

Delta Region Community Health Systems Development (DRCHSD) Program

FQHC & RHC Coding, Documentation and Billing Guidance



The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



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Diversity, Equity, Inclusion, & Anti-racism



Building a culture where difference is valued

The Center is committed to DEI and anti-racism. We create an environment that reflects the communities we live in and serve; a place where everyone feels accepted and empowered to be their full, authentic selves; and where everyone belongs.

We understand the impact of and seek to defeat racism and discrimination in ourselves, our workplace, and the world. This guides how we cultivate leaders, build our programs and resources, and deliver our technical assistance.

We are an organization that honors, celebrates, and respects all dimensions of diversity. These principles are central to our mission and to our impact.

[Read more at ruralcenter.org/DEI](https://ruralcenter.org/DEI)

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FORVISTM

FQHC & RHC Coding, Documentation and Billing Guidance

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Health Care Performance Improvement

Agenda

- Introduction

- Learning Objectives

- Federally Qualified Health Center & Rural Health Center Overview

- Coding & Documentation

- Closing

Learning Objectives

1

Identify and gain an understanding of key coding and documentation requirements for RHCs and FQHCs

2

Identify and gain an understanding of key requirements for RHCs and FQHCs billing and how changes may impact revenue

3

Identify steps taken by organizations to comply with coding and documentation changes to maintain effective processes and reimbursement

Federally Qualified Health Center & Rural Health Center

What is an FQHC?	What is an RHC?
A Federally Qualified Health Center (FQHC), more commonly known as a Community Health Center (CHC), is a primary care center that is community-based and patient directed	The purpose of an RHC is to improve patient access to primary care in underserved rural areas
FQHCS provide preventive services to vulnerable populations that would otherwise not have access to healthcare services	Rural Health Clinic (RHC) is certified to receive special reimbursement from the Medicare and Medicaid programs
FQHCs provide services to all individuals, regardless of ability to pay, offering a Sliding Fee Discount Scale to eligible patients	51% of clinic services must be primary care (FP, IM, Peds, OB)
	The clinic must be staffed at least 50% of the time with midlevel practitioner
	There are specific location and condition eligibility requirements that must be met to be certified as an RHC

FQHC vs RHC Providers

FQHC Eligible Providers	RHC Eligible Providers
Physicians (MD or DO)	Physicians (MD or DO)
Nurse Practitioners	Nurse Practitioners
Physician Assistants	Physician Assistants
Clinical Psychologist (PhD)	Clinical Psychologist (PhD)
Certified Nurse Midwives	Certified Nurse Midwives
Licensed Clinical Social Worker (LCSW)	Licensed Clinical Social Worker (LCSW)

FQHC & RHC Incident-To Services

- Commonly rendered without charge or included in the FQHC or RHC bill;
 - Commonly furnished in a physician office or clinic
 - Furnished under the physician's direct supervision; and
 - Furnished by a member of the FQHC or RHC staff
 - Drugs and biologicals that are not usually self-administered, and Medicare-covered preventive injectable drugs (e.g., influenza, pneumococcal)
 - Bandages, gauze, oxygen, and other supplies; or
 - Assistance by auxiliary personnel such as a nurse, medical assistant, or anyone acting under the supervision of the physician
- Incident-to services are considered covered *and paid* under the FQHC or RHC
 - They must be bundled with the FQHC or RHC encounter. They are not separately billable or payable
 - Services that do not occur on the same date as the encounter can be bundled if they occur 30 days before or after
 - The effect on payment is an increase in the charge, and therefore in the co-insurance
 - The cost for these services are included in the cost report, but are not separately payable on claims

FQHC vs RHC Qualifying Visits

FQHC Qualifying Visits	RHC Qualifying Visits
<p>FQHCs report one service line per encounter/visit with revenue code 052X and a qualifying medical visit from the FQHC Qualifying Visit List. Payment and applicable coinsurance and/or deductible shall be based upon the qualifying medical visit line</p>	<p>RHCs report one service line per encounter/visit with revenue code 052X and a qualifying medical visit or revenue code 0900 and a qualifying behavioral health visit from the RHC Qualifying Visit List. Payment and applicable coinsurance and/or deductible shall be based upon the qualifying medical visit line</p>
<p>G0466: New Patient, Medical Visit</p>	
<p>G0467: Established Patient, Medical Visit</p>	
<p>G0468: Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV)</p>	
<p>G0469: New patient, mental health visit</p>	
<p>G0470: Established patient, mental health visit</p>	

Example of FQHC Qualifying Visit List

G0466 - FQHC visit, new patient

HCPCS Qualifying Visits for G0466

92002	Eye exam new patient
92004	Eye exam new patient
97802	Medical nutrition indiv in
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99324	Domicil/r-home visit new pat
99325	Domicil/r-home visit new pat
99326	Domicil/r-home visit new pat
99327	Domicil/r-home visit new pat
99328	Domicil/r-home visit new pat
99341	Home visit new patient
99342	Home visit new patient
99343	Home visit new patient
99344	Home visit new patient
99345	Home visit new patient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min

Example of RHC Qualifying Visit List

<i>Approved Preventive Health Services</i>	
HCPCS Code	Short Descriptor
<i>99406⁴</i>	<i>Behav chng smoking 3-10 min</i>
<i>99407⁴</i>	<i>Behav chng smoking > 10 min</i>
G0101	Ca screen; pelvic/breast exam
G0102 ⁵	Prostate ca screening; dre
G0117 ⁵	Glaucoma scrn hgh risk direc
G0118 ⁵	Glaucoma scrn hgh risk direc
G0296	Visit to determ LDCT elig
G0402	Initial preventive exam
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel >10
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30 min
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15 min
Q0091	Obtaining screen pap smear

⁴ HCPCS code G0436 and G0437 will be discontinued effective 10/1/2016. CPT codes 99406 and 99407 are the remaining codes for tobacco cessation counseling. The beneficiary copayment is waived for CPT codes 99406 and 99407.

⁵ Coinsurance and deductible are not waived

FQHC vs RHC Services Provided

FQHC Services Provided	RHC Services Provided
Physicians' services including services & supplies incident-to physician's services	Medical or mental health visit or qualified preventive health visit face-to-face visit with a Physician, NPs, PAs, CNMs, CPs, and LCSWs
NPs, PAs, CNMs, CP, LCSW services including services & supplies incident-to NPs, PAs, CNMs, CPs, LCSWs services	Primary Care and Preventative Services including Initial Preventive Physical Exam (IPPE) and Annual Wellness Visit (AWV)
Visiting nurse services to confined patients at home	Services and supplies furnished incident to RHC services (ex. Venipuncture)
Certain care management services	Homebound visiting nurse services in CMS-certified HHA shortages
Certain virtual communication services	Some care management (new in 2022 – Transitional Care Management)
Initial Preventive Physician Exam (IPPE)	Flu, pneumococcal, COVID-19 are 100% covered by Medicare on the cost report
Annual Wellness Visit (AWV)	RHC tele-health visits (restrictions apply) – Originating Site vs. Distant Site
Outpatient DSTM and MNT	Mental Health telehealth visits (new in 2022)

FQHC vs RHC Locations

FQHC Acceptable Locations	RHC Acceptable Locations
In the FQHC	In the RHC
At the patient's home – including an assisted living facility	At the patient's home – including an assisted living facility
In a Medicare Covered Part A Skilled Nursing Facility	In a Medicare Covered Part A Skilled Nursing Facility
At the scene of an accident	At the scene of an accident
FQHC Unacceptable Locations	RHC Unacceptable Locations
An inpatient or outpatient hospital department, including a Critical Access Hospital	An inpatient or outpatient hospital department, including a Critical Access Hospital
A facility with specific requirements that exclude FQHC visits	A facility which has specific requirements that preclude RHC visits (i.e., Medicare comprehensive outpatient rehabilitation facility, a hospice facility, etc.)

FQHC vs RHC Reimbursement

Federally Qualified Health Centers

- Reimbursed based on Medicaid PPS Rate
- National rate \$180.16
 - Geographic Adjustment Factor (GAF) based on locality is applied
- IPPE and AWV = Medicare will pay the FQHC PPS G Code at a FQHC's billed charge or the annual PPS rate maximum, whichever is less
 - Coinsurance not applicable

Rural Health Centers

- Reimbursed based on Medicare All-Inclusive Rate (AIR) for Medicare Visits
- Reimbursed based on PPS for Medicaid Visits
- Preventive services (Annual Wellness Visit (AWV) & Initial Preventive Physical Exam (IPPE) receive full AIR and patient will pay nothing
- Other services, Medicare pays 80% of AIR and the patient pays the remaining 20%
- RHCs must report modifier CG on one revenue code 052x and/or 0900 service line per day, for the bundled service. This indicates the service line is subject to coinsurance and deductibles

RHC Medicare Claims Go To:

Type of RHC	Encounter Visit Incident-To/PC	CLIA LAB	Diagnostic	Hospital Professional Services
Independent	Part A / UB04 RHC CCN RHC NPI RNC EIN	Part B / 1500	Technical Components Part B / 1500	Part B / 1500 Medicare Group
Provider Based	Part A / UB04 RHC CCN RHC NPI Hospital EIN	Parent Hospital UB 04 RHC NPI Hospital CCN Hospital EIN	Parent Hospital UB 04 RHC NPI Hospital CCN Hospital EIN	Part B / 1500 Medicare Group

RHC Claims by Payer Type

Type of RHC	Medicare	Medicaid/Medicaid MCO	M/Care Advantage	Commercial
Independent	Part A / UB04 RHC NPI RHC CCN Hospital EIN	MCO => POS 72 RHC NPI RHC EIN	Some Pay AIR => UB04 Others = > 1500 RHC EIN	Part B / 1500 POS = > 11 Non-RHC NPI RHC EIN
Provider Based	Part A / UB04 RHC NPI RHC CCN Hospital EIN	MCO = > POS 72 RHC NPI Hospital EIN	Same as above Hospital EIN	Part B / 1500 POS = > 11 Non RHC NPI Hospital EIN

RHC Medicare Payment Limit Per Visit

Year	Payment Rate
2021	\$100
2022	\$113
2023	\$126
2024	\$139
2025	\$152
2026	\$165
2027	\$178
2028	\$190

Importance of Correct Coding

- Integrity behind coding
 - Diagnosis coding needs to correlate to CPT/ HCPCS coding
- Coding needs to reflect the true health of the patient
- Payers reimburse differently, it is important to accurately code/report services to the most accurate and specific levels
- Your claim tells the story of the patient:
 - CPT/HCPCS codes tell what happened
 - Diagnosis codes tell why it happened



New vs Established Patients

- New patient: has not received any professional medical or mental health services from any sites within the FQHC organization within the past 3 years
 - If a new patient is receiving mental health services and medical services on the same day, the patient is considered 'new' for only of these visits

FQHC Multiple Encounters – Same Day, Modifier 59

- Modifier-59 indicates that separate conditions on the same treated are unrelated. This is used only if a subsequent illness or injury on the same day as another visit
- Modifier-59 is only on the subsequent service line item UB-04 on a claim form

FQHC Modifier Example – Subsequent Visit

FL42 Revenue Code	FL43 Description	FL44 CPT/HCPCS	FL45 Office Date of Service	FL46 Units	FL47 Total Charge
0521	Office Visit Est III	99213	08/12/2021	1	\$350.00
0521	Established patient, med visit	G0467	08/12/2021	1	\$.01
0521	Laceration Repair	12002 59	08/12/2012	1	\$275.00
0001	Total Charge				\$625.01

- Modifier 59 is NOT reported on the same service line together
- Assign modifier 59 to the subsequent service line to indicate the subsequent medically necessary visit

RHC Multiple Encounters – Same Day, Modifiers 25, 59

- Modifier-59 indicates that separate conditions on the same treatment day are unrelated. This is used only if a subsequent illness or injury on the same day as another visit.
 - Modifier-25 in an RHC is interchangeable with -59
- Modifier-59 and -25 indicate two encounters
 - -25 is different in an RHC
 - Modifier 25 or 59 is only on the subsequent service line item UB-04 on a claim form

RHC Modifier Example – Subsequent Visit

FL42 Revenue Code	FL43 Description	FL44 CPT/HCPCS	FL45 Office Date of Service	FL46 Units	FL47 Total Charge
0521	Office Visit Est III	99213 CG	08/12/2021	1	\$350.00
0521	Laceration Repair	12002 59	08/12/2012	1	\$.01
0001	Total Charge				\$350.01

- Modifier CG and modifiers 25/59 are NOT reported on the same service line together
- Assign modifier 25 or 59 to the subsequent service line to indicate the subsequent medically necessary visit

RHC CG Modifier

- Beginning October 1, 2016, RHCs shall add modifier CG (policy criteria applied) to the line with all the charges subject to coinsurance and deductible (MedLearn Matters SE1611)
- If only preventive services are furnished during the visit, the RHC should report modifier CG with the preventive HCPCS code that represents the primary reason for the medically necessary face-to-face visits and the bundled charges

RHC CG Modifier - Example

FL42 Revenue Code	FL43 Description	FL44 CPT/HCPCS	FL45 Date of Service	FL46 Units	FL47 Total Charges
0521	Office Visit Est III	99213 CG	08/12/2021	1	\$ 100.00
0001	Total Charge				\$ 100.00

An established patient is seen and a qualifying visit of 99213 for \$100 is generated. The applicable coinsurance and/or deductible is calculated using \$100.00

RHC Procedures – Billing Example

FL42 Revenue Code	FL43 Description	FL44 CPT/HCPCS	FL45 Date of Service	FL46 Units	FL47 Total Charge
0521	Wound Repair	11102 CG	08/12/2021	1	\$150.00
0001	Total Charge				\$150.00

FL42 Revenue Code	FL43 Description	FL44 CPT/HCPCS	FL45 Date of Service	FL46 Units	FL47 Total Charge
0521	Office Visit Est III	99213 CG	08/12/2021	1	\$650.01
0521	Wound Repair	12031	08/12/2021	1	\$ 0.01
0001	Total Charge				\$650.02

Other Resources Available

- CMS RHC Qualifying Visit List Link <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Qualifying-Visit-List.pdf>
- CMS Medicare Benefit Policy Manual
- CMS Medicare Claims Processing Manual
- CMS RHC Reporting Requirements FAQs
- Medlearn MLN006762 Publication

Other Resources Available – continued

- CMS FQHC Qualifying Visit List Link
 - <https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/fqhc-pps-specific-payment-codes.pdf>
- CMS Medicare Benefit Policy Manual
- CMS Medicare Claims Processing Manual
- CMS FQHC Reporting Requirements FAQs
- Medlearn MLN006762 Publication

Questions?

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Questions or Comments



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