may bill an IPPE furnished service visit. If an IPPE is furnished on the same day as another billable medical visit, two visits should be filed. Practitioners and facilities furnishing an IPPE technical service component can separately bill the A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Annual Wellness Visits (AWVs)	AIR payment covers the AWV furnished service. If an AWV is furnished on the same day as another billable medical visit, you can only bill one visit	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 13

45

45

Additional RHC Services

RURAL HEALTH CLINIC (RHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Diabetes Self-Management Training Medical Nutrition Therapy Services	AIR payment covers these stand-alone billable visits, and you may not separately bill them	Deductible and copayment/ coinsurance applies Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Influenza and Pneumococcal Vaccines	Your cost reports include the costs of vaccines and their administration, and payment is based on cost	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Hepatitis B Vaccines	The AIR payment includes the costs of vaccines, and you get no additional payment Bill vaccines and their administration as separate line items to your MAC	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

46

46

Virtual & Preventive RHC Services

RURAL HEALTH CLINIC (RHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Medicare-Covered Preventive Services	Bill Medicare-covered preventive services to your MAC. Bill only one Medicare-covered preventive service when furnished on same day as another billable medical visit, **except** an IPPE. Practitioners and facilities furnishing the preventive service technical component separately bill their services to A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes	Certain preventive services, deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 13 Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Virtual Communication Services	Bill HCPCS code G2012 (communications-based technology services) and HCPCS code G2010 (remote evaluation services) when the virtual communication HCPCS code, G0071, is on an RHC claim, either alone or with other payable services. Billing requirements include (1) Furnishing at least 5 minutes of these services by an FQHC practitioner to a patient that had a billable visit in that FQHC in the previous year, and (2) the remote discussion is for a condition unrelated to an FQHC service provided in the previous 7 days and does not require an FQHC service within the next 24 hours or soonter	Coinsurance and deductible applies to RHC claims	Medicare Benefit Policy Manual Chapter 13

47

47

NON-COVERED RHC ANCILLARY CHARGES

Lab/Radiology and the technical component of the EKG are not allowable charges in the RHC:	• Need to be separately billed to Medicare Part B for reimbursement • Venipuncture is RHC service (36415)
Free Standing RHC:	• Billed on the CMS-1500 with the RHC NPI
Provider Based RHC:	• Billed by the hospital on the UB-04 with the Hospital NPI
EKG billing:	• Is not billed globally under 93000 • Technical component 93005 billed to Medicare Part B • Professional component 93010 billed by RHC if provider interprets and documents report on same day as face-to-face visit

48

RuralHealthClinic.com
Experienced Knowledge

Non-RHC Services

- MCR excluded services, i.e. dental, hearing & eye tests = Patient responsibility
- DME - Must have DME provider number to bill items
- Emergency Room, Hospital Rounds, Admits- Part B Services
- Labs- Part B Services
- Noncovered services do not require an Advanced Beneficiary Notice, however one is encouraged.
- If all charges are noncovered, send 710 TOB with all charges as noncovered and condition code 21.
- Part D Drugs- www.mytransactrx.com

49

20. The six required lab tests to be certified as a rural health clinic are included in the AIR and can not be billed separately to Medicare Part B.

a. True
b. False

50

RuralHealthClinic.com
Experienced Knowledge

Laboratory services are not covered under the RHC benefit

All Laboratory services are not included under the RHC benefit including the six required laboratory tests.

51

51

RuralHealthClinic.com
Experienced Knowledge

What are the six laboratory tests required for Rural Health Clinic certification?

1. Chemical examinations of urine by stick or tablet method or both
2. Hemoglobin or hematocrit
3. Blood sugar
4. Examination of stool specimens for occult blood
5. Pregnancy tests
6. Primary culturing for transmittal to a certified laboratory (No CPT code available)

Reference: CMS Publication 100-04, Chapter 9, Section 130

52

52

RuralHealthClinic.com
Experienced Knowledge

Venipuncture – Lab Draw (36415)

Effective 1/1/2014, Venipuncture is covered by Part A and is included in the billing to Part A on the UB-04 Form. You can continue to charge for the service. It will increase the co-pay from the patient. MLM 8504.

53

53

RuralHealthClinic.com
Experienced Knowledge

Laboratory Services

CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 60.1

- Venipuncture is included in AIR and is not separately billable
- Laboratory services are not an RHC benefit and not included in AIR
  - Provider-based RHCs bill under parent provider to on UB-04 or 837I equivalent
  - Independent RHCs submit claim on CMS-1500 Claim Form or 837P equivalent

54

RuralHealthClinic.com
Experienced Knowledge

Independent RHC – Laboratory services

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Laboratory Except 36415	NA	1500	Fee for Service

55

55

RuralHealthClinic.com
Experienced Knowledge

Provider-based RHC Laboratory services are paid as follows in a PPS Hospital

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Laboratory Use the Hospital Outpatient Provider Number	131/141	UB-04	Fee-for-Service

56

56

RuralHealthClinic.com
Experienced Knowledge

Provider-based RHC Laboratory services are paid as follows in a CAH

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Laboratory Use the Hospital Outpatient Provider Number	851	UB-04	Cost

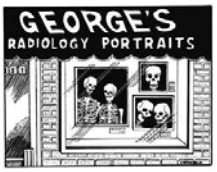
57

57

RuralHealthClinic.com
Experienced Knowledge

Diagnostic Tests are not covered under the RHC Benefit

Technical components were excluded under Public Law 95-10 establishing RHCs.



58

58

RuralHealthClinic.com
Experienced Knowledge

RHC Independent - Diagnostic Tests - Technical Component Only

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Radiology, EKG	NA	1500	Fee for service

59

59

RuralHealthClinic.com
Experienced Knowledge

RHC Provider-based - Diagnostic Tests - Technical Component Only – PPS

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Radiology, EKG	131	UB-04	Fee for service

60

60

RuralHealthClinic.com
Experienced Knowledge

RHC Provider-based - Diagnostic Tests - Technical Component Only – CAH

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Radiology, EKG	851	UB-04	Cost

61

61

RuralHealthClinic.com
Experienced Knowledge

Diagnostic Tests – Professional Components

Professional components are covered under the RHC benefit and are included on the UB-04 and billed to the RHC MAC. (they must be billed with a face to face encounter)

62

62

RuralHealthClinic.com
Experienced Knowledge

RHCs (Ind/Prov) -What happens to the professional component of Radiology?

SERVICES	BILL TYPE	CLAIM FORM	PAYMENT
Radiology, EKG	711	UB-04	Incident to. No visit

63

63

RuralHealthClinic.com
Experienced Knowledge

How to Bill EKGs

Modifier	Description	How to bill
93000	Global interpretation and technical component	Do not bill this way in a RHC.
93005	Technical Component	Bill to Part B – Paid on 1500 for Independent and use UB-04 and hospital outpatient provider number
93010	Interpretation	Bill on UB-04 (incident to – No visit)

64

RuralHealthClinic.com
Experienced Knowledge

Hospital Services are not covered under the RHC Benefit

Hospital services for independent and provider-based RHCs are billed on the 1500 form and paid fee for service.

65

65

21. A patient presents to the RHC and is admitted to the hospital the same day. Can you bill for both the RHC visit and hospital admission on the same day?

a. Yes
b. No

66

RuralHealthClinic.com
Experienced Knowledge

Can we bill a Hospital Admission and an Office Visit on the same day?

We asked CMS this question and their response was to bill it to the MAC and let them decide if it is payable or not. Most are paid; however, some do get rejected if the patient becomes observation instead of a hospital admission.

67

RuralHealthClinic.com
Experienced Knowledge

Flu and Pnu shots are paid very well in the RHC setting . Use a log on the cost report. Do NOT Bill!!!!

Average payment was $300 for pnuemococal. (Cost is $170)

Average payment was $50 for influenza in 2018. (Cost is 15)

Place Patient Name, MBI Number, and Date of Injection on a Log.

68

68

RuralHealthClinic.com
Experienced Knowledge

Ancillary Services and Incident to Billing

69

69

RuralHealthClinic.com
Experienced Knowledge

The Basics

Description	Type	Payment
E and M – Face to Face	RHC – Face to Face	AIR
Shots, Allergy shots, 99211s	RHC – Incident to or Ancillary services	Part of AIR. No extra payment from Medicare
Flu and Pnu	RHC – Do not bill	Paid extra money on cost report
Lab	Non-RHC	FFS
Diagnostic Tests	Non-RHC	FFS
Hospital Services	Non-RHC	FFS

70

70

RuralHealthClinic.com
Experienced Knowledge

Incident to

71

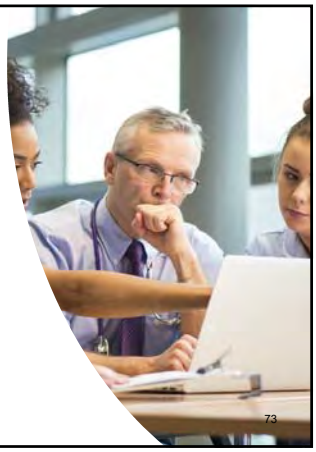
71

22. Incident to services must be provided with at least this type of supervision?

a. General
b. Direct
c. Personal

72

Types of Supervision



- **General supervision** means the service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually perform the diagnostic procedure and maintain the necessary equipment and supplies, is the physician's continuing responsibility.

73

73

Types of Supervision

Direct supervision in the *office* setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the service; however, the physician does not need to be in the room when the service is performed. Direct supervision is defined from the perspective of the *office* setting; therefore, you must determine whether the service in question is provided in an office setting (non-facility) or a facility setting. Direct supervision in an outpatient hospital setting is defined differently.

Personal supervision means a physician must be in attendance in the room during the performance of the procedure.

74

74

RuralHealthClinic.com
Experienced Knowledge

Incident to Per TA Session

- Direct supervision by provider required
  - Must be in clinic, not in same room
  - being in the hosp when attached to clinic is NOT "incident to"
  - Exception is the Chronic Care Management services
- Part of provider's services previously ordered
  - integral, though incidental
  - covered as part of an otherwise billable encounter
  - I.e. dressing change, injection, suture removal, blood pressure monitoring

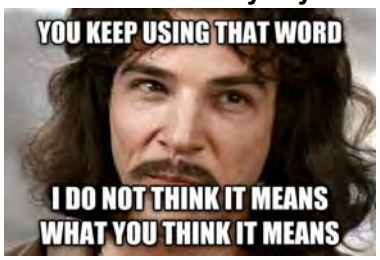
Medicare (Medicaid if State requires) services should be billed under the provider that performed the service unless it is an "incident to" service

75

75

RuralHealthClinic.com
Experienced Knowledge

Sometimes the words don't really mean what they say



76

76

RuralHealthClinic.com
Experienced Knowledge

120 - Services and Supplies Furnished "Incident to" Physician's Services

"Incident to" refers to services and supplies that are an integral, though incidental, part of the physician's professional service and are:

- **Commonly rendered without charge and included in the RHC payment;**
- **Commonly furnished in an outpatient clinic setting;**
- **Furnished under the physician's direct supervision; except for authorized care management services which may be furnished under general supervision; and**
- **Furnished by RHC auxiliary personnel.**

77

77

RuralHealthClinic.com
Experienced Knowledge

120.3 - Payment for Incident to Services

120.3 - Payment for Incident to Services and Supplies (Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18) Services that are covered by Medicare but do not meet the requirements for a medically necessary or qualified preventive health visit with an RHC practitioner (e.g., blood pressure checks, allergy injections, prescriptions, nursing services, etc.) are considered incident to services. The cost of providing these services may be included on the cost report, but the provision of these services does not generate a billable visit. Incident to services provided on a different day as the billable visit may be included in the charges for the visit if furnished in a medically appropriate timeframe.

78

78

RuralHealthClinic.com
Experienced Knowledge

120.3 - Payment for Incident to Services

Incidental services or supplies must represent an expense incurred by the RHC or FQHC. For example, if a patient purchases a drug and the physician administers it, the cost of the drug is not covered and cannot be included on the cost report. If a Medicare-covered Part B drug is furnished by an RHC or FQHC practitioner to a Medicare patient as part of a billable visit, the cost of the drug and its administration is included in the RHC's AIR or the FQHC's PPS payment.

RHCs and FQHCs cannot bill separately for Part B drugs or other incident to services or supplies.

79

79

23. In RHCs NPs, PAs, and CNMs can always be the person providing direct supervision for incident to services.

a. True

b. False

80

RuralHealthClinic.com
Experienced Knowledge

140 - Services and Supplies Furnished Incident to NP, PA, and CNM Services

NOTE: The direct supervision requirement is met in the case of an NP, PA, or CNM who supervises the furnishing of the service **only if such a person is permitted to exercise such supervision under the written policies governing the RHC**. Services and supplies covered under this provision are generally the same as described in section 120 as incident to a physician's services and include services and supplies incident to the services of an NP, PA, or CNM.

81

81

RuralHealthClinic.com
Experienced Knowledge

Incident to Billing in RHCs The Options

#	Description
1	Include the charges with a face to face visit within 30 days by: A. Holding claims B. Adjusting claims
2.	Writing the service off and not bill.
3.	Set up non-rhc hours and perform during that time. A. Must treat everyone the same (Non-Medicare) B. Must exclude cost and visits from cost report. C. Avoid commingling issues

82

82

The 30-Day Rule – Incident to

- **Incident to services can be combined with claims with visits within 30 days. List only the date of the visit.**

83

83

RuralHealthClinic.com
Experienced Knowledge

Change of Charges

For Incident to billing

1. **Use Bill Type 0717**
2. **Use Condition Code D1 in FL 18-28**
3. **Place DCN in FL64 (Document Control Number)**
4. **In Remarks indicate "Change of Charges"**

84

RuralHealthClinic.com
Experienced Knowledge

Non-RHC Hours – What you have heard?

1. Your going to jail.
2. Its complicated
3. Cost Report Nightmare
4. AIR will go down.

85

85

RuralHealthClinic.com
Experienced Knowledge

Non-RHC Hours - Reality

1. No one is going to jail
2. Not that hard
3. Cost Report is designed for it.
4. AIR will not go down if done correctly

86

86

RuralHealthClinic.com
Experienced Knowledge

Keys to making it work

1. Treat everyone the same
2. Keep up with Non-RHC visits
3. Place a sign on the door indicating times
4. Notify your Cost Report Person.

87

87

RuralHealthClinic.com
Experienced Knowledge

Keys to making it work

1. Treat everyone the same
2. Keep up with Non-RHC visits
3. Place a sign on the door indicating times
4. Notify your Cost Report Person.

88

88

RuralHealthClinic.com
Experienced Knowledge

What services can be done during Non-RHC Hours

99214	Trigger Point Injections
99215	Procedures
36415	Allergy Shots
AWE	Nurse Only Visits
IPPE	TCM

89

89

RuralHealthClinic.com
Experienced Knowledge

What services can be done during Non-RHC Hours

99214	Trigger Point Injections
99215	Procedures
36415	Allergy Shots
AWE	Nurse Only Visits
IPPE	TCM

90

90

RuralHealthClinic.com
Experienced Knowledge

91

91

RuralHealthClinic.com
Experienced Knowledge

100 – Commingling

Commingling refers to the sharing of RHC space, staff (employed or contracted), supplies, equipment, and/or other resources with an onsite Medicare Part B or Medicaid fee-for-service practice operated by the same RHC physician(s) and/or non-physician(s) practitioners. Commingling is prohibited in order to prevent:

- Duplicate Medicare or Medicaid reimbursement (including situations where the RHC is unable to distinguish its actual costs from those that are reimbursed on a fee-for-service basis), or
- **Selectively choosing a higher or lower reimbursement rate for the services.**

92

92

24. An RHC can set aside a separate treatment room to perform procedures and bill Medicare Part B Fee for service during RHC hours.

a. True

b. False

93

RuralHealthClinic.com
Experienced Knowledge

No Magic Part B Room – Treatment Room

RHC practitioners may not furnish or separately bill for RHC covered professional services as a Part B provider in the RHC, or in an area outside of the certified RHC space such as a treatment room adjacent to the RHC, during RHC hours of operation. If an RHC practitioner furnishes an RHC service at the RHC during RHC hours, the service must be billed as an RHC service. **The service cannot be carved out of the cost report and billed to Part B.**

94

94

RuralHealthClinic.com
Experienced Knowledge

Costs must be properly allocated

If an RHC is located in the same building with another entity such as an unaffiliated medical practice, x-ray and lab facility, dental clinic, emergency room, etc., the RHC space must be clearly defined. If the RHC leases space to another entity, all costs associated with the leased space must be carved out of the cost report.

95

95

RuralHealthClinic.com
Experienced Knowledge

Sharing Services - Commingling

RHCs that share resources (e.g., waiting room, telephones, receptionist, etc.) with another entity must maintain accurate records to assure that all costs claimed for Medicare reimbursement are only for the RHC staff, space, or other resources. Any shared staff, space, or other resources must be allocated appropriately between RHC and non-RHC usage to avoid duplicate reimbursement.

96

96


HBS
Healthcare Business Specialists
Questions/Comments
Azalea HEALTH
chartspan

97