



Rural Health Clinic Billing – 101
Healthcare Business Specialists
Terrace Ballroom
April 11, 2023

H B S

Healthcare Business Specialists



CONTACT INFORMATION

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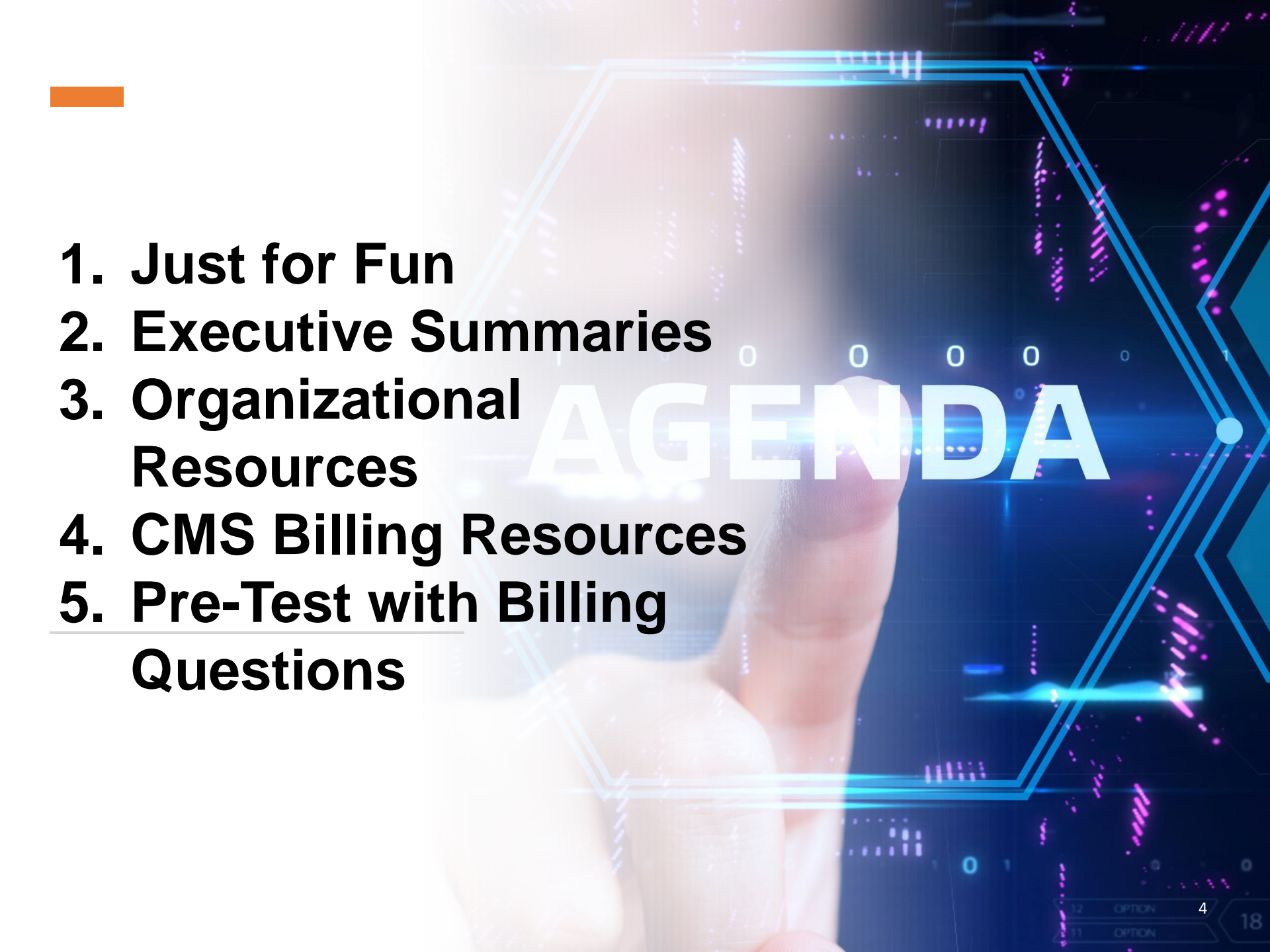
marklynnrhc@gmail.com

www.ruralhealthclinic.com

LEARNING OBJECTIVES



- To introduce new RHCs to organizations that provide guidance to RHCs.
- To direct RHCs to online resources regarding billing.
- To discuss common billing issues in that RHC will encounter.

- 
- The background features a hand pointing towards the right, overlaid on a futuristic digital interface. The interface includes glowing blue and purple lines, hexagonal patterns, and binary code (0s and 1s). The word 'AGENDA' is prominently displayed in large, white, bold letters across the center. In the bottom right corner, there are small, semi-transparent boxes containing the numbers 12, 11, and 18, along with the word 'OPTION'.
- 1. Just for Fun**
 - 2. Executive Summaries**
 - 3. Organizational Resources**
 - 4. CMS Billing Resources**
 - 5. Pre-Test with Billing Questions**

AGENDA

SLOW
DOWN

KEEP
CALM

BE
POSITIVE

TAKE
IT
EASY

UNPLUG

ENJOY
LIFE

HAVE
FUN

BREATH

RELAX

GO
OUTSIDE



MEDITAT

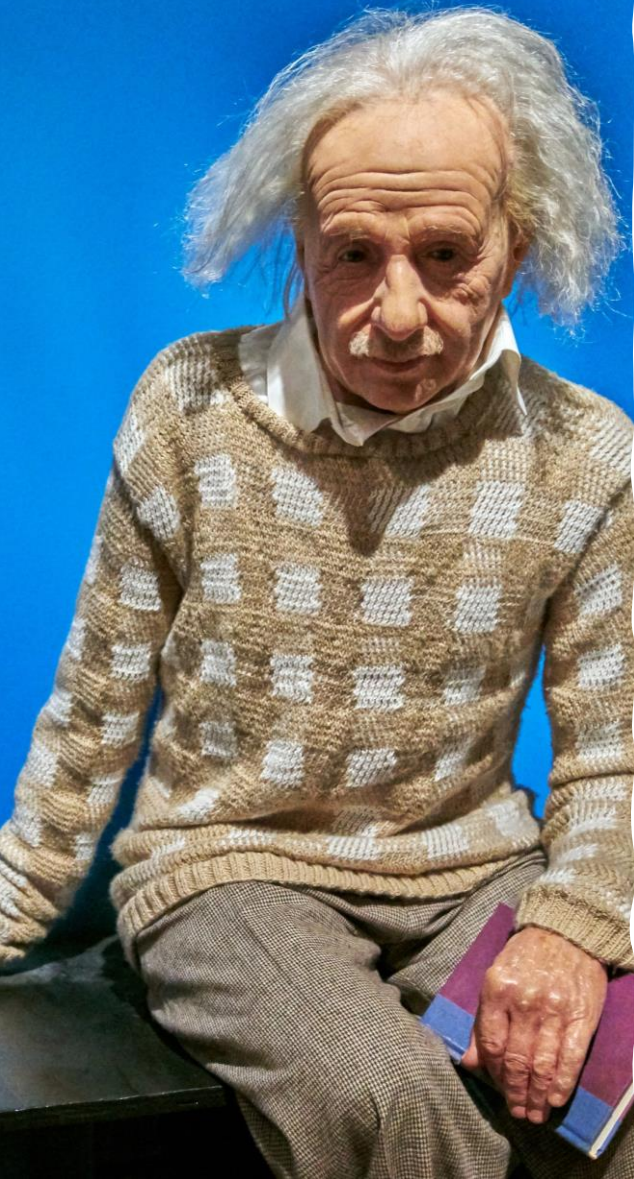
Just for Fun

1. Which State has the most RHCs?

-
- A. California
 - B. Kentucky**
 - C. Missouri
 - D. Texas



$E=mc^2$



2. Who was only 2nd person ever to score a perfect score on the CRHCP Exam?

-
- A. Amanda Dennison, Blue and Co.
 - B. Cammie Jones, Commonwealth Health Management
 - C. Marcus Pigman, Kentucky Office of Rural Health
 - D. Sammie Asher, Kentucky Primary Care Association**
 - E. Mark Lynn, Healthcare Business Specialists



EXECUTIVE SUMMARY

RHC, Provider Enrollment, and Billing

Executive Summary

- 1. Rural Health Clinics are paid as an institution using a Part A methodology for payment even though it is funded through Medicare Part B and the patients receive all the benefits as prescribed by Part B.**
- 2. RHC status affects Original Medicare and on occasion Advantage/Replacement plans and Medicaid. It in general does not affect on commercial payors (it may create crossover/secondary payor issues).**

Executive Summary (2)

- 1. Rural Health Clinics may be Independent or provider-based. Provider-based are typically owned by hospitals.**
- 2. Provider-based RHCs may be “grandfathered” and not subject to National Statutory Limits. They are subject to a cost cap based upon their historic cost per visit.**



Provider Enrollment as an RHC

Connect. Solve. Transform.

CAQH is an alliance of health plans, providers and related organizations working together to make the business of healthcare simple, secure and efficient.

[View Solutions](#)

[About CAQH](#)



Provider Enrollment and Credentialing

- **Provider Enrollment** (or Payor Enrollment) refers to the process of applying to health insurance networks for inclusion in their provider panels.
- **Credentialing** is the process of assessing the academic qualifications and clinical practice history of a healthcare provider.
- The Council for Affordable Quality Healthcare® (CAQH) can help you bring these two processes together: <https://www.caqh.org/>

Executive Summary

Provider Enrollment

1. Medicare enrollment as an institution is achieved by completing an 855A with a Group (Type 2 NPI number). **Each RHC must have a different NPI number.**
2. RHC status does not generally require additional enrollment with commercial payors. For Medicaid, you must enroll as an RHC. See <https://medicaidsystems.ky.gov/Partnerportal/home.aspx>
3. If you already have a group NPI number that you are enrolling as an RHC you will need to add the Taxonomy code 261QR1300X by accessing <https://nppes.cms.hhs.gov>.
4. Independent RHCs should complete an 855R to reassign benefits for services billed on the 1500; but not on the UB-04.



RHC Billing

Executive Summary

RHC Billing

- 1. RHC Medicare billing rules only apply to Medicare RHC billing. Bill commercial insurance as you normally do.**
- 2. RHC services are billed on the UB-04 format. Medicare non-RHC services are billed on the 1500 for independent RHCs and using the outpatient NPI number for provider-based RHCs. This is called split billing. The RHC All-Inclusive rate is not All-inclusive as labs, technical components, CCM, some telehealth, and hospital visits are not included in the rate.**

Executive Summary (2)

RHC Billing

- 1. RHCs pay NPs/PAs/CNMs at the same rate as physicians. (no 15% reduction) No incident to billing required and physicians are not required to be onsite.**
- 2. Incident to services can be billed incident to a NP/PA/CNM if RHC policy allows per Section 120, Chapter 13 of the RHC manual.**
- 3. Commercial Insurance will have their own incident to billing guidelines for NPs/PAs/CNMs. The best practice is to bill all such services using the individual NPI number that is enrolled with the commercial insurance company.**
- 4. RHC rules require a provider (Physician, NP, PA, CNM) to be onsite before a patient may be roomed and services provided.**
- 5. RHCs are not subject to the 3-day payment window provisions regarding the service to be bundled with the inpatient visit.**

Medicare & You

- Rural health clinic services Rural health clinics provide many outpatient primary care and preventive health services in rural and underserved areas. **Generally, you pay 20% of the charges.** The Part B deductible applies. You pay nothing for most preventive services.
- <https://www.medicare.gov/publications/10050-Medicare-and-You.pdf>




Medicare & You

The official U.S. government
Medicare handbook

2023





RHC Organizations Resources for Billing Information

**Where to look
and where to
find help**



Resource

Where to Find Help

| Name | Abbreviation | Type | Website |
|--|--------------|-------------------------|---|
| National Association of Rural Health Clinics | NARHC | Membership Organization | https://www.narhc.org/narhc/Default.asp |
| National Rural Health Association | NRHA | Membership Organization | https://www.ruralhealth.us/ |
| Rural Health Association of Tennessee | RHAT | Membership Organization | https://www.tnruralhealth.org/ |
| ArchProCoding | ARCH | Membership Organization | https://www.archprocoding.com/ |
| Rural Health Information Hub | RHI HUB | Website | https://www.ruralhealthinfo.org/ |
| National Rural Health Resource Center | NRC | Website | https://www.ruralcenter.org/ |
| RHC Information Exchange | RHCIE | Facebook Group | https://www.facebook.com/groups/1503414633296362 |
| RHC Billing Resources from HBS | HBS | Website | http://www.ruralhealthclinic.com/rhc-billing |

National Association of RHCs



How Does the No Surprises Act Impact RHCs?

Good Faith Estimate Details

COVID-19

Free 2021 Fall Institute COVID-19 Sessions Now Available!

KPCA Highlights NARHC 2021 Fall Institute

The NARHC Mission Statement

"To educate and advocate for Rural Health Clinics, enhancing their ability to deliver cost-effective, quality health care to patients in rural, underserved communities."



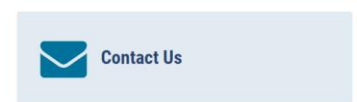
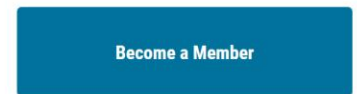
Join Our Email List and Stay Informed!

Want to stay informed about the changes affecting RHCs as they happen? Then you need to be signed up to receive emails from NARHC's Washington, D.C. office, so we can provide you all the news on



Newsletters

The NARHC Newsletters are published quarterly to 5500 people. It contains breaking RHC News, Legislative Updates, Stories from Member Consultants, Educational Opportunities, Conference



<https://www.narhc.org/narhc/Default.asp>

NARHC Fall Institute – October 2-4, 2023

NARHC 2023 Fall Institute

Event Date: 10/2/2023 - 10/4/2023

| | | | | |
|----------------|----------------|--------|---------------------|----------------|
| Event Overview | Exhibitor Fees | Agenda | Cancellation Policy | Hotel & Travel |
|----------------|----------------|--------|---------------------|----------------|

NARHC 2023 FALL INSTITUTE



The NARHC 2023 Fall Institute will be held at the Hilton Orlando Lake Buena Vista Walt Disney World Resort, connected by skybridge to the incredible [Disney Springs!](#)

Dates: October 2-4, 2023 (M-W)

Paying by check? Download your Registration Form! **AVAILABLE APRIL 2023**

Looking to attend an RHC focused conference this year?

NARHC has you covered!

Who Should Attend?

NARHC Institutes are put on by the only national association dedicated strictly to Rural Health Clinics (RHCs). A wide range of rural health professionals will be in attendance including CEOs, CFOs, Physicians, PAs, NPs, Clinic Managers, Billers & Coders.

Need Continuing Education Credits?

Earn Continuing Education Credits: CME from **AAFP*** (for MDs, PAs, NPs) and CEUs from **AAPC*** (for coders), and **CRHCP** CEUs for those who obtained their certification in an odd year.

**Average continuing education credits range from 14-16*

<https://www.narhc.org/assnfe/ev.asp?ID=466>



<https://www.narhc.org/assnfe/ev.asp?ID=394>

Introduction to RHCs

Event Overview

Registration

Introduction to RHCs

The National Association of Rural Health Clinics is proud to announce the launch of a new orientation tool that will offer new employees of Rural Health Clinics the opportunity to learn the fundamentals of running an RHC as well as a brief history of the RHC program and how NARHC was formed.

This online course consists of 4 short modules created by Shannon Chambers, Director of Provider Solutions at the South Carolina Office of Rural Health, Teresa Treiber, Manager RHC Team for Spectrum Health Corporate in Michigan, and NARHC staff. The modules cover the basics of what it means to be a Rural Health Clinic and explores how RHCs differ from other types of clinician offices. This is a self-paced course consisting of approximately 1 hour of video content.

- **Cost:** NARHC Member FREE! We do ask that each individual person creates an account and registers for the course. Non-Member \$50
Not a current member? [Click Here](#) for a list of member benefits and to download a membership application. Unsure if you're a member? Call us and we'll be happy to check your status for you 866-306-1961.
- **Educational Learning Format:** On-Line. It is recommended that you use Chrome as your browser for all NARHC courses.
- **Length:** Approximately 60 minutes
- **Content:** Those going through this orientation tool will learn about the history of the RHC program and how the National Association of Rural Health Clinics came to be. In addition, they will be educated with a high-level overview of managing an RHC vs a Non-RHC, RHC basics, best practices for RHC managers and understanding the value of being a Rural Health Clinic.
- **Pre-requisites:** None
- **Who should take this course?** New employees and individuals that are new to rural health clinics

For a more thorough and in depth look at how to manage an RHC please consider taking our Certified Rural Health Clinic Professional Course (CRHCP). You can find more information on the CRHCP course [Here](#).



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DISCUSSION FO

TECHNICAL ASSISTANCE WEBINARS

https://www.narhc.org/narhc/TA_Webinars1.asp

2021 RHC Billing & Coding Update

Tuesday, March 9, 2021

- [Webinar Recording](#)
- [Webinar Transcript \(PDF\)](#)
- [Slide Presentation \(PDF\)](#)
- [AMA Code & Guideline Changes \(PDF\)](#)

Become a CRHCP

CRHCP Course: Fall 2023 Session

Event Date: 8/15/2023 - 12/20/2023

Event Overview

Certified Rural Health Clinic Professional (CRHCP) Course



NARHC is offering Directors, Clinic Administrators & other RHC leaders a unique full-spectrum course designed to teach you how to operate a successful Rural Health Clinic. Upon course completion & attainment of an 80% or higher exam score, you will earn a CRHCP designation.

- **Enrollment***: Online with credit card -Registration online will open August 15, 2023
If you are paying via check or need to request an invoice please fill out this form [HERE](#)

As soon as your payment has been processed, you will receive an email notification with further instructions to access the course.

**Course access given upon successful course registration/payment*

- **Cost**: NARHC Member \$450/learner, Non-Member \$600/learner
Interested in a Scholarship? Check with your State Office of Rural Health to see if they participate!
- **Course Format**: The course content is all online with an online proctored final exam. The final exam test window will be October 16-20, 2023.
- **Length of Course**: Approximately 15-20 hours. Most people require 4-6 weeks to complete.
- **Content**: The CRHCP Course consists of 4 modules: Admin & Finance, Billing & Coding, Regulatory Compliance & Quality, and Federal Updates with short pre-tests throughout the first 3 modules. To view the Learning Objectives, [Click Here](#).
- **Pre-requisites**: None.

<https://www.narhc.org/assnfe/ev.asp?ID=474>

Join NARHC DC Staff for Virtual Office Hours!

NARHC DC Staff continues host RHC Office Hours at 1 pm ET every other Wednesday via Zoom. We encourage anyone with RHC questions to join us!

We hope that this form of technical assistance will increase the dialogue between NARHC staff and the RHC community. Questions regarding HRSA COVID-19 programs, RHC policy, Medicare, RHC certification, and more are all acceptable!

Stop by the [Zoom room](#) anytime between 1 and 2 PM ET, and as always don't hesitate to contact us if you need assistance outside of this time.

The schedule for 2023 is as follows:

Wednesday, April 19

Wednesday, May 3

Wednesday, May 17

Wednesday, May 31

Wednesday, June 14

Wednesday, June 28

Wednesday, July 12

Wednesday, July 26

Join NARHC DC Staff for Virtual Office Hours!

- No registration is required, and RHCs can join using the below link or call-in information.

- **Zoom Webinar Information:**

- <https://us06web.zoom.us/s/81747173194>

Audio Conference Details:

Attendees without computer access or computer audio can use the dial-in information below:

- Dial-in Toll-Free #: +1 301-715-8592 PIN: 817 4717 3194#

- Meeting ID: 817 4717 319

- We hope to see you there!

-

National Rural Health Association

The screenshot shows the homepage of the National Rural Health Association (NRHA). At the top, there is a navigation bar with links for 'Join', 'Donate', 'NRHA Connect', and 'Partners', along with a search icon. Below this is the NRHA logo and a secondary navigation menu with links for 'ABOUT NRHA', 'EVENTS', 'MEMBERSHIP', 'ADVOCACY', 'PROGRAMS', and 'PUBLICATIONS'. The main content area features a large banner for 'NRHA's Rural Vaccine Confidence Initiative' with a background image of smiling children. The banner text includes 'Customizable communications resources specific for rural needs' and 'Awarded \$1 million by CDC, HRSA for further development, support'. To the right of the banner is a 'News' section with three articles: 'Award nominations now open', 'Strength in numbers', and 'Grow the rural health workforce'. Below the news section is an 'Events' section listing several conferences, including the Rural Health Policy Institute, Annual Rural Health Conference, Rural Medical Education Conference, Rural Health Clinic Conference, Health Equity Conference, Rural Hospital Innovation Summit, SRHA Leadership Conference, and Critical Access Hospital Conference. A 'MORE EVENTS >' link is provided. To the right of the events list is a 'TruBridge' advertisement with the headline 'Escape the revenue cycle stress spiral.' and a 'Learn More' button. At the bottom of the page, there are three promotional tiles: a green 'Membership' tile with a plus sign, a blue tile with a woman's face and a stethoscope icon, and a dark blue tile.

- <https://www.ruralhealth.us/>

Kentucky Primary Care Association



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[Forgot Your Password](#)

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[HOME](#) / [ABOUT US](#)

About Us

The Kentucky Primary Care Association was founded in 1976 as a not-for-profit 501(c)(3) corporation of community health centers, rural health clinics, primary care centers, and all other organizations and individuals concerned about access to health care services for the state's underserved rural and urban populations.

KPCA is charged with promoting the mutual interests of our members, with a mission to promote access to comprehensive, community-oriented primary health care services for the underserved.

Association members are providers of primary care – first contact, broadly trained physicians, physician assistants, nurse practitioners, behavioral health providers, dental providers, pharmacists, and other professionals delivering whole-person health care.

We support the development of primary care services throughout the Commonwealth by working with federal, state, and local legislators, regulatory agencies, health policy organizations, foundations, and payers to build a stronger primary care system in Kentucky.

KPCA was established to:

- Develop a unified coalition of primary care providers.
- Stimulate and support development of primary health care services.
- Serve the needs of our members.

| | | |
|---|------------------------------------|--|
| <p>Get in Touch! 502.227.4379 651 Comanche Trail, Frankfort, KY 40601 Contact us</p> | <p>Additional Resources</p> | <p>Stay Connected</p> |
|---|------------------------------------|--|

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<https://www.kpca.net/about%20us>

Kentucky Office of Rural Health

Kentucky Office of Rural Health

The Kentucky Office of Rural Health (KORH), established in 1991, is a federal-state partnership authorized by federal legislation. The UK Center of Excellence in Rural Health serves as the federally-designated Kentucky Office of Rural Health. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The program provides a framework for linking small rural communities with local, state and federal resources while working toward long-term solutions to rural health issues. The KORH assists clinicians, administrators and consumers in finding ways to improve communications, finances and access to quality health care while ensuring that funding agencies and policymakers are made aware of the needs of rural communities.



In This Section

- [Kentucky Office of Rural Health](#)
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<https://medicine.uky.edu/centers/ruralhealth/kentucky-office-rural-health>

Kentucky RHC Summit – July 27/28 2023

This year the event will be held at the Knicely Conference Center on the Western Kentucky University campus in Bowling Green, KY.

Marcus Pigman, MHA, CRHCP
Rural Project Manager
Kentucky Office of Rural Health
U.K. Center of Excellence in Rural
Health
750 Morton Blvd.
Hazard, Kentucky 41701
Phone: 606-439-3557 Ext. 83583

Search our site...

SEARCH

JOIN NOW

MEMBER LOGIN

Rural Health Documentation, Coding & Billing Bootcamp

- Become a Rural Health Coding & Billing Specialist (RH-CBS). (Optional Certification Exam Included in tuition)
- Choose from a live two day bootcamp or Online Self-Study (Work at your own Pace)

Choose Live or Online Self-Study Below

ONLINE SELF-STUDY

LIVE TRAINING EVENTS

This training focuses on clinical documentation, coding, & billing for Rural Health Clinics (RHCs) and allows attendees to choose from a live 2 day bootcamp or online self-study (Work at your own pace)

Though this class is designed to help facility managers and revenue cycle staff to pass the optional certification exam to become a Rural Health - Coding & Billing Specialist (RH-CBS). We urge clinical personnel (MD, DO, NP, PA, RN) to attend as well since clinical documentation is key to everything. BUILD A SHARED FOUNDATION OF KNOWLEDGE

Who Needs Training on RHC documentation, coding, billing, and quality reporting?

- Do you providers, managers, and coding/billing/quality staff have a shared foundation of knowledge?
- Do your clinical providers know the documentation rules related to capturing the

Quick Links

MEMBER HOME

CONTACT US

LIVE TRAINING DATES

ONLINE TRAINING (ON-DEMAND)

CONTINUING EDUCATION (CEUS)

GET CERTIFIED

Find us on Facebook



Association for Rural & Co...

Follow Page 2.2K followers

Our Sponsors



Medical Management Institute

**Become a
RH-CBS**
<https://www.archprocoding.com/>

Rural Health Information Hub

- <https://www.ruralhealthinfo.org/topics/rural-health-clinics>

Online Library ▾

Topics & States ▾

Rural Data Visualizations ▾

Case Studies & Conversations ▾

Tools for Success ▾

Your First Stop for
Rural Health Information



Get Rural Updates & Alerts



Sign-up to receive our [weekly newsletter](#):

[Daily and weekly custom alerts](#) also available

Find Rural Data



The [Rural Data Explorer](#) and [Chart Gallery](#) provide access to a wide range of data on rural health issues.

Learn how to locate and use data in the [Finding Statistics and Data Related to Rural Health](#) topic guide.

Funding Opportunities



Discover the latest funding and opportunities to support rural health. [Browse all funding opportunities](#).

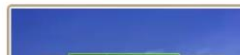
Learn how to develop grant proposals in the [Applying for Grants](#) topic guide.

Am I Rural?



Use the [Am I Rural? Tool](#) to find out if a location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs.

What Works in Rural



Key Rural Health Issues



Exploring Rural Health Podcast

Check out our latest podcast episode, [Health Equity in Rural America, Part 2: The Two Georgias Initiative](#). New episodes are released the first Tuesday of each month.



The RURAL MONITOR

[Facing Unique Challenges, Rural Communities Find Unique Solutions to Protect Against Wildfire Smoke Exposure](#)

Across the rural West, an awareness of the health impacts of poor air quality – and how to minimize those impacts – is growing.



News Headlines

- [Barrasso Leads Bill to Modernize Rural Health Care](#)
Office of Senator John Barrasso
- [Native Americans Left Out of 'Deaths of Despair' Research](#)
NPR

[More News »](#)

New in the Online Library

- [Community Sociodemographics and Rural Hospital Survival Analysis](#)
Source: Center for Economic Analysis of Rural Health
- [Care Coordination and Community Partnerships for Cancer Care in Critical Access Hospitals](#)
Source: Flex Monitoring Team

[Online Library »](#)

National Rural Health Resource Center



Services & Innovation About Events Programs Resources



Collaborating &
innovating to
improve the health
of rural
communities



Learn more about The Center

Trending Insights

1

MBQIP Monthly -
February 2023

2

National Rural
Health Resource
Center Launches
New Website, Unveils
New Branding

3

MBQIP Monthly -
January 2023

4

Discharge
Instructions



We Understand the Rural Health Care

- <https://www.ruralcenter.org/>

Rural Health Clinics Information Exchange Facebook Group



The Facebook Group has 4,200 members.

Conferences, Seminars, and Webinar announcements.

Updates of RHC information.

You can ask questions to the group.

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

RHC Billing Resources from HBS

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



HOME ABOUT SERVICES **RESOURCES** WEBINARS CALENDAR CONTACT



RHC MEDICARE BILLING RESOURCES

Healthcare Business Specialists, LLC is pleased to provide you with these billing resources to help your rural health clinic bill Medicare for your services. Billing RHC services requires the ability to create a UB-04 in an electronic format (837I). Many RHCs need access to Direct Data Entry (DDE) to verify coverage or adjust claims and Ability is a service that many of our RHC clients recommend.

2/7/2022 Palmetto Billing Guide for RHCs

BILLING & CODING RESOURCES DURING COVID-19

3/26/2020 Special coding advice during COVID-19 public health emergency by: AMA Coding

3/23/2020 Coverage and Payment Related to COVID-19 Medicare by: CMS Fact Sheet

3/22/2020 2019-Novol Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs) by: CMS FAQ

3/18/2020 COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies by: Medicaid FAQ

Healthcare Business Specialists conducted a series of RHC billing webinars in January, 2020. The following links will take you to the recordings of the webinars.

- [Recording of the Beginning RHC Billing Session 1 on January 21, 2020](#)
- [Recording of the RHC Billing Session 2 on January 22, 2020](#)
- [Recording of the RHC Billing Session 3 on January 23, 2020](#)
- [Recording of the RHC Billing Session 4 on January 28, 2020](#)

We have provided the Slide Presentations for each of the webinars in the following links.

- [Slide Presentation for Session 1 on January 21, 2020 \(PDF\)](#)
- [Slide Presentation for Session 2 on January 22, 2020 \(PDF\)](#)
- [Slide Presentation for Session 3 on January 23, 2020 \(PDF\)](#)
- [Slide Presentation for Session 4 on January 28, 2020 \(PDF\)](#)
- [Medicare Secondary Fact Sheet from CMS](#)

<http://www.ruralhealthclinic.com/rhc-billing>

Recordings of Previous Billing Webinars

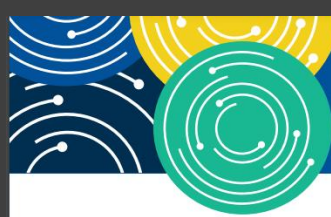
| Description | Date | Presenter | Recording | Presentation |
|---|-----------|---|--|---|
| RHC Billing 101 – Building Blocks | 2/7/2022 | Mark Lynn – Healthcare Business Specialists | Recording of the webinar | Powerpoint Presentation for the webinar (PDF) |
| RHC Billing 201 – The Basics of Medicare billing for independent and provider-based RHCs | 2/22/2022 | Amanda Dennison – Blue & Co. | Recording of the webinar | RHC Billing 201 Slide Presentation from Amanda Dennison from Blue & Co. |
| RHC Billing 301 – Completion of the UB-04 Form, Form Locator Values, | 2/25/2022 | Douglas Swords – Azalea Health | Recording of the webinar | Slide Presentation by Douglas Swords of Azalea Health |
| RHC Billing 401 – Advanced Subjects - Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid, | 3/1/2022 | Charles James, Jr. – North American | Recording of the webinar | Advanced Billing Presentation by Charles James of North American HMS (PDF) |

CMS Billing Reference Materials



CMS RHC Billing Guidance

| Name | Source | Description | Website |
|--|------------------------------|--|---|
| RHC Fact Sheet | CMS Updated January 2022 | Brief Introduction to the RHC Program (11-page PDF) | https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsh.t.pdf |
| Medicare Claims Processing Manual, Chapter 9 | CMS Updated January, 202 | Provides guidance on how to complete each field of the UB-04 (41-page PDF) | https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf |
| Medicare Benefit Policy Manual, Chapter 13 | CMS Updated April 26, 2021 | Outlines covered services, visits, payment policies, etc. (57-page PDF) | https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf |
| Medicare Benefit Policy Manual, Chapter 13 (2023 Updates only) | CMS Updated January 26, 2023 | Updates Chapter 13 with new payment policies (31-page PDF) | https://www.cms.gov/files/document/r11803BP.pdf#page=6 |
| CMS Rural Health Clinics Center | CMS Updated 11/7/2022 | Website with updated RHC Information | https://www.ruralhealthinfo.org/ |



Rural Health Clinic



What is a rural health clinic?

RHC Fact Sheet

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

Last Update: January 2022

How to prepare RHC (UB-04) claims in Medicare Claims Processing Manual, Chapter 9

Medicare Claims Processing Manual Chapter 9 - Rural Health Clinics/ Federally Qualified Health Centers

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(Rev. 11200, 01-12-22)

Transmittals for Chapter 9

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 - 10.1 - RHC General Information
 - 10.2 - FQHC General Information
- 20 - RHC and FQHC All-Inclusive Rate (AIR) Payment System
 - 20.1 - Per Visit Payment and Exceptions under the AIR
 - 20.2 - Payment Limit under the AIR
- 30 - FQHC Prospective Payment System (PPS) Payment System
 - 30.1 - Per-Diem Payment and Exceptions under the PPS
 - 30.2 - Adjustments under the PPS
- 40 - Deductible and Coinsurance
 - 40.1 - Part B Deductible
 - 40.2 - Part B Coinsurance
- 50 - General Requirements for RHC and FQHC Claims
- 60 - Billing and Payment Requirements for RHCs and FQHCs
 - 60.1 - Billing Guidelines for RHC and FQHC Claims under the AIR System
 - 60.2 - Billing for FQHC Claims Paid under the PPS
 - 60.3 - Payments for FQHC PPS Claims
 - 60.4 - Billing for Supplemental Payments to FQHCs under Contract with Medicare Advantage (MA) Plans
 - 60.5 - PPS Payments to FQHCs under Contract with MA Plans
 - 60.6 - RHCs and FQHCs for Billing Hospice Attending Physician Services*
- 70 - General Billing Requirements for Preventive Services
 - 70.1 - RHCs Billing Approved Preventive Services
 - 70.2 - FQHCs Billing Approved Preventive Services under the AIR
 - 70.3 - FQHCs Billing Approved Preventive Services under the PPS
 - 70.4 - Vaccines
 - 70.5 - Diabetes Self Management Training (DSMT) and Medical Nutrition Services (MNT)

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>

Chapter 9 – Field Locator Descriptions

For services that do not qualify as a billable visit, the usual charges for the services are added to those of the qualified visit. RHCs/FQHCs use the date of the visit as the single date on the line item. If there is no billable visit associated with the services, then no claim is filed.

Service Units, FL 46

The RHC/FQHC enters the number of units for each type of service. Units represent visits, which are paid based on the AIR or the FQHC PPS, no matter how many services are delivered. Only one visit is billed per day unless the patient leaves and later returns with a different illness or injury suffered later on the same day.

Total Charges, FL 47

The RHC/FQHC enters the total charge for the service described on each revenue code line.

Payer Name, FL 50

The RHC/FQHC identifies the appropriate payer(s) for the claim.

National Provider Identifier (NPI) – Billing Provider, FL 56

The RHC/FQHC enters its own NPI. When more than one encounter/visits is reported on the same claim i.e., medical and mental health visits, please choose the NPI of the provider that furnished the majority of the services.

Principal Diagnosis Code, FL 67

The RHC/FQHC enters diagnosis coding as required by ICD-9-CM or ICD-10-CM Coding Guidelines.

Other Diagnosis Codes, FL 67A-Q

The RHC/FQHC enters diagnosis coding as required by ICD-9-CM or ICD-10-CM Coding Guidelines.

Attending Provider Name and Identifiers, FL 76

The RHC/FQHC enters the NPI and name of the attending physician designated by the patient as having the most significant role in the determination and delivery of the patient's medical care.

Other Provider Name and Identifiers, FL78-79

The RHC/FQHC enters the NPI and name

NOTE: For electronic claims using version 5010 or later, this information is reported in Loop ID 2310F – Referring Provider Name.

60 - Billing Requirements for RHCs and FQHCs

(Rev. 3434, Issued: 12-31-15, Effective: 03-31-16, Implementation: 03-31-16)

UB-04 Field Locators

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | | | | | | | | | | 2 | | | | | | | | | | 3a PAT CNTL # 3b MED REC # | | | | | | | | | | 4 TYPE OF BILL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 PATIENT NAME | | | | | | | | | | 6 PATIENT ADDRESS | | | | | | | | | | 7 STATEMENT COVERS PERIOD FROM THROUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 BIRTHDATE | | | | | | | | | | 9 SEX DATE | | | | | | | | | | 10 ADMISSION 13 HR 14 TYPE 15 SPC 16 DHR 17 STAY | | | | | | | | | | 11 CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | | | | | | | | | | 12 ACCT 30 STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 OCCURRENCE CODE | | | | | | | | | | 14 OCCURRENCE DATE | | | | | | | | | | 15 OCCURRENCE CODE | | | | | | | | | | 16 OCCURRENCE DATE | | | | | | | | | | 17 OCCURRENCE CODE | | | | | | | | | | 18 OCCURRENCE DATE | | | | | | | | | | 19 OCCURRENCE SPAN FROM THROUGH | | | | | | | | | | 20 OCCURRENCE SPAN FROM THROUGH | | | | | | | | | | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | 23 | | | | | | | | | | 24 | | | | | | | | | | 25 | | | | | | | | | | 26 | | | | | | | | | | 27 | | | | | | | | | | 28 | | | | | | | | | | 29 | | | | | | | | | | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | 32 | | | | | | | | | | 33 | | | | | | | | | | 34 | | | | | | | | | | 35 | | | | | | | | | | 36 | | | | | | | | | | 37 | | | | | | | | | | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | | | | | | | | | | 40 | | | | | | | | | | 41 | | | | | | | | | | 42 | | | | | | | | | | 43 | | | | | | | | | | 44 | | | | | | | | | | 45 | | | | | | | | | | 46 | | | | | | | | | | 47 | | | | | | | | | | 48 | | | | | | | | | | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | 51 | | | | | | | | | | 52 | | | | | | | | | | 53 | | | | | | | | | | 54 | | | | | | | | | | 55 | | | | | | | | | | 56 | | | | | | | | | | 57 | | | | | | | | | | 58 | | | | | | | | | | 59 | | | | | | | | | | 60 | | | | | | | | | | 61 | | | | | | | | | | 62 | | | | | | | | | | 63 | | | | | | | | | | 64 | | | | | | | | | | 65 | | | | | | | | | | 66 | | | | | | | | | | 67 | | | | | | | | | | 68 | | | | | | | | | | 69 | | | | | | | | | | 70 | | | | | | | | | | 71 | | | | | | | | | | 72 | | | | | | | | | | 73 | | | | | | | | | | 74 | | | | | | | | | | 75 | | | | | | | | | | 76 | | | | | | | | | | 77 | | | | | | | | | | 78 | | | | | | | | | | 79 | | | | | | | | | | 80 | | | | | | | | | |

04 – Type of Bill

18-28 – Condition Codes – Why

31-38 – Occurrence Codes – When

39-41 – Value Codes – How much

42- Where (Revenue Code)

56 – RHC Group NPI Number

70 – Patient reason for visit

76 – Attending Provider NPI #

Medicare Benefit Policy Manual, Chapter 13 outlines covered services, visits, payment policies, etc.

Medicare Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

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(Rev. 10/29, 04-26-21)

Transmittals for Chapter 13

Index of Acronyms

10 - RHC and FQHC General Information

10.1 - RHC General Information

10.2 - FQHC General Information

20 - RHC and FQHC Location Requirements

20.1 - Non-Urbanized Area Requirement for RHCs

20.2 - Designated Shortage Area Requirement for RHCs

30 - RHC and FQHC Staffing Requirements

30.1 - RHC Staffing Requirements

30.2 - RHC Temporary Staffing Waivers

30.3 - FQHC Staffing Requirements

40 - RHC and FQHC Visits

40.1 - Location

40.2 - Hours of Operation

40.3 - Multiple Visits on Same Day

40.4 - Global Billing

40.5 - 3 Day Payment Window

50 - RHC and FQHC Services

50.1 - RHC Services

50.2 - FQHC Services

50.3 - Emergency Services

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

60 - Description of Non-RHC/FQHC Services

70 - RHC and FQHC Payment Rate

70.1 - RHCs Billing Under

Medicare Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

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(Rev.11/803)

Transmittals for Chapter 13

70.1 - RHC Payment Limit

70.2.1 - Payment Limits Applicable to Independent RHCs, and Provider-Based RHCs in a Hospital with 50 or More Beds, and New RHCs

70.2.2 - Payment Limits Applicable to Provider-Based RHCs in a Hospital with Less than 50 Beds

70.2.2.1 - Determining Payment Limits for Specified (that is, Grandfathered) Provider-Based RHCs with an AIR Established for RHC Services Furnished in 2020
70.2.2.2 - Determining Payment Limits for Specified (that is, Grandfathered) Provider-Based RHCs that did not have an AIR Established for RHC Services Furnished in 2020

210.1 - Hospice Attending *Physician Services Payment*

230 - Care Management Services

230.2- General Care Management Services

230.2.1 - Chronic Care Management (CCM) Services

230.2.2 - Principal Care Management (PCM) Services

230.2.3 - Chronic Pain Management (CPM) Services

230.2.4 - General Behavioral Health Integration (BHI) Services

230.2.5 - Payment for General Care Management Services

<https://www.cms.gov/files/document/r11803BP.pdf#page=6>

CMS Rural Health Clinics Center

Spotlights
has
updated
billing
information
for RHCs

An official website of the United States government [Here's how you know](#)

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Rural Health Clinics Center

Spotlights

RHC Policies Addressed in the CY 2023 Physician Fee Schedule Final Rule

CMS issued the [CY2023 Medicare Physician Fee Schedule Final Rule](#) which included several provisions that impacted RHCs. A list of provisions effective January 1, 2023 is outlined below. Information regarding each of these policies is available in the [CY 2023 Medicare Physician Fee Schedule Final Rule Fact Sheet](#).

- New Care Management Codes for Chronic Pain Management (CPM) and General Behavioral Health Integration (GBHI)
- Conforming Technical Changes to 42 CFR 405.2463 and 42 CFR 405.246
- Specified Provider-Based RHC Payment-Limit Per-Visit

The following HCPCS codes have been revised to reflect the updates in the Consolidated Appropriations Act (CAA), 2023:

| HCPCS Code | CY 2023 Payment Rate |
|------------|----------------------|
| G0511 | \$77.94 |
| G0512 | \$147.07 |
| G0071 | \$23.72 |
| G2025 | \$98.27 |

COVID-19 Public Health Emergency (PHE) - Updates for RHCs

To provide as much support as possible to RHCs and their patients during the COVID-19 (PHE), we have made several changes to RHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will continue to review our policies as the situation evolves. For additional information and other flexibilities, please see the link: <https://www.cms.gov/files/document/03092020->

Important Links

Billing / Payment

- [CY 2022 Payment Rate Increases for RHCs](#)
- [CY 2021 Payment Rate Increases for RHCs](#)
- [CY 2020 Payment Rate Increase for RHCs](#)
- Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs) [January 2019]: [MM10843 \(PDF\)](#)
- CY 2019 Payment Rate Increase for RHCs. See [MM10989 \(PDF\)](#) .
- Medicare Claims Processing Manual: [Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers \(PDF\)](#)
- Medicare Benefit Policy Internet Only Manual: [Chapter 13 - Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Services](#) - See [MM11019 \(PDF\)](#)
- [RHC Preventive Services Chart \(PDF\)](#) – Information on preventive services in RHCs including HCPCS coding, same day billing, and waivers of co-insurance and deductibles (Updated on 08/10/2016).
- [SE1606 \(PDF\)](#) - Guidance on the Physician Quality Reporting System (PQRS) 2014 Reporting Year and 2016 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)
- [Chapter 29-\(T14\) -- Independent Rural Health Clinic and Freestanding Federally Qualified Health Center cost Report Form CMS 222-92 \(Instructions\) \(ZIP\)](#)

Conditions for Coverage/Participation

- [Conditions for Coverage \(CfCs\) & Conditions of Participations \(CoPs\)](#)
- CfC and CoP: [Rural Health Clinic/Federally Qualified Health Center](#)

Enrollment/Certification

- [Quality, Safety & Oversight - General Information](#)
- [Policy & Memos to States and Regions](#)
- [Form CMS-1561A](#) : Health Insurance Benefit Agreement - Rural Health Clinic
- [Form CMS 29](#) : Request to Establish Eligibility to Participate in HI for Aged/Disabled to Provide Rural Health Clinic Services

CMS Manuals & Transmittals

- [Manuals](#)
- [Transmittals](#)
- [State Medicaid Manual](#) Paper-Based Manual

Frequently Asked Questions

- [CY 2022 Physicians Fee Schedule Final Rule Frequently Asked Questions \(FAQs\) \(PDF\)](#)
- [COVID-19 Frequently Asked Questions \(FAQs\) for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(PDF\)](#)
- [Virtual Communication Services in RHCs and FQHCs Frequently Asked Questions \(PDF\)](#)

Contacts

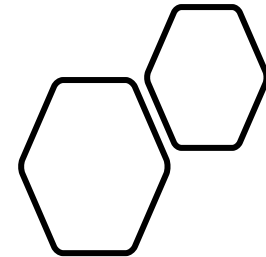
- [CMS Regional Office Rural Health Coordinators \(PDF\)](#) - Updated July 2021
- [Medicare Certified Rural Health Clinics](#)
- [CMS Regional Survey and Certification Contacts \(PDF\)](#)
- [CMS Regional Offices](#) and [HHS Regions - Map \(PDF\)](#)
- [Coordination of Benefits Information](#)

Coverage

- [Medicare Coverage - General Information](#)
- [Medicare Coverage Database](#)
- [Medicare NCD Manual](#)

Educational Resources

- [RHC Fact Sheet](#)
- Effective April 1, 2016, RHCs are required to report a HCPCS code for each service furnished along with an appropriate revenue code. For claims with dates of service on or after April 1, 2016, RHCs should follow the reporting requirements for modifier CG found in MLN Matters Article [SE1611 \(PDF\)](#) . For additional information, see [RHC Reporting Requirements FAQs \(PDF\)](#).
- [MM10175 \(PDF\)](#) - Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified Health Centers (FQHCs)



CMS Guidance on Rural Billing (43 pages)



Rural Providers & Suppliers Billing



RHC Information Pages 24 to 28

Rural Health Clinic (RHC)

Medically Necessary Services

| Service | Billing Information | Patient Cost Sharing | Manual |
|---|--|---|---|
| <p>Advance Care Planning Physician, Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Psychologist (CP), and Clinical Social Worker (CSW) Provided Office Visits</p> <p>Services and Supplies (including Part B-Covered Drugs) Provided Incident to Physician, PA, NP, CNM, or CP Services</p> <p>Transitional Care Management</p> <p>Visiting Nurse Services Provided to Homebound Patients in Home Health Shortage Areas</p> | <p>Bill medically necessary, face-to-face (1-on-1) medical, mental, and qualified preventive health visits to your A/B MAC (A) when services take place at:</p> <ul style="list-style-type: none"> • RHC. • Patient's residence (including an assisted living facility). • Medicare-covered Part A skilled nursing facility. • Scene of an accident. <p>Only bill your MAC for professional services.</p> <p>Your MAC pays you through the RHC All-Inclusive Rate (AIR).</p> <p>Encounters with more than 1 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:</p> <ul style="list-style-type: none"> • Illness or injury requiring additional diagnosis or treatment after first encounter. • Qualified medical and mental health visit on the same day. • An Initial Preventive Physical Examination (IPPE) and a separate medical or mental health visit on the same day. | <p><u>Deductible, copayment, and coinsurance applies.</u></p> | <p><u>Medicare Benefit Policy Manual Chapter 13</u></p> <p><u>Medicare Claims Processing Manual Chapter 9</u></p> |
| <p>Chronic Care Management (CCM), General Behavioral Health Integration (BHI) Services, and Psychiatric Collaborative Care Model (CoCM) Services</p> | <p>Bill your RHC claim using HCPCS code G0511 for CCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable A/B MAC (A) services.</p> | <p><u>Copayment and coinsurance applies.</u></p> | <p><u>Medicare Benefit Policy Manual Chapter 13</u></p> <p><u>Medicare Claims Processing Manual Chapter 9</u></p> |

Rural Health Clinic (RHC)

Preventive Services (cont.)

| Service | Billing Information | Patient Cost Sharing | Manual |
|--|--|--|--|
| Flu and Pneumococcal Shots | Your cost reports include the shot costs and their administration; your MAC bases the payment on cost. | Deductible, copayment, and coinsurance waived. | Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18 |
| Hepatitis B Shots | <p>You get no additional MAC payment for these shots; the AIR payment includes the costs.</p> <p>Bill your MAC for shots and their administration as separate line items if the visit is a qualifying visit.</p> | Deductible, copayment, and coinsurance applies. | Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18 |
| Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening | <p>You may bill an IPPE provided service visit.</p> <p>If you provide an IPPE on the same day as another billable medical visit, you can file 2 visits.</p> <p>Practitioners and facilities providing the technical component service separately bill 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.</p> | <p>IPPEs and AAA screenings deductibles, copayments, and coinsurance waived.</p> <p>Electrocardiogram (ECG) Part B deductible, copayment, and coinsurance applies.</p> | Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18 |
| Medical Nutrition Therapy (MNT) | The AIR payment covers these stand-alone billable visits. Don't separately bill them. | Deductible, copayment, and coinsurance waived. | Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 18 |

MLN Matters Transmittals

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles>

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| Transmittal # | Issue Date | Subject | Implementation Date | CR # | MM Article # | MM Article Release Date |
|--------------------------|------------|--|---------------------|-------|--------------|-------------------------|
| R11200CP | 2022-01-12 | Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health... | 2022-01-03 | 12357 | MM12357 | 2022-01-13 |
| R11095CP | 2021-10-29 | Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health... | 2022-01-03 | 12357 | MM12357 | 2021-10-29 |
| R11029CP | 2021-09-29 | Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health... | 2022-01-03 | 12357 | MM12357 | 2021-09-30 |
| R10907CP | 2021-08-10 | Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health... | 2022-01-03 | 12357 | MM12357 | 2021-08-11 |
| R200SOMA | 2020-02-21 | Revisions to the State Operations Manual (SOM) Appendix A - Hospitals, Appendix AA – Psychiatric... | 2020-02-21 | N/A | | |
| R194SOMA | 2019-10-25 | Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics | 2019-10-25 | N/A | | |
| R2118OTN | 2018-08-10 | Communication Technology Based Services and Payment for Rural Health Clinics (RHCs) and Federally... | 2019-01-07 | 10843 | MM10843 | 2019-01-23 |
| R177SOMA | 2018-01-26 | Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics | 2018-01-26 | N/A | | |
| R1899OTN | 2017-08-11 | Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified... | 2018-01-02 | 10175 | MM10175 | 2017-11-09 |
| R3627CP | 2016-10-14 | Announcement of Payment Rate Increases for Rural Health Clinics (RHCs) for Calendar Year (CY) 2017 | 2017-01-03 | 9829 | MM9829 | 2016-11-15 |

Medicare Administrative Contractor For most Kentucky RHCs = CGS J15 Part A



Serving KY and OH

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- Appeals/Redeterminations
- Audit & Reimbursement
- Browse by Facility Type
- Browse by Topic
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- CGS MedicareSM App
- Claims
- CMS MLN Connects[®]
- COVID-19
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A/B & DME MAC Collaborations

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Did You Know? – Rural Health Clinic

Click on an item to expand *or* Show All / Close All

1. I do not understand RTP Reason Code 39910. Have there been recent changes to RHC billing requirements?

The following are the current guidelines:

- Required HCPCS reporting from the RHC Qualifying Visit List
- Changes to reporting specific codes, and
- The submission of the CG modifier to the line with all the charges subject to coinsurance and deductible.

References:

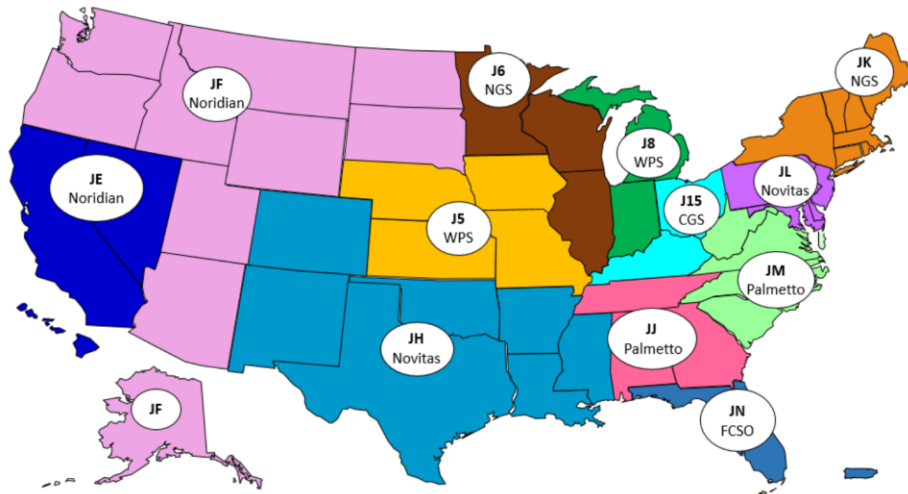
- MLN Matters[®] article MM9269 [PDF](#)
- MLN Matters[®] article SE1611 [PDF](#)
- Rural Health Clinics (RHCs) Reporting Requirements Frequently Asked Questions (FAQs) [PDF](#) (Revised 10-14-16)
- CMS Rural Health Clinic Center [PDF](#) Website - Spotlights

2. Do rural health clinics bill the Part A for influenza and PPV vaccinations?
3. Does CMS conduct Open Door Forums regarding RHCs?
4. Can RHCs bill for Chronic Care Management (CPT 99490)?
5. Where can I find RHC information on the CMS website? Is there a dedicated website?
6. Are there new billing instructions for RHCs in 2016?
7. Do rural health clinics bill the Part A for influenza and PPV vaccinations?
8. I received a remit for a negative amount. What does this mean? Do I owe Medicare for some reason?

<https://cgsmedicare.com/parta/dyk/rhc.html>

**Question:
Where do we
find out what
jurisdiction
our clinic is
in?**

**A/B MAC Jurisdictions
as of June 2021**



<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs#MapsandLists>

Other MACs can help you understand Medicare Billing

<https://med.noridianmedicare.com/web/jfa//provider-types/rhc/rhc-billing-guide>

RHC Billing Guide

| Requirement | Description |
|---|---|
| RHC Provider Number Ranges CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 10.1 | Third - Sixth digits: <ul style="list-style-type: none"> • 3400-3499 • 3800-3974 • 3975-3999 • 8500-8999 <p>A provider-based CMS Certification Number (CCN) is not an indication that the RHC has a provider-based determination for purposes of an exception to the payment limit</p> |
| RHC Bill Type CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 50 | <ul style="list-style-type: none"> • 0711 - Admit to discharge • 0717 - Adjustment • 0718 - Cancel • 0710 - No payment |
| Billable Visit CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 100 CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 110.1 | <p>Face-to-face encounter between the patient and a physician, physician assistance (PA), nurse practitioner (NP), certified nurse midwife (CNM), clinical psychologist (CP), clinical social worker (CSW) or in limited situation a visiting nurse (VN) during which a RHC service is rendered.</p> <p>RHCs can bill for a face-to-face, medically necessary visit furnished by a dentist, podiatrist, optometrist, or chiropractor if the service furnished is on the list of qualifying visits for the RHC and all other staffing requirements are met. All services furnished must be within the state scope of practice for the practitioner and all HCPCS codes must reflect the actual services that were furnished.</p> |
| RHC Practitioners and Staffing CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 10.1 and 30.1 | <ul style="list-style-type: none"> • Physicians • NP • PA • CNM • CP • CSW • Register professional nurse (RN) - homebound services • Licensed professional nurse (LPN) - homebound services <p>NP, PA or CNM must work in the clinic at least 50 percent of the time the RHC is open. One practitioner must be present in the RHC and available at all times to furnish patient care.</p> |

RHC OVERVIEW

This interactive tool provides an overview of Rural Health Clinics (RHCs). [Select this link](#) for RHC background information and select the links below for billing information on each service.

SERVICES

[Radiology & Diagnostics](#) | [Telehealth](#) | [Clinical Laboratory Tests](#) | [Supplies & Drugs](#)

PREVENTIVE

[Lung Cancer Screening & Chronic Care Management](#) | [Medicare-Covered Preventive Services](#)

[Initial Preventive Physical Examination](#) | [Vaccines](#) | [Annual Wellness Visits](#)

[Diabetes Self-Management Training & Medical Nutrition Therapy](#)



https://www.palmettogba.com/internet/eLearn2.nsf/RHC_Overview/story_html5.html

Be Careful using Artificial Intelligence to answer questions.

MA

How to bill telehealth in a rural health clinic with links and reference provided?



Billing for telehealth services in a rural health clinic typically follows the same rules as for traditional in-person visits, with some exceptions and special considerations. Here are some general guidelines:



1. Use appropriate billing codes: Telehealth services are billed using specific Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. The codes used for telehealth are generally the same as those used for in-person visits, but with a modifier code (GT, GQ, 95, or asynchronous) to indicate that the service was provided via telehealth.
2. Follow Medicare guidelines: Rural health clinics that bill Medicare for telehealth services must follow specific guidelines, including the requirement that the patient be located in a rural area and that the telehealth service be provided from an approved originating site.
3. Check with your state Medicaid program: Medicaid policies for telehealth billing vary by state, so it's important to check with your state's Medicaid program for guidance.
4. Understand payment rates: Payment rates for telehealth services may vary depending on the payer and the type of service provided. Medicare typically pays the same rate for telehealth services as it does for in-person visits, but other payers may have different payment policies.

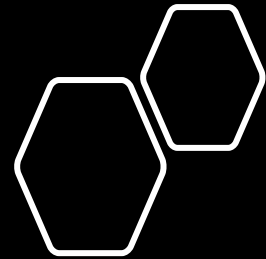
For more detailed guidance on billing for telehealth in a rural health clinic, the following resources may be helpful:

- Centers for Medicare & Medicaid Services (CMS) Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Telehealth Services:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/RHC-and-FQHC-Telehealth-Services>
- National Rural Health Association Telehealth Billing Toolkit:
<https://www.ruralhealthweb.org/getattachment/Resources/telehealth/Telehealth-Billing-Toolkit.pdf.aspx>
- American Telemedicine Association State Telehealth Laws and Reimbursement Policies:
<https://www.americantelemed.org/policy/state-policy-resource-center/#telehealth-policies-by-state>

<https://chat.openai.com/chat>

Pre-Test

Check your progress!



3. Billing and Coding are the same thing.

A. True

B. False

Billing and Coding are not the same thing

| Description | Coding | Billing |
|---|--|---|
| Creator | AMA | CMS |
| Types of Codes <i>ICD-10-CM (AMA/AHA/CMS/NCHS) Why did you perform the service? Do you have current coding guidelines?</i> | CPT Codes – Current Procedural Terminology (What did you do) | HCPCS II Codes Healthcare Common Procedure Coding System (What you did and what supplies were used) |
| Definition | It was designed to describe medical, surgical, and diagnostic services accurately. It is also used as a form of uniform communication among physicians, coders, patients, accreditation organizations, and those who pay for administrative, financial, and analytical purposes about certain medical procedures and services. | is a set of health care procedure codes based on CPT. It was designed to provide a standardized coding system in order to describe specific items and services that are provided when health care is delivered. It is a necessary form of coding for anyone who carries Medicare, Medicaid, and other health insurance programs in order to ensure that insurance claims are processed efficiently. |
| Example: | An RHC provides a 99213 via telehealth. The CPT Code is 99213. | The 99213 converts to a G2025 when billed to Medicare plus any required modifiers (CG/95/FQ) |
| Responsibility | Physicians, NPs, PAs, providers, Coders | Billers, Office Manager, CFO, Administrator |

Billing and Coding Crosswalk Cheat Sheet

| Service | Example Coding CPT | Example Billing HCPCS | Payment | Cost Report Visit? | Allowable Medicare Cost? | Notes |
|--|--------------------|-----------------------|---------|--------------------|--------------------------|---|
| Medicaid Visit (in some states) | 99213 (QVL) | T1015 | AIR | Yes | Yes | Only count 1 visit on your RHC Cost Report |
| Telehealth Visit | 99213 | G2025 | \$98.27 | No | No | Medicaid may pay AIR |
| Mental Telehealth Visit (starting in 2022) | 90834 | 90834 CG 95 | AIR | Yes | Yes | Keep records on the costs of two different types of telehealth visits |
| Virtual Communication Services (G0071) | 99421 | G0071 | \$23.72 | No | No | Exclude cost on cost report. |
| Chronic Care Management | 99484 | G0511 | 77.94 | No | No | Exclude cost on cost report. |

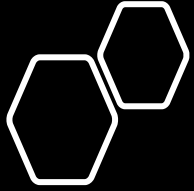
Note: The CPT Code column is not an all-inclusive list of CPT codes.



4. Rural Health Clinic Status directly impacts payments from the following:

- A. Medicare
- B. Medicaid
- C. All Payers
- D. Medicare and Medicaid**





RHC Status only affects reimbursement from Medicare and Medicaid. Most Medicare Advantage plans do not recognize RHC status, but some do. Reach out to them and ask.



The Golden Rule

“He who has the Gold makes the rules.”

Charge everyone the same.

Bill in accordance with the Payor's rules.

The Difference between Commercial and RHC Billing

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J | K |
| S01.01XA | | | | | | | | | | |

| 24. A. DATE(S) OF SERVICE | | | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) | | E. DIAGNOSTIC POINT | F. CHARGE | | G. NPI | | | |
|---------------------------|----|----|---------------------|--------|--|----------|---------------------|-----------|---|--------|----|-----|------------|
| From | To | | | | CPT/HCPCS | MODIFIER | | | | | | | |
| MM | DD | YY | MM | DD | YY | | | | | | | | |
| 10 | 18 | 18 | | | | 22 | 99215 | 25 | 1 | 350 | 00 | NPI | 1234567890 |
| 10 | 18 | 18 | | | | 22 | 12001 | | 1 | 245 | 00 | NPI | |

Modifier 25 required to signify procedure was the result of the visit for Commercial

| 1. PATIENT INFORMATION | | | | | | | | | | 2. PATIENT INFORMATION | | 3. PATIENT INFORMATION | | 4. TYPE OF BILL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|--|------------------------|--|-----------------|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|
| 8. PATIENT NAME | | | | | | | | | | 9. PATIENT ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 711 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. BIRTHDATE | | | | | | | | | | 11. SEX | | | | | | | | | | 12. ADMISSION DATE | | | | | | | | | | 13. HR | | | | | | | | | | 14. TYPE | | | | | | | | | | 15. DHR | | | | | | | | | | 16. STAT | | | | | | | | | | 17. CONDITION CODES | | | | | | | | | | 18. 22 | | | | | | | | | | 19. 23 | | | | | | | | | | 20. 24 | | | | | | | | | | 21. 25 | | | | | | | | | | 22. 26 | | | | | | | | | | 23. 27 | | | | | | | | | | 24. 28 | | | | | | | | | | 25. 29 | | | | | | | | | | 26. 30 | | | | | | | | | |
| 31. OCCURRENCE CODE | | | | | | | | | | 32. OCCURRENCE DATE | | | | | | | | | | 33. OCCURRENCE CODE | | | | | | | | | | 34. OCCURRENCE DATE | | | | | | | | | | 35. OCCURRENCE CODE | | | | | | | | | | 36. OCCURRENCE SPAN FROM | | | | | | | | | | 37. OCCURRENCE SPAN THROUGH | | | | | | | | | | 38. OCCURRENCE CODE | | | | | | | | | | 39. OCCURRENCE SPAN FROM | | | | | | | | | | 40. OCCURRENCE SPAN THROUGH | | | | | | | | | | 41. OCCURRENCE CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. REV. CD. | | | | | | | | | | 39. DESCRIPTION | | | | | | | | | | 40. HCPCS / RATE / HPPS CODE | | | | | | | | | | 41. SERV. DATE | | | | | | | | | | 42. PATIENT NAME | | | | | | | | | | 43. NON-COVERED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0521 | | | | | | | | | | Established Patient Visit Level 5 | | | | | | | | | | 99215CG10102018 | | | | | | | | | | 1 | | | | | | | | | | 59500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0521 | | | | | | | | | | Simple Repair scalp less than 2.5 cm | | | | | | | | | | 1200110102018 | | | | | | | | | | 1 | | | | | | | | | | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

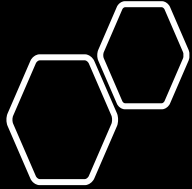
Use CG modifier, no modifier 25

Sum the dollars on the line for the RHC visit

5. RHCs bill Medicare RHC claims for RHC covered services using the following Claim Form?

A. 1500

B. UB-04

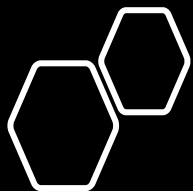


RHCs use the Form CMS-1450 (UB-04) or 837 Institutional to bill Medicare for RHC Services

- <https://www.cms.gov/outrreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837i-formcms-1450-icn006926.pdf>

Medicare Billing: Form CMS-1450 and the 837 Institutional





Independent RHCs use the Form CMS-1500 (837P) to bill Medicare for Labs, technical components, and hospital services.

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf>

Medicare Billing: 837P & Form CMS-1500



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6. RHCs should charge:

A. Only the RHC reimbursement rate to Medicare and Medicaid

B. All payors using the same chargemaster

C. All payors the same chargemaster except indigent patients

D. Using a sliding fee schedule

Charge Example

I recommend 150 to 200 percent of the Medicare Fee Schedule.

For example, 150% = \$130 (85.59 *1.5) and 200% = \$170 (85.59*2). I would split the difference and charge \$150.

https://www.palmettogba.com/palmetto/fees_front.nsf/fee_main?OpenForm

| | | | |
|------------------------|------------|------------------|----|
| Effective Date: | 01/01/2022 | Locality: | 35 |
| State: | Tennessee | Modifier: | |
| Procedure Code | 99213 | | |

| Fees | Non-Facility | Facility | OPPS Cap Non-Facility | OPPS Cap Facility | Reduced Therapy |
|----------------------------------|---------------------|-----------------|------------------------------|--------------------------|------------------------|
| Participating Amount: | \$85.59 | \$63.67 | \$0.00 | \$0.00 | \$37.96 |
| Non-Participating Amount: | \$81.31 | \$60.49 | \$0.00 | \$0.00 | \$0.00 |
| Limiting Charge Amount: | \$93.51 | \$69.56 | \$0.00 | \$0.00 | \$0.00 |

RHCs can have a sliding fee schedule

7. RHCs are paid an All-Inclusive Rate which pays for all Medicare services provided to the patient while at the RHC?

A. True

B. False

The All-Inclusive Rate does not cover the following:

Lab services
(services except
Venipuncture –
CPT 36415)

Technical
components

Hospital services

Telehealth (except
Mental Health
Services starting in
2022)

Chronic Care
Management

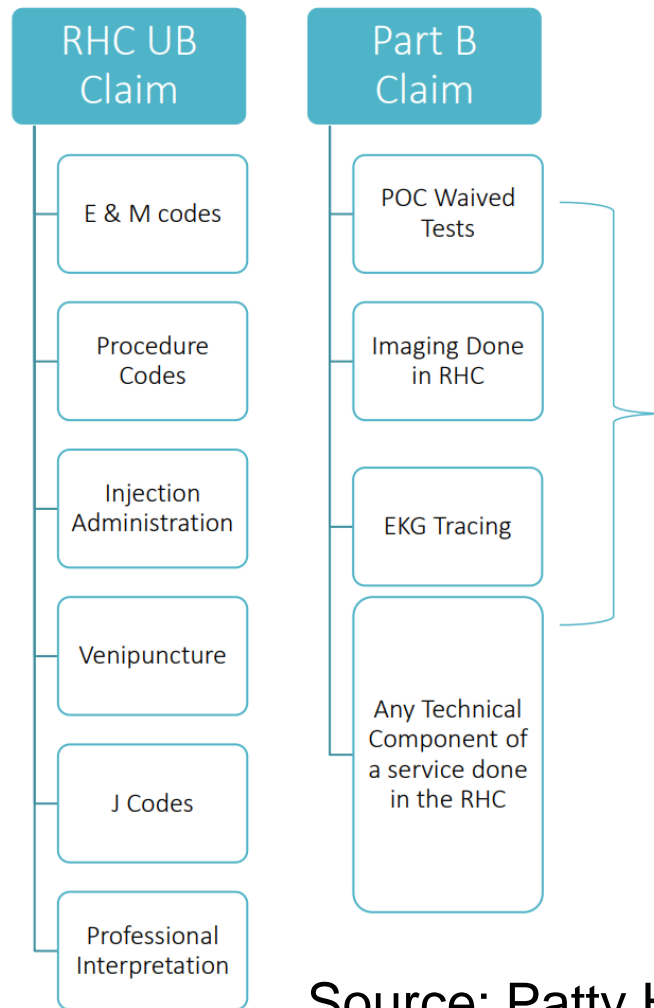
Principal Care
Management

Note: The six required lab services are not covered under the RHC benefit.

Types of Services Provided in an RHC

| Part of the All-Inclusive Rate (AIR) Calculation | Not Part of the All-Inclusive Rate Calculation | Pass-through Costs paid above the AIR |
|--|--|---------------------------------------|
| Office Visits | Laboratory Services (except 36415) | Influenza Vaccinations |
| Incident-to Services | Hospital Services & Chronic Care Management | Pneumococcal Vaccinations |
| Mental Health Telehealth Visits | Telehealth Visits (medical, not mental health) | Covid-19 Vaccinations & MABS |
| Lab Draws (36415) | Private Practice Time (Non-RHC hours) | Bad Debts |
| Radiology Services (Professional Portion) | Radiology Services (Technical Portion) | Graduate Medical Education |

Medicare Split Billing Independent RHC



- You should not bill professional procedures to Part B for increased reimbursement.
- You should NOT have a separate “treatment” room in your RHC.
- Do not include the six required tests on the RHC UB Medicare Claim.

Source: Patty Harper, InQuiseek, LLC

8. To Bill Medicare RHCs must always have a Face-to-Face encounter.

A. True

B. False

What is a Face-to-Face Encounter

40 - RHC and FQHC Visits

(Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18)

An RHC or FQHC visit is a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more RHC or FQHC services are rendered. A Transitional Care Management (TCM) service can also be an RHC or FQHC visit. Services furnished must be within the practitioner's state scope of practice, and only services that require the skill level of the RHC or FQHC practitioner are considered RHC or FQHC visits.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

Source: Chapter 13 Medicare Benefits Manual



Requirements for RHCs to bill a Face-to Face Encounter

- Must be Face-to-Face with a provider (MD/DO/NP/PA/CSW/CP)
- Must be medically necessary
- Must be within the scope of practice of the provider
- Must require the skill of a that provider
- Must be on the QVL

Examples of
Medicare
Services that
do not
require a
Face-to-
Face
Encounter:

Telehealth
Service

Chronic Care
Management

Principal Care
Management

9. For an RHC to bill an encounter to Medicare and receive the All-Inclusive Rate the encounter must be located on the published Qualifying Visit List (QVL) ?

A. True

B. False

The published Qualifying Visit List is no longer updated!!!

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

Rural Health Clinic Qualifying Visit List (RHC QVL) (8-01-16)

The RHC QVL is intended as guidance for RHCs beginning to report HCPCS codes. It consists of frequently reported Healthcare Common Procedure Coding System (HCPCS) codes that qualify as a face-to-face visit between the patient and an RHC practitioner and it is not an all-inclusive list of stand-alone billable visits for RHCs. More information on what is considered a RHC visit is included in the “RHC Visits” section of this guidance.

In this update to the QVL, *HCPCS code G0490 has been added as a stand-alone billable visit effective October 1, 2016 and HCPCS codes G0436 and G0437 have been replaced with CPT codes 99406 and 99407 effective October 1, 2016.* See the table below and accompanying footnotes for more information. The billable visits shown in black below are both effective and payable as stand-alone services beginning with dates of service on or after April 1, 2016. The billable visits shown in red below are effective for dates of service on or after April 1, 2016, for claims and adjustments received on or after October 1, 2016. RHCs should hold claims solely for these billable visits (shown in red) until October 1, when RHCs can bill these claims for payment *with the CG modifier (explained below)*. For dates of service on or after October 1, 2016, a medically-necessary service not on the current QVL can be billed as a stand-alone billable visit if the service meets Medicare coverage requirements, is within the scope of the RHC benefit, and is not furnished incident to a physician’s service.

NOTE: The use of a HCPCS code from the below QVL does not guarantee payment of the claim. All of the conditions for coverage and payment must be met for payment to be made. RHCs must retain adequate documentation of a patient’s condition and the services furnished as part of the patient’s medical record, which, along with the claim, may be subject to review by CMS, its contractors, or other oversight authorities.

HCPCS Reporting Requirements

For dates of service on or after April 1, 2016, RHCs are required to report the appropriate HCPCS code for each service line along with revenue code on their Medicare claims. Services furnished through March 31, 2016, are not required to be reported with HCPCS code and should be billed under the previous guidelines.

From April 1, 2016 through September 30, 2016, all charges for a visit must be reported on the service line with the qualifying visit HCPCS code, minus any charges for preventive services using revenue code 052x for medical services and/or revenue code 0900 for mental health services. RHCs are allowed to report additional 052x or 0900 revenue code lines. Beginning on October 1, 2016, the Medicare administrative contractors (MACs) will accept modifier CG (policy criteria applied) on RHC claims and adjustments. RHCs shall report modifier CG on one revenue code 052x and/or 0900 service line, which includes all charges subject to coinsurance and deductible for the visit. 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. Each additional service furnished during the visit should be reported with charges greater to or equal to \$0.01. The additional service lines are for informational purposes only. MACs will package/bundle the additional service lines, which do not receive the

10. An RHC must include a CG modifier on all claims for RHC covered services.

A. True

B. False

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

(Revised 10-14-16)

Q7. Is modifier CG reported with the initial preventive physical examination (IPPE) when it is billed alone or with other billable services on a claim?

A7. No. 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.

- <https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/rhc-reporting-faqs.pdf>

11. The MSP
payer
questionnaire
questions
must be
asked

A. Every visit

B. Annually

C. Every 90 days

Medicare Secondary Payor Rules

Gathering Accurate Data

You must determine if Medicare is the primary or secondary payer for each inpatient admission or outpatient encounter before submitting a Medicare claim. Ask patients about other coverage. Questions you ask help update patient insurance information and verify the patient's CWF record is correct and current.

CMS developed tools, including an MSP model questionnaire, [Admissions Questions to Ask Medicare Beneficiaries](#), to help providers identify the correct primary claims payers for all patient hospital services provided. CMS electronic tools help identify and verify MSP situations. Get more information in [Medicare Secondary Payer Manual, Chapter 3, Section 20](#) or [contact your MAC](#).

Providers must keep completed MSP questionnaire copies and other MSP information for 10 years after the service date. You may keep hard copy files, optical images, microfilms, or microfiches. When storing these files online, keep negative and positive question responses.

- https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/msp_fact_sheet.pdf

Medicare Secondary Payer Questionnaire

- <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer>

https://www.cms.gov/medicare/coordination-of-benefits-and-recovery/providerservices/downloads/pro_othertool.pdf

20.2.1 - Admission Questions to Ask Medicare Beneficiaries

(Rev.)

The following *questionnaire contains* questions *that can be used* to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers *may use this* as a guide to help identify other payers that may be primary to Medicare. *This questionnaire is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations. If you choose to use this questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.*

Part I

1. Are you receiving Black Lung (BL) Benefits?

___ Yes; Date benefits began: *MM/DD/CCYY*

BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.

___ No.

2. Are the services to be paid by a government program such as a research grant?

___ Yes; Government Program will pay primary benefits for these services

___ No.

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?

___ Yes.

DVA IS PRIMARY FOR THESE SERVICES.

___ No.

4. Was the illness/injury due to a work related accident/condition?

___ Yes; Date of injury/illness: *MM/DD/CCYY*

Name and address of WC plan:

Policy or identification number: _____

Name and address of your employer:

WC IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO WORK RELATED INJURIES OR ILLNESS, GO TO PART III.

___ No. **GO TO PART II.**

12. CPT
Category II
Codes can
not be
included on
the UB-04.

A. True

B. False

Answer from
the NARHC
Forum on
Category II
CPT Codes

- Contributor: Patty Harper, InQuiseek Consulting
- Cat II codes cannot be reported on institutional UB claims. The codes must be reported through a registry-either through CMS or a 3rd party. The codes can be reported on the 1500 format for states which use the 837P for RHC Medicaid claims.

Patty Harper, RHIA, CHTS-IM, CHTS-PW,
CHCR

Healthcare Consultant/Principal

318-243-2687 (Cell)

866-855-0683 (Fax)

940 Ratcliff Street
Shreveport, LA 71104

13. What Place of Service Code should an RHC use when billing Medicare?

A. 72

B. 11

C. The Revenue Code serves as the Place of Service Code on the UB-04

Revenue Codes can be found in Chapter 9 Medicare Claims Processing Manual

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>

Revenue Codes, FL42

The RHC/FQHC assigns a revenue code for each type of service provided and enters the appropriate four-digit numeric revenue code to explain each charge.

For FQHC claims with dates of service on or after January 1, 2010, FQHCs may report additional revenue codes when describing services rendered during an encounter. However, Medicare payment will continue to be reflected only on claim lines with the revenue codes in the following table:

| Code | Description |
|------|---|
| 0521 | Clinic visit by member to RHC/FQHC |
| 0522 | Home visit by RHC/FQHC practitioner |
| 0524 | Visit by RHC/FQHC practitioner to a member in a |

| Code | Description |
|------|--|
| | covered Part A stay at the SNF |
| 0525 | Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility |
| 0527 | RHC/FQHC Visiting Nurse Service(s) to a member's home when in a home health shortage area |
| 0528 | Visit by RHC/FQHC practitioner to other non RHC/FQHC site (e.g., scene of accident) |
| 0519 | Clinic, Other Clinic (only for the FQHC supplemental payment) |
| 0900 | Mental Health Treatment/Services |

14. An RHC treats a patient on January 1, 2023 and charges \$226. The RHCs AIR is \$126. When the bill is submitted to Medicare how much does Medicare pay?

A. 0

B. \$100

C (\$100)

D. \$25.20

Negative Reimbursement

Rural Health Clinics (RHC)

For Rural Health Clinics (RHCs), negative reimbursement is encountered when the cost of the visit is greater than the provider encounter rate and the billed amount is applied to the patient's Medicare deductible.

| Example | 2023 | |
|---|--------|----------|
| Total billed amount | \$226 | \$115.00 |
| Provider all-inclusive reimbursement rate | \$126 | \$75.00 |
| Amount applied to deductible | \$226 | \$115.00 |
| Beneficiary's responsibility | \$226 | \$115.00 |
| Medicare reimbursement | -\$100 | -\$40.00 |

When posting it is important to balance to the patient responsibility per the EOB. The variance is Medicare contractual and is an adjustment (not collectable from the patient).

WHY DOES MEDICARE HAVE NEGATIVE REIMBURSEMENT? WHAT IF THEY DID NOT HAVE NEGATIVE REIMBURSEMENT?

Negative Reimbursement Example

| <u>Description</u> | <u>Visit 1</u> | <u>Visit 2</u> | <u>Visit 3</u> | <u>Visit 4</u> | <u>Totals</u> |
|--------------------|----------------|----------------|----------------|----------------|---------------|
| Charge | 233 | 150 | 150 | 150 | 683 |
| Deductible | 233 | 0 | 0 | 0 | 233 |
| Copay | 0 | 30 | 30 | 30 | 90 |
| AIR | 113 | 113 | 113 | 113 | 452 |
| Medicare Payment | 0 | 90 | 90 | 90 | 270 |
| Visits | 1 | 1 | 1 | 1 | 4 |

Note: \$90 = 80% of \$113 the maximum AIR for Medicare in 2022



WHY DOES MEDICARE HAVE NEGATIVE REIMBURSEMENT? HERE IS AN EXAMPLE WITH NEGATIVE REIMBURSE

Negative Reimbursement Example

| <u>Description</u> | <u>Visit 1</u> | <u>Visit 2</u> | <u>Visit 3</u> | <u>Visit 4</u> | <u>Totals</u> |
|--------------------|----------------|----------------|----------------|----------------|---------------|
| Charge | 233 | 150 | 150 | 150 | 683 |
| Deductible | 233 | 0 | 0 | 0 | 233 |
| Copay | 0 | 30 | 30 | 30 | 90 |
| AIR | 113 | 113 | 113 | 113 | 452 |
| Medicare Payment | -120 | 90 | 90 | 90 | 150 |
| Visits | 1 | 1 | 1 | 1 | 4 |

Note: \$90 = 80% of \$113 the maximum AIR for Medicare in 2022



IF MEDICARE DID NOT HAVE NEGATIVE REIMBURSEMENT EACH MEDICARE PATIENT WOULD CREATE A PAYBACK TO MEDICARE

| Summary | Amount | Percent |
|------------------|--------|---------|
| Charges | 683 | 100% |
| Patient pays | 323 | 47% |
| Medicare Payment | 270 | 40% |
| Contractual | 90 | 13% |
| Visits | 4 | |

| Cost Report Recap | Amount |
|-------------------|------------|
| Cost Cap | \$ 113 |
| Visits | <u>4</u> |
| Allowable Cost | 452 |
| Minus Deductible | <u>233</u> |
| Reimbursable cost | 219 |
| Minus Copay 20% | 44 |
| Reimbursable cost | 175 |
| Medicare Payment | 270 |
| Variance | -95 |

If an RHC had 500 Medicare patients the estimated payback would be \$47,500



AN EXAMPLE OF NEGATIVE REIMBURSEMENT THIS IS WHAT MEDICARE DOES

| Summary | Amount | Percent |
|------------------|--------|---------|
| Charges | 683 | 100% |
| Patient pays | 323 | 47% |
| Medicare Payment | 150 | 22% |
| Contractual | 210 | 31% |
| Visits | 4 | |

| Cost Report Recap | Amount |
|-------------------|------------|
| Cost Cap | \$ 113 |
| Visits | 4 |
| Allowable Cost | 452 |
| Minus Deductible | <u>233</u> |
| Reimbursable cost | 219 |
| Minus Copay 20% | 44 |
| Reimbursable cost | 175 |
| Medicare Payment | 150 |
| Variance | 25 |

In this example Medicare owes the clinic \$25 per Medicare patient. This is because Medicare does not compute the patient copay when they compute the negative reimbursement.



15. When posting a negative reimbursement claim an RHC should always:

A. Ensure that the Patient Balance remains correct after posting.

B. Post the withhold to the patient balance.

C. Include the negative reimbursement on the Credit Balance Report.

HOW TO POST NEGATIVE REIMBURSEMENT & MEDICARE CLAIMS

How to Post Negative Reimbursement

| Account | Debit | Credit |
|--------------------|-------|--------|
| Charges | | 226 |
| Patient Receivable | 226 | |

| Account | Debit | Credit |
|-------------------------|-------|--------|
| Contractual Adjustments | 100 | |
| Medicare Payable/Cash | | 100 |

Patient still owes \$226.

How to Post Medicare Claims without Deductibles

| Account | Debit | Credit |
|--------------------|-------|--------|
| Charges | | 226 |
| Patient Receivable | 226 | |

| Account | Debit | Credit |
|----------------------|-------|--------|
| Bank Account | 100 | |
| Patient Receivable | | 180.80 |
| Medicare Contractual | 80.80 | |

Note: Patient still owes \$45.20.





16. How often does an RHC have to complete a Form 838 Credit Balance Report?

- A. Weekly
- B. Monthly
- **C. Quarterly**
- D. Annually

The Medicare Credit Balance Report must be completed Quarterly or your payments will be cut off.

<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms838.pdf>

**MEDICARE CREDIT BALANCE REPORT
CERTIFICATION PAGE**

The Medicare Credit Balance Report is required under the authority of sections 1815(a), 1833(e), 1886(a)(1)(C) and related provisions of the Social Security Act. Failure to submit this report may result in a suspension of payments under the Medicare program and may affect your eligibility to participate in the Medicare program.

ANYONE WHO MISREPRESENTS, FALSIFIES, CONCEALS OR OMITTS ANY ESSENTIAL INFORMATION MAY BE SUBJECT TO FINE, IMPRISONMENT OR CIVIL MONEY PENALTIES UNDER APPLICABLE FEDERAL LAWS.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying credit balance report prepared by:

| | |
|---------------|-------------------------|
| Provider Name | Provider 6-Digit Number |
| | |

for the calendar quarter ended _____ and that it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.

Signature of Officer or Administrator of Provider

Name and Title

Date (mm/dd/yyyy)

CHECK ONE:

- Qualify as a Low Utilization Provider
- The Credit Balance Report Detail Page(s) is attached.
- There are no Medicare credit balances to report for this quarter. (No Detail Page(s) attached)

| | |
|----------------|--|
| Contact Person | Telephone Number (including area code) |
| | |

17. Influenza and Pneumococcal shots as well as Covid Vaccines and MABs in a Rural Health Clinic are:

A. Paid using a log on the RHC Cost Report

B. Billing on the 1500 Form

C. Billed on the UB-04 incident to an encounter

D. Billed to Medicare Part D

18. To Bill for RHC services a new RHC needs the following:

A. Type 2 Institutional NPI number

B. CCN/PTAN number from CMS (See the Tie-In Letter)

C. An All-Inclusive Rate set by the MAC

D. A Submitter ID for Electronic filing

E. All of the Above

Tie-In Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



SENT VIA INTERNET EMAIL TO dani.gilbert@outlook.com
(Receipt of this notice presumed to be January 21, 2022– date notice e-mailed)

January 21, 2022



Re: Rural Health Clinic (RHC) CMS Certification Number (CCN): **88-3857**

Dear Administrator:

The Centers for Medicare and Medicaid Services approves your participation as a Rural Health Clinic (RHC) in the Medicare program effective **December 21, 2021**. The identification number shown above should be referenced on all forms and correspondence relating to the Medicare Program. **Palmetto GBA** serves as your Medicare Administrative Contractor (MAC) and the fiscal year end (FYE) date is **December 31**. You should report any changes in staffing, services, ownership, or other significant information to Palmetto GBA.

If you believe that this determination is incorrect, you may request that it be reconsidered. Your request must be submitted in writing, to this office, within sixty (60) days of receipt of this letter. If you have any questions, please contact Jackie Whitlock at (404) 562-7437 or jacqueline.whitlock@cms.hhs.gov.

Sincerely,

Jacqueline
J. Whitlock
S

Digitally signed by
Jacqueline J.
Whitlock-S
Date: 2022.01.21
12:01:50 -05'00'

Linda D. Smith
Director
Division of Survey and Enforcement

cc: Palmetto GBA (10311)
Tennessee State Survey Agency

Submitter ID

Medicare Claims Processing Manual

Chapter 24 - EDI Support Requirements

Draft June 3002

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[Crosswalk to Old Manuals](#)

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Finding the Hidden Gold in your RHC



Medicare Preventive Services

× Select a Service

FAQs

Resources

Select another service

| | | | | | | |
|--|--------------------------------------|--|--|--|------------------------------------|---|
| Alcohol Misuse Screening & Counseling ^T | Annual Wellness Visit ^T | Bone Mass Measurements | Cardiovascular Disease Screening Tests | Cervical Cancer Screening | Colorectal Cancer Screening | Counseling to Prevent Tobacco Use ^T |
| Depression Screening ^T | Diabetes Screening | Diabetes Self-Management Training ^T | Flu Shot & Administration | Glaucoma Screening | Hepatitis B Screening | Hepatitis B Shot & Administration |
| Hepatitis C Screening | HIV Screening | IBT for Cardiovascular Disease ^T | IBT for Obesity ^T | Initial Preventive Physical Exam | Lung Cancer Screening ^T | Mammography Screening |
| Medical Nutrition Therapy ^T | Medicare Diabetes Prevention Program | Pap Tests Screening | Pneumococcal Shot & Administration | Prolonged Preventive Services ^T | Prostate Cancer Screening | STI Screening & HIBC to Prevent STIs ^T |
| Screening Pelvic Exams | Ultrasound AAA Screening | | | | | |

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Up to 22 visits per year for Weight Loss paid at the AIR



Intensive Behavioral Therapy (IBT) for Obesity ([NCD 210.12](#))

Print

Select another service
CPT Codes

- G0447** — Face-to-face behavioral counseling for obesity, 15 minutes
- G0473** — Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes

What's Changed?

- No changes from the last quarter

ICD-10 Codes

- Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45
- Note:** Additional ICD-10 codes may apply. Find individual Change Requests (CRs) and specific ICD-10-CM service codes that we cover on the [CMS ICD-10](#) webpage. [Find your MAC's website](#) for more information.

Medicare Covers

- Patients with Medicare Part B and obesity when:
- Obesity (Body Mass Index [BMI] \geq 30 kilograms [kg] per meter squared)
 - Competent and alert when counseling is delivered
 - Qualified primary care physician or other primary care practitioner conducts counseling in a primary care setting

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
- Note:** See FAQ on [how to check eligibility](#).

Patient Pays

- No copayment, coinsurance, or deductible

Other Notes

- Obesity reassessment and weight loss determination required at 6-month visit
- If the patient loses at least 3 kg during the first 6 months, they're eligible for additional face-to-face visits occurring once a month for months 7–12
- Patients who don't achieve a weight loss of at least 3 kg during the first 6 months, reassess their readiness to change and BMI after an additional 6-month period



Home / Resources / Toolkits

Care Management and Coordination

Effective care management is key in achieving the aims of health care transformation and the journey down the road to value-based care. Care management leads to healthier people because they are connected to the needed resources and community services. Quality of care improves when patients are connected to the right services at the right time through care management. Due to the right services and the right care, care management leads to wiser spending. The following are resources that will help with development or improvement of care management and coordination.

Care Management and Coordination

Collaboration

COPD

COVID-19

Emergency Medical Services (EMS)

Financial and Operational Improvement

Health Equity

Health Information Technology (HIT)

Leadership Development

Planning and Development



Care Coordination Canvas Guide

[Rural Health Innovations](#)

The purpose of this guide is to assist organizations to develop a formal care coordination program. This tool can also be used to evaluate your current care coordination efforts.



Sustainable Community Care Coordination Guide

[National Rural Health Resource Center](#)

The purpose of this guide is to provide a framework for

<https://www.ruralcenter.org/resources/toolkits/care-management-and-coordination>

Subject: Medicare Advantage

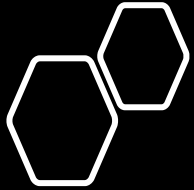
Question: I am having a hard time with Medicare Advantage plans. When do I treat them as commercial plans and when do I need to bill as if they are Medicare Red, White, and Blue?

Answer: You never bill them as if they are Original Medicare. You need to reach out to the Medicare Advantage plan for their billing guidance and negotiate with them to pay you your AIR if possible.

Subject: Nurse Practitioner Nursing Home

Question: Can the NP see the patient in the Nursing home or does it have to be the MD?

Answer: Under Federal Medicare rules it is allowable and it is allowable in every state I am aware of, but I would check the State Scope of Practice rules for the state you are located in just to be sure.



Question: Follow Up Visits & CG Modifier

Question: Do we bill all Medicare follow up visits as RHC visits on a UB-04 with CG modifier or is there something that keeps us from doing all visits as this?

Answer: As long as the visit meets the definition of a face-to-face encounter with a provider (MD, NP, PA, LCSW, LCP) where a medically necessary service is provided within the scope of practice of the provider then it is appropriate.

Subject: 25 Modifier



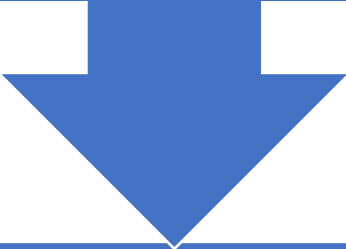
Question: Would we not add a 25 modifier to the visit, injection admin and the shot or just 99214,CG?



No, Do not add the 25 modifier to the claims. Just include the CPT code and CG modifier.

Subject: Transitional Care

Question: Transitional Care
Management Service-
Would this be counted as a
visit for the cost report?



Answer: Yes

Subject: Incident To

Question: Why even bill incident to services, it just increases the coinsurance and lowers the amount that MAC would pay as part of the AIR? Is it ultimately a commercial insurance benefit?

Answer: It does not lower the AIR payment and it does increase the amount receivable from the secondary payor or patient.



Subject: Incident to

Question: If the service is not on eligible visit list (QVL), then what?

Answer: First the QVL is not definitive, so the service may still qualify for AIR payment. If it does qualify for AIR payment hold the charges and bill them incident to within a medically reasonable amount of time (30 days).

BILLING INCIDENT TO SERVICES

| Accounting System | Amount |
|-------------------|--------|
| 99213 | 150 |
| 36415 | 20 |
| | |
| Total | 170 |



| Billed to |
|-----------|
| Medicare |
| 170 |
| <u>20</u> |
| |
| 190 |



| Remittance Advice | |
|-------------------|--------|
| Advice | Amount |
| Patient Copay | 34 |
| Cash | 90 |
| Contractual | 66 |

Posting of Charge

| Account | Debit | Credit |
|-----------------|-------|--------|
| Pat. Receivable | 170 | |
| Charges | | 170 |

Posting of Remittance

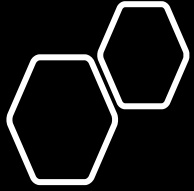
| Account | Debit | Credit |
|-------------|-------|--------|
| Contractual | 46 | |
| Cash | 90 | |
| AR | | 136 |

Result

| Account | Debit | Credit |
|--------------|-----------|--------|
| Charges | | 170 |
| AR | 34 | |
| Cash | 90 | |
| Contractuals | <u>46</u> | |
| | | |
| Totals | 170 | 170 |

Notice Contractual does not match. Your Billing system must be able to handle this. The .01 method is not recommended by most billing companies.

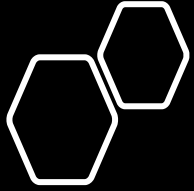




**Subject:
Co-pay on
Technical
Components**

Question: When split billing for non-RHC services would that subject the beneficiary to two coinsurances?

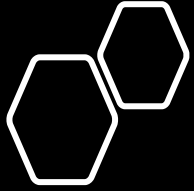
Answer: There are no co-pays on laboratory technical components. Radiology services would be subject to co-pays.



Subject: Radiology

How do we split the Chest x-rays on RHC?

Answer: The technical component is split billed to Medicare as a non-RHC service. The professional portion is included on the UB-04 as an RHC service and is “paid” incident to.



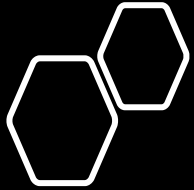
Subject: EKGs

Question: We are a Independent RHC Office and do EKGs - The question is do we bill both under the same NPI and TIN or separate them and bill the Professional under RHC and the TC under the other NPI and TIN or leave them under the same.

Answer: The Professional Read will be billed incident to Medicare on the UB-04 and the technical component will be split billed to Medicare (see next slide)

EKG Billing

| CPT | Description | How to bill |
|-------|---|---|
| 93000 | Global interpretation and technical component | Do not bill this way in an 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) |



Subject: Telephone Only

Question: Are telephonic encounters considered telehealth? And should we keep up with those numbers?

Answer: Yes and Yes. If the telephone call reaches the level of a 99441 or a G0071 they will be paid by Medicare fee for service. The visits and cost does not count in the computation of the All-Inclusive RHC rate, but your cost report preparer needs this information to exclude from the AIR calculation.



Thank You!

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