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Independent RHC Billing – Introduction Session 2 Spring, 2018



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Healthcare Business Specialists



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[RHC Information Exchange Group on Facebook](#)

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



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Rural Health Clinic Information Exchange Group on Facebook

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

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



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Questions or Comments?

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





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Disclaimer

- 1. Information is current as of 2/21/2018.**
- 2. Medicaid is different in each state. We will not be able to answer state specific questions in many states.**
- 3. I am not young enough to know everything, nor am I an expert in all areas of RHCs.**





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Appendix G Update -January, 2018

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



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Non-RHC Services



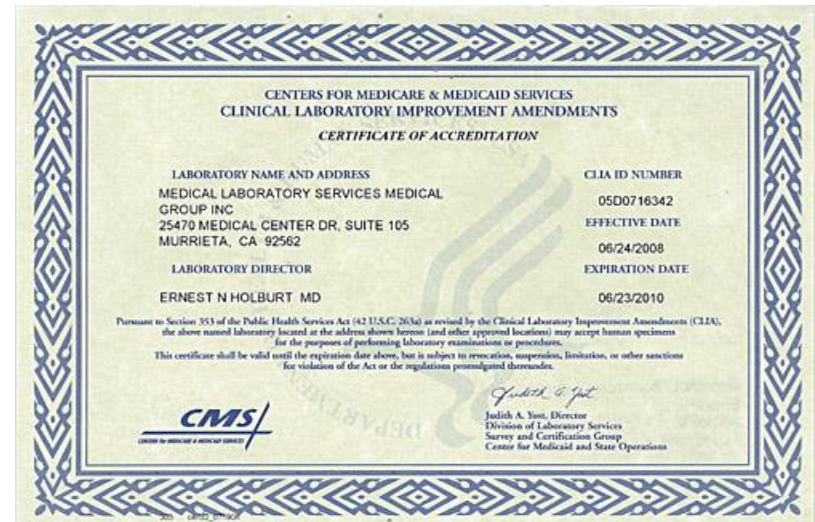
Ancillary Care Services



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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.





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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](#)



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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.





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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



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Independent RHC – Laboratory services

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

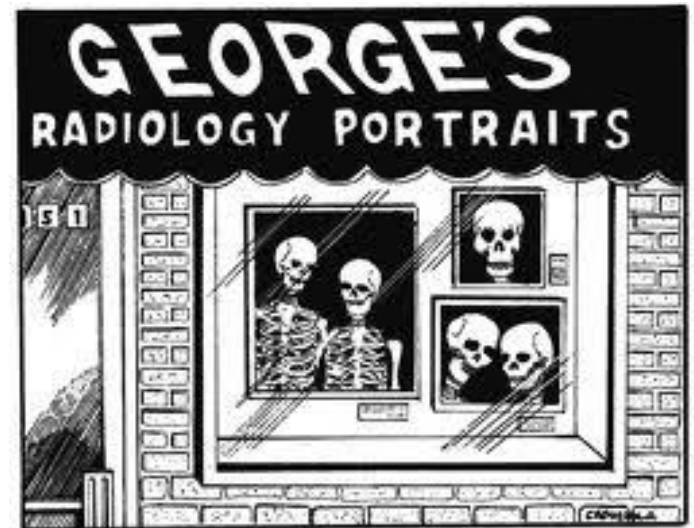


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Diagnostic Tests are not covered under the RHC Benefit

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





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RHC Independent - Diagnostic Tests - Technical Component Only

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



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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)





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Independent RHC -What happens to the professional component of Radiology?

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



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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)



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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.





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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.



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**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 \$250 for
pnuemococal. (Cost is \$125)**

**Average payment was \$40 for
influenza in 2017. (Cost is 11)**

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





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Ancillary Services and Incident to Billing





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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



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Incident to





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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

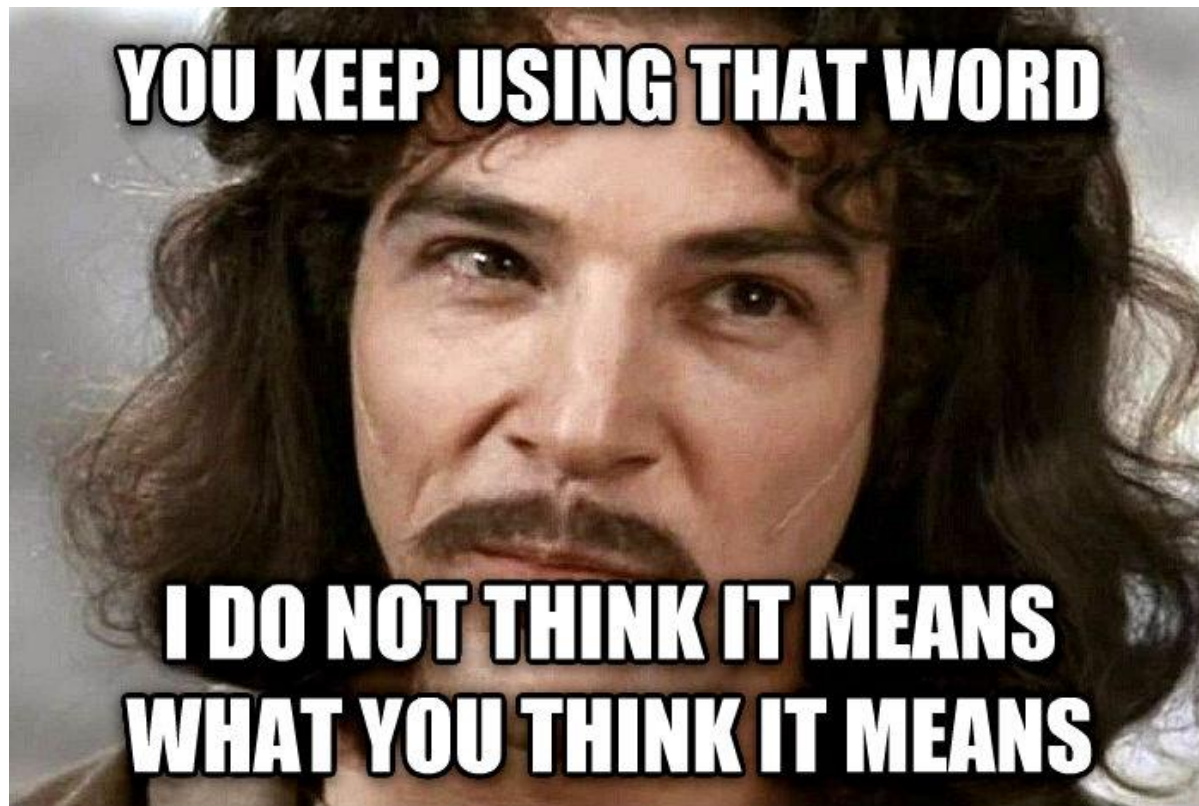
Medicare (Medicaid if State requires) services should be billed under the provider that performed the service unless it is an “incident to” service



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**Sometimes the words don't really
mean what they say**





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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.



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120.3 - Payment for Incident to Services

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.



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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.



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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



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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.**



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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”**

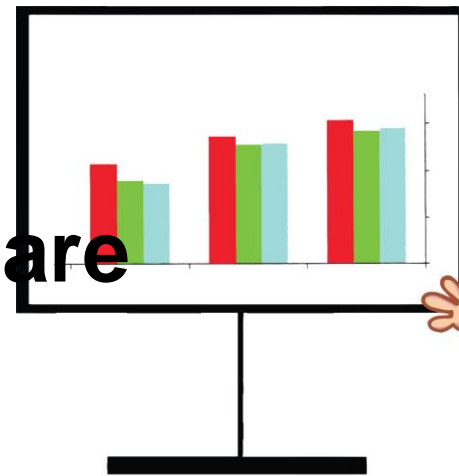


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Non-RHC Hours – What you have heard?

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





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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**



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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.**





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What services can be done during Non-RHC Hours

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



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Rural Health Clinic Payment Review					
<u>CPT Code</u>	<u>Service</u>	<u>Charge RHC</u>	<u>Charge Traditional</u>	<u>Payment RHC</u>	<u>Payment Traditional</u>
CPT 99213	Established Visit	100	100	84.52	69.08
CPT 96372	Injection Code	40	40	8.0	23.73
CPT 36415	Venipuncture	10	10	2.0	3.00
CPT J3301	Triaminolone acetone	10	10	2.0	<u>1.34</u>
Total Payments				<u>96.52</u>	<u>97.15</u>
Medicare Payment				<u>64.52</u>	<u>83.31</u>
Patient Payment				<u>32.00</u>	<u>13.84</u>
Patient Payment Percentage				<u>33%</u>	<u>14%</u>



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		Charge	Charge	Payment	Payment
<u>CPT Code</u>	<u>Service</u>	<u>RHC</u>	<u>Traditional</u>	<u>RHC</u>	<u>Traditional</u>
CPT 99214	Established Visit	150	150	94.52	101.94
CPT 96372	Injection Code	40	40	8.0	23.73
CPT 36415	Venipuncture	10	10	2.0	3.00
CPT J3301	Triaminolone acetone	10	10	2.0	<u>1.34</u>
Total Payments				<u>106.52</u>	<u>130.01</u>
Medicare Payment				<u>64.52</u>	<u>109.62</u>
Patient Payment				<u>42.00</u>	<u>20.39</u>
Patient Payment Percentage				<u>39%</u>	<u>16%</u>



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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.**



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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.**



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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.



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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.



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Questions, Thank You



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