RHC Cost Report <u>Total Visit Count</u> Cheat Sheet with CPT Codes¹ For 12/31/2022 Cost Reports

Table 1: Use this table for all Visits that occurred person to person (not Telehealth)

	HCPCS/		Physician	PA	NP	
Service	CPT Codes	Cost Report Treatment	Visits	Visits	Visits	Totals
Office Visits - E and M	99201 to 99205	Include visit in RHC Visit count.				
Codes (New and Established)	99212-99215	Cost is an allowable expense.				
		Do not count 99211 visits.				
		Do not count visits with 25 modifiers				
		Do not count Telehealth Claims				
Office Visit - E & M -	99211	Do not count these visits as RHC.				
Nurse only visit		Service is allowable cost. Incident to.				
Procedures	10060-29130	Include visit in cost report unless				
	54150-69200	billed incident to an E and M.				
Hospital visits	99217 to 99292	Count these visits. Do not include				
		them with the RHC visit count.				
		Exclude the cost via an adjustment or				
		reclassifying the cost to the non-				
		allowable section of the cost report.				
		(Lines 51-60)				
Nursing Home Visits (Level	99304-99316	Include visits in RHC visit counts.				
1 or Level 2) SNF or NF	99334-99335	Cost is an allowable expense				
Home Visits	99347-99349	Include visits in RHC visit counts				
Physicals, EPSDT New	99381-99387	Count these visits. <u>Do not include in</u>				
Physicals, EPDST,	99391-99397	the RHC visit count. Exclude the cost				
Established		via a reclassification to the non-				
		allowable section of the cost report				
Welcome to Medicare (IPPE)	G0402	Include visit in RHC Visit count.				
		Cost is an allowable expense.				
Annual Wellness Exam	G0438 &	Include visit in RHC Visit count.				
(AWE)	G0439	Cost is an allowable expense. (unless				
		billed incident to- then do not count)				

¹ This table is prepared using the most common scenarios in RHCs and using Medicare guidance as of January 11, 2023. Some clinics may elect to treat visits and billing differently depending on cost reporting and billing issues. These tables are designed to represent the most common scenarios and is not inclusive of all possible CPT codes.

Table 1: (Continued) Use this table for all Visits that occurred person to person (not Telehealth)

	HCPCS/		Physician	PA	NP	
Service	CPT Codes	Cost Report Treatment	Visits	Visits	Visits	Totals
Tobacco Counseling	G0436 &	Count as a visit if charged as a visit				
	G0437	to Medicare. (unless billed incident				
		to- then do not count)				
Weight Loss Counseling	G0447	Count as a visit if charged as a visit				
		to Medicare. (unless billed incident				
		to- then do not count)				
Alcohol Abuse Screening	G0442 &	Count as a visit if charged as a visit				
	G0443	to Medicare. (unless billed incident				
		to- then do not count)				
Depression Screening	G0444	Count as a visit if charged as a visit				
		to Medicare. (unless billed incident				
		to- then do not count)				
STD Prevention	G0445	Count as a visit if charged as a visit				
		to Medicare. (unless billed incident				
		to- then do not count)				
IBT (Cardiovascular)	G0446	Count as a visit if charged as a visit				
		to Medicare. (unless billed incident				
		to then do not count)				
Transition Care Mgmt.	99495-99496	Include visit in RHC Visit count.				
Advance Care Planning	99497-99498	Count as a visit if charged as a visit				
		to Medicare. (unless billed incident				
		to- then do not count)				
Chronic Care Management	G0511 &	Do not count these visits. Cost is				
G0511 pays \$77.94 in 2023	G0512	non-allowable.				
Visits occurring during non-		Count the total the number of				
RHC hours		visits. Do not include in RHC				
		count. Reclassify this cost as non-				
		allowable expense.				

On the two pages we have included Table 2 which is to be used for the Telehealth visits occurring in 2022. During the public health emergency RHCs can be a distant site for telehealth services and provide telephone only consults. Those services are billed to Medicare with a G2025 CPT code even though the RHC may use an E and M code such as a 99213 for example. Please make sure not to double count these codes as this will double count the number of telehealth visits and increase the amount of expense disallowed on the cost report.

Telehealth Total Visits (All payors – Medicare/Caid/Commercial/Self Pay)

Table 2: Use this table for all Visits that occurred via Telehealth by either video or telephone

	HCPCS/	~ ~ ~	Physician	PA	NP	
Service	CPT Codes	Cost Report Treatment	Visits	Visits	Visits	Totals
Medicare RHC Telehealth	G2025 - RHC	Do not include in visit count for				
Visit reimbursed at \$98.27	May have	RHC All-Inclusive Rate and exclude				
for 2023	Modifier 95	cost from All-Inclusive Rate				
		calculation. Do not double count. (IE. Count a 99213 below and include				
		in this row as well.				
Medicare Mental Health	Use CPT Code	Include in the RHC Visit Count and				
visits via Telehealth (new	(ie 90834)	include the cost of this service in the				
treatment in 2022)	Modifier 95 or	allowable RHC cost.				
(FQ, CG					
Virtual Communications -	G0071 -RHC.	Do NOT count these visits. Service is				
Pays \$23.72 in 2023	99241-99243	not an allowable cost.				
Digital assessment services	G0071 - RHC	Do NOT count these visits. Service is				
Pays \$23.72 in 2023	G2012 &	not an allowable cost.				
	G2010					
Telephone only E & M	99441-99443	Do NOT count these visits. Service is				
Services		not an allowable cost.				
Office Visits - E and M	99201 to 99205	Do <u>NOT</u> include visit in RHC Visit				
Codes (New and Established)	99212-99215	count.				
		Cost is <u>NOT</u> an allowable expense.				
		Do not count 99211 visits.				
Office Visit - E & M -	99211	Do NOT count these visits. Service is				
Nurse only visit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	not an allowable cost.				
Nursing Home Visits (Level	99304-99316	Do NOT count these visits. Service is				
1 or Level 2) SNF or NF	99334-99335	not an allowable cost.				
Welcome to Medicare (IPPE)	G0402	Do NOT count these visits. Service is				
		not an allowable cost.				
Annual Wellness Exam	G0438 &	Do NOT count these visits. Service is				
(AWE)	G0439	not an allowable cost.				

Table 2: (Continued) Use this table for all Visits that occurred via Telehealth by either video or telephone

	HCPCS/		Physician	PA	NP	
Service	CPT Codes	Cost Report Treatment	Visits	Visits	Visits	Totals
Tobacco Counseling	G0436 &	Do NOT count these visits. Service				
	G0437	is not an allowable cost.				
Weight Loss Counseling	G0447	Do NOT count these visits. Service				
		is not an allowable cost.				
Alcohol Abuse Screening	G0442 &	Do NOT count these visits. Service				
	G0443	is not an allowable cost.				
Depression Screening	G0444	Do NOT count these visits. Service				
		is not an allowable cost.				
STD Prevention	G0445	Do NOT count these visits. Service				
		is not an allowable cost.				
IBT (Cardiovascular)	G0446	Do NOT count these visits. Service				
		is not an allowable cost.				

Counting Visits

The process of counting visits is one of the most important steps in preparing the cost report. Overcount the total visits and your cost per visit will be lower than it should, and undercounting visits will overstate your cost per visit. Since this is such an important aspect of preparing the cost report, we generally prefer you send us a HCPCS/CPT report by provider and **NOT** broken down by insurance company (because many beneficiaries have secondary insurance, this type of report tends to overstate visits) and let us do the counting for you. If you do complete this form, we request that you send the source documents to us, so we can verify the information that is submitted to Medicare. Please submit this information through your client portal to protect the security of the information.



Table 3: Ancillary Services

The cost of services not covered under the RHC benefit (i.e. technical components, laboratory tests excluding venipuncture, and services performed in the hospital) are billed to Part B and paid fee for service for Independent RHCs. If the costs of these services are not directly identified in the trial balance of expenses an estimate of the cost may be made based upon the number procedures performed during the fiscal year. Please provide us with the number of procedures performed if these costs are not already identifiable in the trial balance of expenses.

Ancillary Services	HCPCS/ CPT Codes	Cost Report Treatment	Totals
Laboratory Tests	80048-87880	Count the total number of procedures and	
	99000	calculate the number of hours providing these	
	G0103	services. Reclassify this cost as non-allowable	
		expense.	
Venipuncture (Lab Draws)	36415	Lab Draws are RHC services effective	
		1/1/2014 and are an allowable expense on the	
		RHC cost report. Do not bill to Part B. They	
		are an incident to service.	
Radiology Tests	70000s	Count the total number of procedures and	
		calculate the number of hours providing these	
		services. Reclassify this cost as non-allowable	
		expense.	
Technical components		Count the total number of procedures and	
billed to Part B and paid		calculate the number of hours providing these	
fee for services		services. Reclassify this cost as non-allowable	
		expense	

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.

Summary Table for Counting Visits

Description	UB-04	1500*	Incident to	CR Visit	CR Allowable Cost	AIR
Office Visits – See QVL for CPT Codes	X			X	X	Х
Lab Services		X				
Technical Components		X				
Hospital Services		Х				
Telehealth (Not Mental Health)	×					
Telehealth – Mental Health	×			X	X	Х
Chronic Care Management (G0511)	X					
Lab Draw (36415)	X		Х		Х	
Allergy Shots, Injections, Home Care Plan oversight, Diabetic & Nutritional counseling	Х		X		X	
Medicare Preventive Services # (See Table)	X			X	Х	Х

^{*} Provider-based RHCs will bill using the UB-04 and the hospital's outpatient NPI.

Preventive Services that qualify for the AIR are listed here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf