# RHC BILLING 301:
# BEYOND ANNUAL WELLNESS VISITS

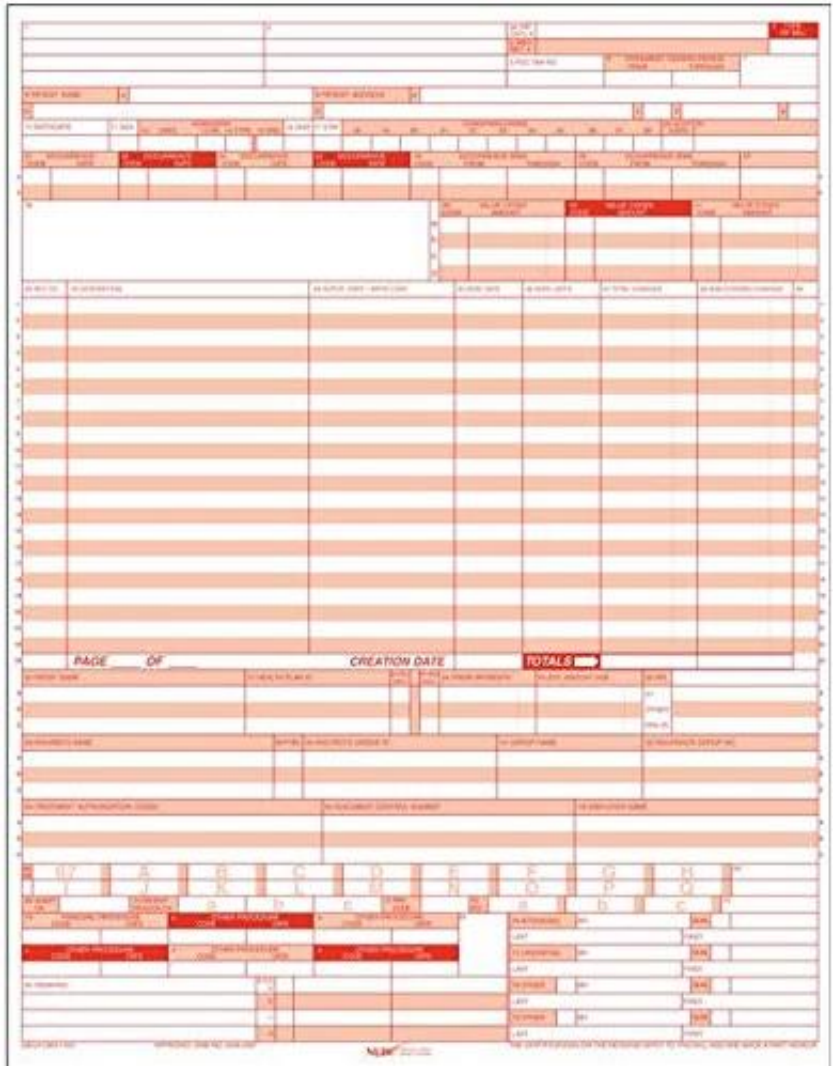
Charles A. James, Jr.

President and CEO

North American HMS

# CLAIM SCENARIOS AND REMIT SAMPLES

- ✓ Setting Fees
- ✓ Properly Reporting Preventive Services
- ✓ “Same-Day” vs “Stand-Alone”
- ✓ Stand-Alone Preventive with Clinical Visit
- ✓ Reporting ADDITIONAL Preventive Services!!!
- ✓ G2025 and Medicare Telehealth



# PATIENT FEE SCHEDULE (CHARGE MASTER)

RHCs regulations do not address how to set fees, other than to use “reasonable and customary fees”.

Common methods of setting the fee schedule are:

- “RBRVS” calculations, or
- 100 – 250% of the Medicare Fee Schedule

# SETTING FEES USING THE MEDICARE ALLOWABLE

- ✓ Using the Medicare fee schedule is a common method for determining patient charges. The selected multiplier is applied to the Medicare allowable to create the clinic fee.
- ✓ Payers use RBRVS calculations or percentages of the Medicare allowable to determine payments.
- ✓ Common multipliers are 1.5, 2.0, and 2.5.

# MEDICARE FEE SCHEDULE COMPONENTS

- ✓ Ambulance Fee Schedule
- ✓ Clinical Laboratory Fee Schedule
- ✓ Durable Medical Equipment, Prosthetics/Orthotics & Supplies Fee Schedule
- ✓ Physician Fee Schedule
- ✓ All Fee-for-service Providers
- ✓ ASP Drug Pricing Files

# LOCALITY FILE

- ✓ This file maps zip codes CMS/MAC localities.
- ✓ Locality 99 is used to lookup rural fee schedules.

# PHYSICIAN FEE SCHEDULE

- ✓ Par Amount is “Participating Amount”. Use this column.
- ✓ The ‘#’ symbol represents the reduced “facility” allowable. Do NOT use this entry.

**WPS Government Health Administrators**
**2023 Medicare Physician Fee Schedule for Missouri Locality 99**
**Effective January 1, 2023**



Participating Anesthesia Conversion Factor for Missouri Locality 99 = $20.50

# - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING
C - THE PAYMENT FOR THE TECHNICAL COMPONENT IS CAPPED AT THE OPPS AMOUNT.
- LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.

| NOTE | PROCEDURE | MOD | PAR AMOUNT | NON-PAR AMOUNT | LIMITING CHARGE |
|---|---|---|---|---|---|
| | 98977 | | 42.90 | 40.76 | 46.87 |
| | 98980 | | 45.41 | 43.14 | 49.61 |
| # | 98980 | | 29.47 | 28.00 | 32.20 |
| | 98981 | | 36.96 | 35.11 | 40.38 |
| # | 98981 | | 28.85 | 27.41 | 31.52 |
| | 99091 | | 51.89 | 49.30 | 56.70 |
| | 99151 | | 54.67 | 51.94 | 59.73 |
| # | 99151 | | 23.38 | 22.21 | 25.54 |
| | 99152 | | 44.75 | 42.51 | 48.89 |
| # | 99152 | | 12.01 | 11.41 | 13.12 |
| | 99153 | | 9.59 | 9.11 | 10.48 |
| | 99155 | | 80.34 | 76.32 | 87.77 |
| | 99156 | | 73.29 | 69.63 | 80.07 |
| | 99157 | | 59.34 | 56.37 | 64.83 |
| | 99170 | | 149.02 | 141.57 | 162.81 |
| # | 99170 | | 81.51 | 77.43 | 89.04 |
| | 99175 | | 26.09 | 24.79 | 28.51 |
| | 99183 | | 101.75 | 96.66 | 111.16 |
| | 99184 | | 205.98 | 195.68 | 225.03 |
| | 99195 | | 84.12 | 79.91 | 91.90 |
| | 99202 | | 66.99 | 63.64 | 73.19 |
| # | 99202 | | 45.84 | 43.55 | 50.08 |
| | 99203 | | 104.61 | 99.38 | 114.29 |
| # | 99203 | | 79.11 | 75.15 | 86.42 |
| | 99204 | | 156.26 | 148.45 | 170.72 |
| # | 99204 | | 127.29 | 120.93 | 139.07 |
| | 99205 | | 206.59 | 196.26 | 225.70 |
| # | 99205 | | 172.69 | 164.06 | 188.67 |
| | 99211 | | 20.89 | 19.85 | 22.83 |
| # | 99211 | | 8.43 | 8.01 | 9.21 |
| | 99212 | | 52.21 | 49.60 | 57.04 |
| # | 99212 | | 33.96 | 32.26 | 37.10 |
| | 99213 | | 84.19 | 79.98 | 91.98 |
| # | 99213 | | 63.04 | 59.89 | 68.87 |

# PHYSICIAN FEE SCHEDULE

- ✓ Par Amount is “Participating Amount”. Use this column.
- ✓ The ‘#’ symbol represents the reduced “facility” allowable. Do NOT use this entry.

**WPS Government Health Administrators**
**2023 Medicare Physician Fee Schedule for Missouri Locality 99**
**Effective January 1, 2023**



Participating Anesthesia Conversion Factor for Missouri Locality 99 = $20.50

# - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING
C - THE PAYMENT FOR THE TECHNICAL COMPONENT IS CAPPED AT THE OPPS AMOUNT.
- LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.

| NOTE | PROCEDURE | MOD | PAR AMOUNT | NON-PAR AMOUNT | LIMITING CHARGE |
|---|---|---|---|---|---|
| | 99214 | | 119.46 | 113.49 | 130.51 |
| # | 99214 | | 93.10 | 88.45 | 101.72 |
| | 99215 | | 167.92 | 159.52 | 183.45 |
| # | 99215 | | 136.63 | 129.80 | 149.27 |
| | 99221 | | 79.56 | 75.58 | 86.92 |
| | 99222 | | 124.67 | 118.44 | 136.21 |
| | 99223 | | 166.24 | 157.93 | 181.62 |
| | 99231 | | 47.66 | 45.28 | 52.07 |
| | 99232 | | 75.80 | 72.01 | 82.81 |
| | 99233 | | 114.06 | 108.36 | 124.61 |
| | 99234 | | 94.71 | 89.97 | 103.47 |
| | 99235 | | 152.74 | 145.10 | 166.87 |
| | 99236 | | 200.36 | 190.34 | 218.89 |
| | 99238 | | 76.79 | 72.95 | 83.89 |
| | 99239 | | 109.05 | 103.60 | 119.14 |
| | 99281 | | 11.43 | 10.86 | 12.49 |
| | 99282 | | 40.65 | 38.62 | 44.41 |
| | 99283 | | 69.86 | 66.37 | 76.33 |
| | 99284 | | 117.61 | 111.73 | 128.49 |
| | 99285 | | 171.26 | 162.70 | 187.11 |
| | 99291 | | 258.32 | 245.40 | 282.21 |
| # | 99291 | | 205.59 | 195.31 | 224.61 |
| | 99292 | | 114.25 | 108.54 | 124.82 |
| # | 99292 | | 103.24 | 98.08 | 112.79 |
| | 99304 | | 76.50 | 72.68 | 83.58 |
| | 99305 | | 126.72 | 120.38 | 138.44 |
| | 99306 | | 173.42 | 164.75 | 189.46 |
| | 99307 | | 37.40 | 35.53 | 40.86 |
| | 99308 | | 70.29 | 66.78 | 76.80 |
| | 99309 | | 100.89 | 95.85 | 110.23 |
| | 99310 | | 145.30 | 138.04 | 158.75 |
| | 99315 | | 77.35 | 73.48 | 84.50 |
| | 99316 | | 124.98 | 118.73 | 136.54 |
| | 99341 | | 46.70 | 44.37 | 51.03 |

# SETTING THE 99213 CHARGE

| CPT Code | 2023 WPS MO LOC 99 Allowable | Multiplier | Fee |
|---|---|---|---|
| 99213 | 84.19 | 125% | $105.23/$106 |
| | | 150% | $126.28/$126 |
| | | 175% | $147.33/$148 |
| | | 200% | $168.38/$169 |
| | | 250% | $210.47/$211 |

# SETTING THE 99214 CHARGE

| CPT Code | 2023 WPS MO LOC 99 Allowable | Multiplier | Fee |
|---|---|---|---|
| 99214 | 119.46 | 125% | $149.325/$149 |
| | | 150% | $179.19/$180 |
| | | 175% | $209.055/$210 |
| | | 200% | $238.92/$239 |
| | | 250% | $298.65/$299 |

# MOST RHCS ARE NOT REPORTING QUALITY VISITS CORRECTLY.

ONE IN TEN REVIEWED BY THE AUTHOR HAVE BEEN CORRECT.

# COMMON MISCONCEPTIONS

An RHC claim MUST have an Evaluation and Management code: FALSE.

Only one encounter is paid, so we CANNOT provide a sick visit and AWV/SAWV at the same time: FALSE.

In most circumstances, only one encounter is PAYABLE. All are REPORTABLE!

# PATIENT TRANSPORTATION SECURITY

CMS does NOT allow a policy of requiring patients to return on a different day/time in order to provide annual wellness visits, or vice-versa.

CMS wants us to treat the patient while they are there.

There IS flexibility for Medical Judgement.

# PROVIDING ANNUAL WELLNESS VISITS AND SICK VISITS

Often patients come to the RHC and want an Annual Wellness visit, but they are SICK. It is often impossible to perform an annual wellness visit on someone with multiple, raging chronic conditions.

This is when medical judgement and patient needs override the need to meet quality metrics.

# WHAT WE ALREADY KNOW: QUALIFYING VISITS

Medical Services RHCs shall report one service line per encounter/visit with revenue code 052X and a qualifying medical visit from the RHC Qualifying Visit List. Payment and applicable coinsurance and/or deductible shall be based upon the qualifying medical visit line.

## RHC Qualifying Visit List

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

# MEDICARE PREVENTIVE SERVICES (MPS)

"RHCs and FQHCs are paid for the professional component of allowable preventive services when all of the program requirements are met and frequency limits (where applicable) have not been exceeded. The beneficiary copayment and deductible (where applicable) is waived by the Affordable Care Act for the IPPE and AWV, and for Medicare-covered preventive services recommended by the USPSTF with a grade or A or B."

**Medicare Benefit Policy Manual – Chapter 13**

**220 - Preventive Health Services**

# CG MODIFIER PLACEMENT

"Modifier CG should only be used to indicate which revenue code 052x and/or 0900 service line should receive the all-inclusive rate (AIR) and be subject to coinsurance and deductible."

RHC Qualifying Visit List

# DEDUCT PREVENTIVE SERVICES FROM CG LINE!!

## RHC QVL FAQ: THE BEST RHC BUNDLING RESOURCE!

- ✓ The qualifying visit line should be the ***sum of all RHC charges minus any preventive services***.

When one or more qualified preventive service is provided as part of a RHC visit, charges for these services must be deducted from the total charge for purposes of calculating beneficiary copayment and deductible.

# ARE “ROUTINE” VISITS THE SAME AS AWV? NO!

## Medicare Physical Exams Coverage

### Initial Preventive Physical Exam (IPPE)

Review of medical and social health history and preventive services education.

✓ New Medicare patients within 12 months of first Part B coverage period

✓ Patients pay nothing (if provider accepts assignment)

### Annual Wellness Visit (AWV)

Visit to develop or update a Personalized Prevention Plan (PPP) and perform a Health Risk Assessment (HRA).

✓ Covered once every 12 months

✓ Patients pay nothing (if provider accepts assignment)

### Routine Physical Exam

Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury.

✗ Medicare doesn’t cover a routine physical (it’s prohibited by statute), but the IPPE, AWV, or other Medicare benefits cover certain routine physical elements

✗ Patients pay 100% out-of-pocket

# RHC QUALIFYING VISIT LIST

"RHCs are allowed to report additional 052x or 0900 revenue code lines."

RHC Qualifying Visit List

| *Approved Preventive Health Services* | |
|---|---|
| **HCPCS Code** | **Short Descriptor** |
| *99406*[4] | *Behav chng smoking 3-10 min* |
| *99407*[4] | *Behav chng smoking > 10 min* |
| G0101 | Ca screen; pelvic/breast exam |
| G0102[5] | Prostate ca screening; dre |
| G0117[5] | Glaucoma scrn hgh risk direc |
| G0118[5] | Glaucoma scrn hgh risk direc |
| G0296 | Visit to determ LDCT elig |
| G0402 | Initial preventive exam |
| G0436 | Tobacco-use counsel 3-10 min |
| G0437 | Tobacco-use counsel >10 |
| G0438 | Ppps, initial visit |
| G0439 | Ppps, subseq visit |
| G0442 | Annual alcohol screen 15 min |
| G0443 | Brief alcohol misuse counsel |
| G0444 | Depression screen annual |
| G0445 | High inten beh couns std 30 min |
| G0446 | Intens behave ther cardio dx |
| G0447 | Behavior counsel obesity 15 min |
| Q0091 | Obtaining screen pap smear |

# PREVENTIVE SERVICES AND SAME DAY BILLING

"RHC/FQHC can receive a separate payment for an encounter in addition to the payment for the [Certain Preventive Services] when they are performed on the same day."

The IPPE (G0402) is the only Medicare Preventive Service eligible for same-day billing.

# BILLING EXAMPLE: IPPE ONLY

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | IPPE | G0402 | 01/05/2023 | 1 | $ 200.00 |
| 0001 | Total Charge | | | | $ 200.00 |

"Modifier CG does not need to be reported with the IPPE HCPCS code whether it is billed alone or with other payable services on a claim. When IPPE is furnished with another medically necessary face-to-face service, modifier CG is reported with the HCPCS code for the other billable service." RHC Reporting FAQ

# BILLING EXAMPLE: IPPE PLUS OFFICE VISIT => 2 AIR PAYMENTS!

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Est Patient Level 4 | 99214CG | 01/05/2023 | 1 | $ 150.00 |
| 0521 | IPPE | G0402CG | 01/05/2023 | 1 | $ 200.00 |
| 0001 | Total Charge | | | | $ 350.00 |

"When IPPE is furnished with another medically necessary face-to-face service, modifier CG is reported with the HCPCS code for the other billable service."

RHC Reporting FAQ

## STAND ALONE ENCOUNTERS

The beneficiary coinsurance and deductible may be waived, depending on the service rendered.

- ✓ Annual Wellness Visit (AWV) and Personalized Prevention Plan Services (PPPS)
- ✓ Subsequent Annual Wellness Visit
- ✓ Advanced Care Planning
- ✓ Medicare Preventive Screenings

# RHC QUALIFYING VISIT LIST

"RHCs are allowed to report additional 052x or 0900 revenue code lines."

RHC Qualifying Visit List

| *Approved Preventive Health Services* | |
|---|---|
| **HCPCS Code** | **Short Descriptor** |
| *99406*[4] | *Behav chng smoking 3-10 min* |
| *99407*[4] | *Behav chng smoking > 10 min* |
| G0101 | Ca screen; pelvic/breast exam |
| G0102[5] | Prostate ca screening; dre |
| G0117[5] | Glaucoma scrn hgh risk direc |
| G0118[5] | Glaucoma scrn hgh risk direc |
| G0296 | Visit to determ LDCT elig |
| G0402 | Initial preventive exam |
| G0436 | Tobacco-use counsel 3-10 min |
| G0437 | Tobacco-use counsel >10 |
| G0438 | Ppps, initial visit |
| G0439 | Ppps, subseq visit |
| G0442 | Annual alcohol screen 15 min |
| G0443 | Brief alcohol misuse counsel |
| G0444 | Depression screen annual |
| G0445 | High inten beh couns std 30 min |
| G0446 | Intens behave ther cardio dx |
| G0447 | Behavior counsel obesity 15 min |
| Q0091 | Obtaining screen pap smear |

# BILLING EXAMPLE: ANNUAL WELLNESS VISIT

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Annual Wellness Visit | G0438CG | 04/02/2022 | 1 | $ 120.00 |
| 0001 | Total Charge | | | | $ 120.00 |

"If only preventive services for which the coinsurance and/or deductible are waived are furnished during the visit, the RHC should report modifier CG with the preventive HCPCS code that represents the primary reason for the visit."

RHC Reporting FAQ

# PREVENTIVE SERVICES AND STAND-ALONE ENCOUNTERS

- ✓ Other preventive screenings are “stand-alone” encounters.
- ✓ If a “stand-alone” encounter is the only service rendered on a particular date of service, then it will be paid at the AIR.
- ✓ If it is furnished on the same day as another medical visit, it is not a separately ***payable*** visit – BUT IT SHOULD BE REPORTED!
- ✓ No beneficiary coinsurance and deductible is applied, depending on the service rendered.

# STAND ALONE ENCOUNTERS

"Stand Alone" encounter is the only service rendered on a particular date of service, then it will be paid at the AIR.

Stand-Alone Encounters on the same RHC claim as another is not separately reimbursed.

IT SHOULD/MUST BE REPORTED on the RHC claim!!

# BILLING EXAMPLE: OFFICE VISIT W/ ANNUAL WELLNESS VISIT

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Est Patient Level 4 | 99214CG | 04/02/2022 | 1 | $ 150.00 |
| 0521 | Subs AWV | G0439 | 04/02/2022 | 1 | $ 120.00 |
| 0001 | Total Charge | | | | $ 270.00 |

"Modifier CG should be reported only with the medical service HCPCS code that represents the primary reason for the medically necessary face-to-face visit when medical and preventive services are furnished on the same day."

RHC Reporting FAQ

# HOW TO INTEGRATE NURSES INTO ANNUAL WELLNESS VISITS

AWVs include Personalized Care Plan and Health Risk Assessment.

- ✓ Patient performed questionnaires are acceptable for Health Risk Assessments (HRA).
- ✓ Nurses can review patient performed HRA and document review.

# PROVIDER PORTION OF AWV

In order to bill an RHC encounter, the billing RHC provider will approve Care Plan, provide final patient evaluation, and sign encounter.

***If a clinical visit has already been performed***: report a nurse-performed or a provider-performed SAWV on the UB04.

# WHERE DO NURSES FIT IN?

Nurses can perform Subsequent AWVs.

- ✓ An AWV/SAWV on the same day as a clinical visit with an RHC provider SHOULD be submitted on a claim, even though only one encounter will be paid.
- ✓ A nurse-performed SAWV on the same day as a clinical visit **SHOULD BE REPORTED ON THE RHC ENCOUNTER**!!

# WHERE DO NURSES FIT IN?

Nurses can perform Subsequent AWVs.

- ✓ An AWV/SAWV without a clinical visit SHOULD NEVER be submitted on a claim by itself.
- ✓ A nurse-performed SAWV without a visit by an RHC provider **SHOULD NEVER BE REPORTED AS AN RHC ENCOUNTER**!!

# ADVANCED CARE PLANNING AND AWV: 99497 AND 99498

No copayment, coinsurance, or deductible for Advance Care Planning when provided as optional AWV element

- Bill using modifier –33 (Preventive Service) on same AWV claim
- Must deliver on same day by same AWV provider

# ADVANCED CARE PLANNING: 99497 AND 99498

## Patient Pays

**G0438 and G0439:**

- No copayment, coinsurance, or deductible

**G0468:**

- You must provide AWV or IPPE with a standard bundle of services available to all patients; get more information at section 60.2 of Medicare Claims Processing Manual, Chapter 9
- No copayment, coinsurance, or deductible

**99497 and 99498:**

- No copayment, coinsurance, or deductible for Advance Care Planning when provided as optional AWV element
  - Bill using modifier –33 (Preventive Service) on same AWV claim
  - Must deliver on same day by same AWV provider

## Other Notes

- Advance Care Planning is an optional preventive service when provided with an AWV.
  - You may deliver Advance Care Planning (ACP) outside the AWV multiple times in a year. You must document a patient's health change for each additional ACP service in a year.
  - Deductible and coinsurance apply when delivering ACP outside an AWV.
- Medicare Wellness Visits educational tool has more information.

# OFFICE VISIT AND ANNUAL WELLNESS VISIT/ACP

An established patient is seen and a qualifying visit of 99214 for $150 is generated. An Annual Wellness Visit was also performed for $120.00. A venipuncture was performed for $20.00.

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | OV Est 4 | 99214 CG | 1/9/2023 | 1 | $ 170.00 |
| 0521 | Annual Wellness Visit | G0438 | 1/9/2023 | 1 | $ 120.00 |
| 0521 | Advanced Care Planning | 99496 33 | 1/9/2023 | 1 | $ 100.00 |
| 0001 | Total Charge | | | | $ 390.00 |

- ✓ The charge for the AWV and ACP are NOT be bundled in the 99214 line.
- ✓ The AWV and ACP do not result in direct reimbursement.
- ✓ If properly reported, this visit represents 6.02 wRVUs!!

# BILLING EXAMPLE: WELL-WOMAN EXAM

Medicare does not pay a well-woman exams (99381-99387). An annual or subsequent wellness visit (G0438/G0439) is reported for the examination, plus the breast/pelvic exam (G0101), and the pap smear (Q0091). This visit would be paid as ONE encounter.

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Subsq AWV | G0439 CG | 04/02/2023 | 1 | $ 175.00 |
| 0521 | Breast/Pelvic | G0101 | 04/02/2023 | 1 | $ 75.00 |
| 0521 | Pap Smear | Q0091 | 04/02/2023 | 1 | $ 50.00 |
| 0001 | Total Charge | | | | $ 300.00 |

All Preventive Services are listed to capture quality measure and to report utilization to Medicare for COB. The patient is not responsible for any co-insurance or deductible for these Medicare Preventive Services.

# BILLING EXAMPLE: OFFICE VISIT WITH DIABETIC COUNSELING*

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Est Patient Level 4 | 99214CG | 04/02/2023 | 1 | $ 150.00 |
| 0521 | DSMT | G0108 | 04/02/2023 | 1 | $ 80.00 |
| 0521 | Medical Nutrition Therapy | 97803 | 04/02/2023 | 1 | $ 80.00 |
| 0001 | Total Charge | | | | $ 310.00 |

The MD/DO/NP/PA has seen the patient and a Diabetic Nurse Educator comes in to provide additional counseling and nutrition training.

*Coinsurance will be applied to this encounter!

# BILLING EXAMPLE: TOBACCO CESSATION!!!

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Est Patient Level 4 | 99214CG | 04/02/2023 | 1 | $ 150.00 |
| 0521 | Tobacco Cessation > 3 Min | 99406 | 04/02/2023 | 1 | $ 15.00 |
| 0001 | Total Charge | | | | $ 165.00 |

- ✓ Tobacco Cessation will not increase co-insurance.
- ✓ Charges for Preventive Services are NEVER bundled with the CG Line Item.
- ✓ 99406 is for information only, but critically important to report!

# BILLING EXAMPLE: TOBACCO CESSATION!!!

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Tobacco Cessation > 3 Min | 99406 | 04/02/2023 | 1 | $ 15.00 |
| 0001 | Total Charge | | | | $ 15.00 |

ANY of the Stand-Alone Medicare Preventive Screenings are paid as RHC Encounters when no other services are rendered. Co-Ins is not applied.

# NCD 210.9 SCREENING FOR DEPRESSION IN ADULTS

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Depression Screening | G0444 | 12/02/2023 | 1 | $ 15.00 |
| 0001 | Total Charge | | | | $ 15.00 |

Effective for claims with dates of service on or after October 14, 2011, CMS will cover annual screening *up to 15 minutes for Medicare beneficiaries when staff-assisted depression care supports are in place to assure accurate diagnosis, effective* treatment, and follow-up. At a minimum level, staff-assisted supports consist of clinical staff (e.g., nurse, physician assistant) in the primary care setting who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment.

Screening for Depression in Adults 210.9

# NCD 210.8 SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS IN PRIMARY CARE TO REDUCE ALCOHOL MISUSE

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Brief Alcohol Screening | G0443 | 12/02/2023 | 1 | $ 15.00 |
| 0001 | Total Charge | | | | $ 15.00 |

Effective for claims with dates of service on or after October 14, 2011, CMS will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries, including pregnant women:

See Here for further covered indications:  Alcohol Misuse Screening 210.8

# BILLING EXAMPLE: IBT OBESITY

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | IBT Obesity | G0447 | 01/05/2023 | 1 | $ 100.00 |
| 0001 | Total Charge | | | | $ 100.00 |

**Frequency:**

We pay up to 22 visits billed with codes G0447 and G0473, combined, in a 12-month period:

- First month: 1 face-to-face visit every week.
- Months 2–6: 1 face-to-face visit every other week.
- Months 7–12: 1 face-to-face visit every month if patient meets certain requirements.

# BILLING EXAMPLE: OFFICE VISIT WITH PREVENTIVE SERVICES

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|---|---|---|---|---|---|
| 0521 | Est Patient Level 4 | 99214 CG | 04/02/2022 | 1 | $ 150.00 |
| 0521 | Advanced Care Planning | 99497 | 04/02/2022 | 1 | $ 75.00 |
| 0521 | Alcohol Screening | G0422 | 04/02/2022 | 1 | $ 50.00 |
| 0521 | IBT for Obesity | G0447 | 04/02/2022 | 1 | $ 50.00 |
| 0001 | Total Charge | | | | $ 325.00 |

Modifier CG identifies the line service for which co-insurance and deductible should be applied. The additional preventive services are for information only.

# MEDICARE PREVENTIVE SERVICES CHART

# WHAT INCENTIVE DO PROVIDERS HAVE? RVUS.

2023 National Physician Fee Schedule Relative Value File

| HCPCS | MOD | DESCRIPTION | RVU |
|---|---|---|---|
| G0438 | | Ppps, initial visit | 2.60 |
| G0439 | | Ppps, subseq visit | 1.92 |
| G0442 | | Annual alcohol screen 15 min | 0.18 |
| G0443 | | Brief alcohol misuse counsel | 0.45 |
| G0444 | | Depression screen annual | 0.18 |
| G0445 | | High inten beh couns std 30m | 0.45 |
| G0446 | | Intens behave ther cardio dx | 0.45 |
| G0447 | | Behavior counsel obesity 15m | 0.45 |
| 99406 | | Behav chng smoking 3-10 min | 0.24 |
| 99407 | | Behav chng smoking > 10 min | 0.50 |
| 99497 | | Advncd care plan 30 min | 1.50 |
| 99498 | | Advncd care plan addl 30 min | 1.40 |

2023 National Physician Fee Schedule Relative Value File

| HCPCS | DESCRIPTION | RVU |
|---|---|---|
| 99202 | Office New Patient SF | 0.93 |
| 99203 | Office New Patient LOW | 1.60 |
| 99204 | Office New Patient MOD | 2.60 |
| 99205 | Office New Patient HIGH | 3.50 |
| 99211 | Nurse Visit | 0.18 |
| 99212 | Office Est SF | 0.70 |
| 99213 | Office Est LOW | 1.30 |
| 99214 | Office Est MOD | 1.92 |
| 99215 | Office o/p est HIGH | 2.80 |

# HCC CODES: THE DIAGNOSTIC PORTION OF THE AWV

Paraphrasing AAFP HCC Coding:

Hierarchical condition category (HCC) coding is a risk-adjustment model originally designed to estimate future health care costs for patients.

# INFLUENZA (G0008) AND PNEUMOCOCCAL AND VACCINES (G0009)

Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost ***through the cost report***.

- ✓ No line items should be billed.
- ✓ These costs should not be included on a claim.
- ✓ These are the only injections that are payable outside of RHC claims.
- ✓ The beneficiary coinsurance and deductible are waived.
- ✓ MOST Medicaid plans do NOT cover Flu and Pneumo.

# ANNUAL WELLNESS VISITS AND TELEPHONE ONLY

For the duration of the public health emergency, the AWV may be administered using audio-only technology, if a video connection with the patient is not possible. If the patient can self-report elements of the AWV (i.e., height. weight, blood pressure, other measurements deemed appropriate based on medical and family history), those measurements may be included and recorded in the medical record as reported by the patient.

SE20016

# MEDICARE *TELEPHONE ONLY VISITS*

RHCs and FQHCs ***can*** furnish and bill for these services using HCPCS code G2025. To bill for these services:

- ✓ at least 5 minutes of telephone E/M service by a physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian.
- ✓ These services cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

# SE20016 REVISED: CS – MODIFIER

## CS - Cost-sharing waived:

- ✓ **for specified COVID-19** testing-related services that result in and order for or administration of a COVID-19 test, **and/or**
- ✓ *for **cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics** and Federally Qualified Health Centers during the COVID-19 public health emergency.*

# TELEHEALTH CO-INSURANCE AND DEDUCTIBLE

Medicare WILL apply cost-sharing (co-insurance and deductible) to Telehealth services unless the are COVID-related, or preventive services.

# QUESTION – ANNUAL WELLNESS VS CLINICAL WITH G2025:

How do you track detail for Telehealth services reported to Medicare with G2025?

Answer: Good Question. It is the author's recommendation to post the detail using a zero charge and suppress the line item from submitting on the claim.

# QUESTION:  DOES MEDICARE COB WORK WHEN AWVS ARE PROVIDED VIA G2025?

- ✓ Answer:  NO.

# HOW ABOUT CPT LEVEL II CODES?

BEST PRACTICE:

Check with your MAC.

Submit relevant CPT II Codes on RHC claims for Medicare AND Medicare Advantage.

Line Item must be > $.00.  Recommend $.01.

DO NOT BUNDLE WITH CG Modifier!!!!!

# RHC - CMS RESOURCES

Medicare Claims Processing Manual – Chapter 9 RHC/FQHC Coverage Issues

www.cms.gov/manuals/downloads/clm104c09.pdf

Medicare Benefit Policy Manual – Chapter 13 RHC/FQHC

www.cms.gov/Regulations-and Guidance/Guidance/Manuals/Downloads/bp102c13.pdf

Medicare Claims Processing Manual UB04 Completion

www.cms.gov/manuals/downloads/clm104c25.pdf

Medicare Benefit Policy Manual- Chapter 15 Other Services

www.cms.gov/Regulations-and_Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

# RHC - CMS RESOURCES

See Rural Providers & Suppliers Billing_MLN006762. July 2021.

State Operations Manual Appendix G (Updated 2.10.20)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf

Care Management Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) FAQ

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf

# QUESTIONS? COMMENTS?

THANK YOU FOR BEING HERE THIS AFTERNOON!

# CONTACT INFORMATION

Charles A. James, Jr.

The Rural Advantage

Executive Director

314.968.0825/314.560.0098 Cell

charles@ruraladvantage.net

www.ruraladvantage.net