



Weekly Auditing and Compliance Tip

National Alliance of Medical Auditing Specialists | 877-418-5564 | namas.co | namas@namas.co

Documentation, Coding, and Billing Training for Rural & Community Health

Many clinical providers, facility managers, coders, and billers who have done great revenue cycle work in traditional doctor's offices find coding and billing for HHS-certified Rural Health Centers (RHC) and Community Health

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Centers (*also known as Federally Qualified Health Centers/FQHC*) to be confusing and very different than what they are used to. For example - Medicare most often pays RHCs/FQHCs a pre-defined set daily rate (*or "per diem"*) for most approved procedures/services rather than Fee-for-Service (FFS) for each CPT/HCPCS-II code. This clearly requires a customized approach to training and education since it is so different than traditional medical offices.

It should be noted that RHC and community health services are still Part B Medicare professional service and in a RHC their per diem rate is known as the All-Inclusive Rate (AIR) and in a community health center their per diem rate is known as the Prospective Payment System (PPS) rate but both are actually billed on a CMS-1450 form that is usually associated with facility claims with Medicare Part A. Sound confusing?



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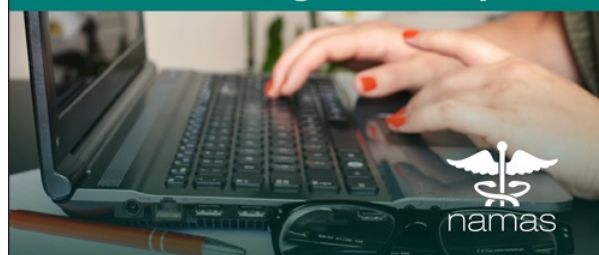
Many hospital systems, private healthcare companies, non-profits, and skilled nursing facility companies that are purchasing or establishing certified rural health centers and/or community health centers in rural and urban health professional shortage areas with little knowledge about the highly specialized methods for getting paid from Medicare, Medicaid, and commercial insurers offering plans in their area. For example, for a valid Medicare RHC encounter the patient's coinsurance is usually (but not always) based on 20% of the facility's charge(s) rather than 20% of the allowed amount. This can cause management, staff, and patients to get confused as well as force changes to processes and changes to adjust IT/EHR programs to meet their unique billing rules.

As another example of the unique training needs in RHC/FQHC, the owners of RHCs/FQHCs must engage in a very unique process known as "split billing" for most diagnostic services performed onsite such as EKGs, ultrasounds, x-rays. The professional portion of the service must go out on a CMS-1450 form and gets paid under the AIR/PPS systems and the technical component goes out on a CMS-1500 form being paid via FFS. That's right - no unified global billing for technical and professional components for most diagnostic tests to Medicare on one claim form - they must be split.

Surprisingly enough, it has only been a few years since these facilities even had to identify all services provided with all of the valid CPT/HCPCS-II on their claim forms! It is not an exaggeration that for many years a RHC/FQHC needed to basically only identify a single service with one CPT/HCPCS-II code to likely get the full per diem rate. Depending on the place of service, it took from around 2015-2016 for Medicare to fully update the billing rules and to implement a requirement to perform detailed HCPCS coding that requires RHCs/FQHCs to list all of the services provided on claim forms when billing Medicare. Believe it or not, that is a relatively new requirement! Even the traditional version of the surgical/global package doesn't apply to RHCs/FQHCs for Medicare patients receiving onsite minor procedures; therefore, modifier usage drastically changes for Medicare billing from what is normal.

Needless to say, the proper reporting of services in a RHC/FQHC requires very tailored and unique education dedicated to interpreting often

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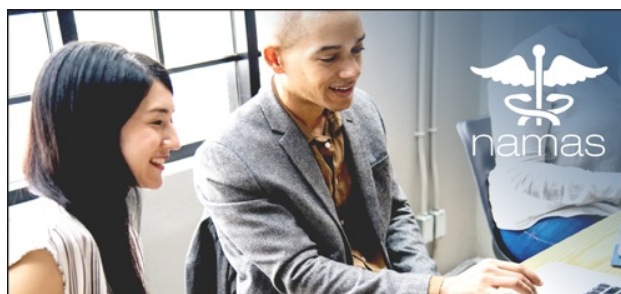


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confusing and complex rules related to billing a state/federal government for payment that usually differ from how traditional medical facilities are familiar with. Clearly, Medicare billing, Medicaid billing, Medicare Advantage billing, and billing for commercial insurance will have different rules that must be understood in a RHC/FQHC.

This is where we step in at the Association for Rural & Community Health Professional Coding, based out of Metro-Atlanta. We offer education and certification for rural and community health facilities and the nation's only certification in this area via in-person and online self-paced video learning to become certified as a Rural Or Community Health - Coding & Billing Specialist (RH- or CH-CBS).

We sincerely look forward to our second year teaching a pre-conference track dedicated to these rules at the invitation of our good friends at NAMAS at their annual conference in November in Clearwater, FL. We fully support NAMAS' efforts to embolden medical providers with the highest levels of relevant education for clinical providers, facility management, and coders/billers and appreciate the chance to reach our unique subset of medical providers. If you are in a RHC/community health center, or plan on purchasing one soon, we look forward to seeing you at our dynamic pre-conference track.

Our goal at the Association for Rural & Community Health Professional Coding is to help ensure that our members and attendees capture:

- Document 100% of what is done in a visit and is fully available in the medical record,
- Capture 100% of the data is extracted using the codes that describe what was done (CPT/HCPCS-II) and why (ICD-10-CM) whether they are billable or not,
- Generate 100% of allowable revenue by the facility while making sure that extra payments were not received in error.

As a final example (*and believe me there are many more*) of the unique world of reporting RHC/FQHC services to Medicare unless you are meeting some very specific exceptions -even if you have a Medicare Part B patient seeing multiple providers of different specialties who are each tracking different diseases or conditions and are each documenting their own E/M service - only one AIR/PPS rate in total should be

You're Invited to Help Us Celebrate Our
10th Conference Anniversary!



Pre-Conference: Sunday, Nov. 11, 2018
Conference: Monday, Nov. 12 -
Wednesday, Nov. 14, 2018
Venue: Wyndham Grand Clearwater
Clearwater Beach, FL

[Click Here to View the Conference Agenda](#)

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expected for payment per day. How do you split this up and give credit for the service if you are paying your providers on a production-based compensation system? Did I mention there are exceptions to this rule? See you in Clearwater!

This Week's Audit Tip Written By:



Gary Lucas, MSHI

Gary is the Vice President of Education Operations for the Association for Rural & Community Health Professional Coding

Weekly Tip Sponsor



The goal of the **Association for Rural & Community Health Professional Coding (ARHPC/ACHPC)** is to provide rural and community health professionals including clinical providers (eg. PA/NP/DO/RN), facility management professionals, coders/billers, revenue cycle staff, and other financial reimbursement professionals with access to low cost, high quality education related to medical documentation & healthcare business operations. To learn more about ARHPC/ACHPC, visit www.ruralhealthcoding.com

Complimentary Tip of the Week

Our weekly auditing & compliance tip emails are available to anyone who could benefit from this information.

If you know someone who would like to receive

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Non-Member Registration (Through August 30, 2018)

Conference Only: \$1295
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(What You Need to Know Webinar Series)

July 10, 2018

2pm EST

Speaker: Edward Townley, CPC, CEMC, CUC, ROCC

Independent Review Organizations

(Compliance Webinar Series)

July 17, 2018

2pm EST

Speaker: Michael Miscoe, Esq

Hands On:

Auditing Critical Care Services

(Hands on Webinar Series)

July 24, 2018

2pm EST

Speaker: Scott Kraft, CPC, CPMA

If you are interested in registering for the webinars above, please email us at

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