

Provider-Based RHC Billing

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Sharon Shover, CPC, CEMC
502.992.3511

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Provider-Based 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 PB RHC

- Not subject to the upper payment limit.
- RHC all-inclusive rate (AIR) is based on actual clinic expenses
- Average reimbursement from \$125 - \$175 per visit
- A scope of service change can adjust your AIR
- 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 CG modifier to first visit and modifier 59 to the subsequent visit.

Multiple Visits on the Same Day

- Exceptions when two visit 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 1st until the October 1st 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 RHC 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 the facility (not the RHC)
- Professional component is billed considered a RHC service
- This means you may have to split bill

Billing for EKG in PB 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 on a UB-04 to Part A, using the Hospital's Part A provider number
- **Professional Component**
 - CPT Code: 93010
 - Billed on a UB-04 by RHC; considered an RHC service

Billing for Laboratory in PB 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 A using the hospital's Part A number
- 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

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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 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		CONDITION CODES 22 23 24 25 26 27 28										29 ACDT STATE		30	
MMDDYYYY			X								XX																	
31 OCCURRENCE CODE			32 OCCURRENCE DATE			33 OCCURRENCE CODE			34 OCCURRENCE DATE			35 OCCURRENCE SPAN CODE			36 OCCURRENCE SPAN FROM			37 OCCURRENCE SPAN THROUGH			37							
a			b			c			d			e			f			g			h							
38										39 VALUE CODES CODE					40 VALUE CODES CODE					41 VALUE CODES CODE								
										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		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. XX-XXXXXXX					6 STATEMENT COVERS PERIOD FROM MMDDYY THROUGH MMDDYY																																																																										
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b										b City										c ST					d ZIP Code																																																																										
10 BIRTHDATE MMDDYYYY										11 SEX X										12 DATE										ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR										17 STAT XX										18 19 20 21 22 23 24 25 26 27 28										29 ACDT STATE					30																																		
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 CODE										OCCURRENCE SPAN FROM THROUGH										36 CODE										OCCURRENCE SPAN FROM THROUGH										37																			
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42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE										46 SERV. UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																													
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2																																																																						2																													
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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 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 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	220:00		1			
2											2			
3	900	RHC Mental Health Visit			90791CG		060818	1	120:00		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 THROUGH					
Phone; Fax; Country Code																				XX-XXXXXXX		MMDDYY		MMDDYY					
8 PATIENT NAME										9 PATIENT ADDRESS																			
a Last, First, M.I.										a Street Address/P.O. Box																			
b										b City										c ST		d ZIP Code		e					
10 BIRTHDATE				11 SEX		12 DATE				ADMISSION				16 DHR		17 STAT		CONDITION CODES								29 ACDT STATE		30	
MMDDYYYY				X										XX															
31 OCCURRENCE DATE		32 CODE		OCCURRENCE DATE		33 CODE		OCCURRENCE DATE		34 CODE		OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM		THROUGH		36 CODE		OCCURRENCE SPAN FROM		THROUGH		37			
38										39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT									
										a				b				c											
										b				c				d											
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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													
2 521		IPPE						G0402				060818		1		140.00													
3 0001																240.00													
4																													
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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									
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 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 SPAN			36 OCCURRENCE SPAN		37							
CODE		CODE	CODE		CODE		FROM			FROM		THROUGH							
a																			
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38					39 VALUE CODES		40 VALUE CODES		41 VALUE CODES										
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a																			
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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	524	RHC SNF Visit			99304CG			060818	1	70:00				1					
2	0001									70:00				2					
3														3					
4														4					
5														5					
6														6					
7														7					
8														8					

Questions?

Thank you!

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

Sharon Shover, CPC, CEMC
Senior Manager, Blue & Co., LLC
502.992.3511
sshoyer@blueandco.com

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