

# Independent RHC Billing

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*CPAs / ADVISORS*





## Independent RHC Billing Agenda

- RHC Encounters
- Payment for RHC Services
- Same Day Visits
- Revenue Codes
- CG Modifier & QVL
- Non-RHC Services
- Diagnostic Billing
- Non-Covered Services
- Care Management Services
- UB-04 Billing Examples

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# What is a RHC Visit?

- A medically necessary, face-to-face encounter with a physician (MD or DO), NP, PA, CNM, CP or CSW during which time at least one RHC service is provided to the patient.
- Services and supplies incident to a physician, NP, PA, CNM, CP and CSW.
  - Direct Supervision required
- Visiting nurse services to homebound (prior approval from CMS required) by RN/LPN

# What is a RHC Visit?

- Professional services provided by a billable/reimbursable provider:
  - Diagnosis
  - Therapy
  - Surgery
  - Consultation
  - Incident-to services: commonly provided in office (examples: drugs, administration, allergy shots)



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# What is a RHC Visit?

- Transitional Care Management (TCM) may qualify as a visit
  - Not separately payable when provided on the same day as another qualifying RHC encounter
- Advanced Care Planning (ACP) may qualify
- IPPE
- AWW/SWV may qualify if only service

# Location of an RHC Visit

- An RHC visit can occur in:
  - RHC
  - Patient's Home
  - Assisted Living Center
  - Skilled Nursing Facility
  - Scene of an accident



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# Payment for RHC Services in an Independent RHC

- Subject to the upper payment limit.
  - \$83.45 for 2018
- Certain services are reimbursed through the cost-report
  - Ex: Influenza/pneumococcal vaccines

# Deductible & Coinsurance

- Coinsurance is equal to 20% of the total billed charges on the claim
  - This is less any qualified preventive health services provided during the visit
- Deductible for 2018 is set at \$183.00



# Revenue Codes

- The following revenue codes can be used by the RHC:

Code	Description
0521	Clinic visit by member to RHC
0522	Home visit by RHC provider
0524	Visit by RHC provider to member in Part A SNF
0525	Visit by RHC provider to member in non-covered SNF, NF, ICF MR or other residential facility
0527	RHC Visiting Nurse Services
0528	Visit by RHC provider to other RHC site (e.g. scene of accident)
0780	Telehealth originating site
0900	Mental Health Services

# Revenue Codes (Cont.)

- For each HCPCS code reported on the claim, RHC should report the most applicable corresponding Revenue Code:
- Commonly used revenue codes:
  - 0300 – Venipuncture
  - 0361 – Minor Procedures
  - 0636 – Drugs requiring detailed coding

# HCPCS Codes & Place of Service

- RHCs are required to detail, line-item code for every service provided during the RHC encounter
  - The appropriate CPT/HCPCS code for the service provided should be included on the claim
- RHCs will primarily use Place of Service (POS) code 72 on their claims.

# Multiple Visits on the Same Day

- More than one practitioner on the same day
  - Including a specialist for further evaluation
  - Related or unrelated to subsequent visit
  - Scheduled or Unscheduled
  - Multiple evaluations with another practitioner on same day for different condition
  - **Payable as one visit unless exception applies**

# Multiple Visits on the Same Day

- Exceptions when two visit are billed:
  - Patient suffers illness or injury that requires additional diagnosis or treatment on same day
  - Example:
    - Patient has medical visit in the morning and returns to office later in the day due to an accident.
    - Apply modifier CG to first visit and modifier 59 to the subsequent visit.

# Multiple Visits on the Same Day

- Exceptions when two visits are billed:
  - Patient has medical visit and mental health visit on same day
  - 2 visits can be billed
  - CG modifier applied to both the medical visit and the mental health visit

# Multiple Visits on the Same Day

- Exceptions when multiple visits are billed:
  - Patient has IPPE, medical and mental health visit
    - Two or three visits can be billed
    - CG modifier should not be appended to the IPPE G-code, G0402
    - CG modifier is applicable for medical and/or mental health visit

# Multiple Visits on the Same Day

- An Annual Wellness visit or Subsequent Wellness visit and medical on same day
  - Only **ONE** visit reimbursed
  - Detail separately on UB-04



# CG Modifier

- Identifies the qualifying visit and indicates the line on the claim used to calculate coinsurance
- Typically, only one line of the claim requires the CG modifier.
- The principle exception to this is if you provide BOTH a Medicare covered medical visit and a Medicare covered mental health visit to the same patient during the same visit, then both lines would have the CG modifier.
- This is typically going to be the only time you'd have the CG modifier on the claim more than one.

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# Qualifying Visit List (QVL)

- Originally published by CMS on March 24, 2016 with billable RHC visits highlighted in **red**
- Qualifying visits became effective with the April 1, 2016 change, but were not payable until October 1, 2016
- CMS updated the QVL on August 1, 2016
- CMS instructed RHCs to hold claims with dates of service beginning on or after April 1<sup>st</sup> until the October 1<sup>st</sup> payable date
- QVL is only a suggestion for qualifying RHC visits; it is **not** an exhaustive list

# Non-RHC Services

Certain services are outside the scope of the RHC benefit. These are paid on a fee-for-service basis.

- Medicare excluded services;
- Technical components of FQHC services (e.g. diagnostic tests such as x-rays, EKGs, etc.);
- Laboratory services;
- Durable Medical Equipment (DME);
- Ambulance services;
- Prosthetic devices or body braces;
- Practitioner services at other Medicare facilities (e.g. hospital, emergency room, etc.);
- Telehealth distant-site services;
- Hospice services; and
- Group services.

# Imaging Components of RHC Services


- Applicable to diagnostic services such as x-rays and EKGs
- Services are billed separately to the appropriate MAC by clinic
- Professional component is billed considered a RHC service



# Billing for EKG in Independent RHC

When performed in a physician office, the office would bill CPT code 93000 (combined code for EKG).

When billed in a provider-based RHC, you will split bill:

- 
- **Technical Component**
  - CPT Code: 93005
  - Billed as fee for service on a CMS-1500 under the clinic Part B number
- **Professional Component**
  - CPT Code: 93010
  - Billed on a UB-04 by RHC; considered an RHC service

# Billing for Laboratory in an Independent RHC

- RHCs are required to provide 6 lab tests but they are non-RHC services:
  1. Chemical examinations or urine by stick or tablet
  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 lab
- Bill to Medicare Part B using the clinic's Part B number on a CMS-1500
- Venipuncture is included in the AIR, it is not separately payable.
  - The CPT code should still be included on the claim

# Non-Covered Services

- Services considered not medically-necessary, and not covered by RHC benefit, or any other Medicare benefit
- RHC should submit an Advanced Beneficiary Notice (ABN)
  - Must be issued BEFORE the service is provided
    - If not done before, clinic is liable for the cost of the service provided should Medicare deny payment
  - Should include a reasonable estimate of the expected cost to the patient (within \$100 or 25% of actual cost)

# **NEW! Care Management Services**

- Effective January 1, 2018, CMS has added to new care management services “G codes”
  - G0511 – General Behavioral Health Integration (BHI)
  - G0512 – Psychiatric Collaborative Care Model (CoCM)
- These codes are ONLY for use by RHCs and FQHCs
- These services are considered RHC services, but are reimbursed on a fee for service average
- Payable as a stand alone visit or in conjunction with another qualifying visit
- Coinsurance and deductible do apply



# G0511 & G0512 Requirements

- Initiating visit furnished by a qualified RHC provider no more than 1 year prior to commencement of services
  - Either E/M, IPPE, or AWW – separately billable
- Beneficiary consent before starting care coordination
  - Can be verbal or written
  - Indicates only one provider can provide and bill for these services during a calendar month
  - Indicate patient's right to stop care at any time
  - Permission to consult with relevant specialists

# G0511 – General BHI

- Payment is set annually at the PFS average payment rate for CPT codes 99490, 99487, and 99484.
  - 2018 payment rate = \$62.28 (per member, per month)
- Minimum 20 minutes of care coordination services provided during a calendar month
  - Must be under the direction of a qualified RHC provider
  - Clinical staff time, under general supervision, counts too

# G0511 – General BHI (Cont.)

- Patient must have:
  - Option A: Multiple (2+) chronic conditions expected to last at least 12 month or until death of the patient and place patient at significant risk or death, acute exacerbation/ decompensation, or functional decline (i.e.: CCM)
  - Option B: Any behavioral or psychiatric condition being treated by the RHC provider (including substance abuse) the, in the clinical judgment of the provider, warrants BHI services
- Other service elements required. Find those here:  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10175.pdf>

# G0512 – Psychiatric CoCM

- Payment is set annually at the PFS average of CPT codes 99493 and 99492
  - 2018 payment rate = \$145.08 (per member, per month)
- Minimum 70 minutes in the first calendar month, and minimum 60 minutes in any subsequent months of psychiatric CoCM services
  - Must be under the direction of a qualified RHC provider
  - Can include time provided by Behavioral Health Care Manager under general supervision

# G0512 – Psychiatric CoCM (Cont.)

- Patient must have a behavioral health or psychiatric condition (including substance abuse disorders) being treated by the RHC provider
- Requires a care team that includes:
  - RHC provider
  - Behavioral Health Care Manager
  - Psychiatric Consultant
- Each member of the care team has specific responsibilities as outlined here:  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10175.pdf>

# UB-04 Claim Examples

*\*The charges indicated in these examples are are **only sample charges** and do not indicate actual suggested charges for the services listed.*

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# RHC Medical Visit ONLY

1 Provider Name		2 Pay-to Name				3a PAT. CNTL. #	Required		4 TYPE OF BILL									
Street Address		Street Address/P.O. Box				b. MED. REC. #	Recommended		0711									
City, State, ZIP Code		City, State, ZIP Code				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7								
Phone; Fax; Country Code						XX-XXXXXXX		MMDDYY	MMDDYY									
8 PATIENT NAME		a	Last, First, M.I.				9 PATIENT ADDRESS		a	Street Address/P.O. Box								
b		b				City		c	ST	d	ZIP Code							
10 BIRTHDATE		11 SEX	12 DATE			ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR	17 STAT	18 19 20 21			CONDITION CODES 22 23 24 25 26 27 28			29 ACDT STATE	30
MMDDYYYY		X								XX								
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		THROUGH		36 OCCURRENCE SPAN FROM		THROUGH		37		
a		b		c		d		e		f		g		h		i		
38		39 VALUE CODES CODE		AMOUNT		40 VALUE CODES CODE		AMOUNT		41 VALUE CODES CODE		AMOUNT						
a		b		c		d		e		f		g						
42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES	49				
1	521	RHC Medical Visit				99213CG			060818	1	100.00			1				
2														2				
3	0001										100.00			3				
4														4				
5														5				
6														6				
7														7				
8														8				

# RHC Medical Visit + Procedure

1 Provider Name		2 Pay-to Name		3a PAT. CNTL.#		Required		4 TYPE OF BILL									
Street Address		Street Address/P.O. Box		b. MED. REC.#		Recommended		0711									
City, State, ZIP Code		City, State, ZIP Code		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH									
Phone; Fax; Country Code				XX-XXXXXXX		MMDDYY		MMDDYY									
8 PATIENT NAME			a Last, First, M.I.			9 PATIENT ADDRESS			a Street Address/P.O. Box								
b			b City			c ST			d ZIP Code								
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18 19 20 21 22 23 24 25 26 27 28		29 ACDT STATE		30		
MMDDYYYY		X							XX								
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH					
38																	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
1 521		RHC Medical Visit		99213CG		060818		1		350:00							
2 361		Procedure		69210		060818		1		250:00							
3 0001										600:00							
4																	
5																	
6																	
7																	
8																	



# RHC Medical Visit + Mental Health Visit

1 Provider Name		2 Pay-to Name		3a PAT. CNTL #	Required		4 TYPE OF BILL												
Street Address		Street Address/P.O. Box		b. MED. REC. #	Recommended		0711												
City, State, ZIP Code		City, State, ZIP Code		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH		7											
Phone; Fax; Country Code				XX-XXXXXXX		MMDDYY	MMDDYY												
8 PATIENT NAME			a	Last, First, M.I.			9 PATIENT ADDRESS			a	Street Address/P.O. Box								
b			b			City			c	ST		d	ZIP Code		e				
10 BIRTHDATE		11 SEX	12 DATE			ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR	17 STAT	CONDITION CODES								29 ACDT STATE	30
MMDDYYYY		X							XX										
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37							
38										39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT					
										a		b		c					
										b		c		d					
										c		d							
										d									
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49						
1	521	RHC Medical Visit			99213CG			060818	1	220.00				1					
2	900	RHC Mental Health Visit			90791CG			060818	1	120.00				2					
3														3					
4														4					
5	0001									340.00				5					
6														6					
7														7					
8														8					

# RHC Medical Visit + IPPE

1 Provider Name		2 Pay-to Name				3a PAT. CNTL #	Required		4 TYPE OF BILL						
Street Address		Street Address/P.O. Box				b. MED. REC. #	Recommended		0711						
City, State, ZIP Code		City, State, ZIP Code				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7					
Phone; Fax; Country Code						XX-XXXXXXX		MMDDYY	MMDDYY						
8 PATIENT NAME			a Last, First, M.I.			9 PATIENT ADDRESS			a Street Address/P.O. Box						
b			b City			c ST			d ZIP Code						
10 BIRTHDATE		11 SEX	12 DATE			ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR	17 STAT	CONDITION CODES 22 23 24 25 26 27 28			29 ACCT STATE	30
MMDDYYYY		X								XX					
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
38					39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT						
a															
b															
c															
d															
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES	49				
1	521	RHC Medical Visit			99213CG		060818	1	100.00		1				
2	521	IPPE			G0402		060818	1	140.00		2				
3											3				
4											4				
5	0001								240.00		5				
6											6				
7											7				
8											8				

# RHC SNF Visit

1 Provider Name		2 Pay-to Name		3a PAT. CNTL.#	Required			4 TYPE OF BILL											
Street Address		Street Address/P.O. Box		b. MED. REC.#	Recommended			0711											
City, State, ZIP Code		City, State, ZIP Code		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH											
Phone; Fax; Country Code				XX-XXXXXXX		MMDDYY		MMDDYY											
8 PATIENT NAME			a	Last, First, M.I.			9 PATIENT ADDRESS												
			a	Street Address/P.O. Box															
b			b			City			c	ST		d	ZIP Code		e				
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18 19 20 21		CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE		30	
MMDDYYYY		X						XX											
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37							
38																			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49					
1 524		RHC SNF Visit		99304CG		060818		1		70:00									
2 0001										70:00									
3																			
4																			
5																			
6																			
7																			
8																			



# Questions?

Thank you!

If you have additional questions, please feel free to contact me!

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