

**I am a RHC!!!**

**Now What !**

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**Alice Makela, CPC  
Billing Manager  
South Carolina Office of Rural Health**

**Dedicated to Improving Access to Quality Health Care in Rural Communities**

# Where do I go from here?

- **Get new RHC NPI** (not required but makes for cleaner billing)
- **Software Vendor** ( make sure they can format to UB-04 format and split claims)
- **Clearinghouse** (make sure they can receive and transmit UB-04)
- **Educate Staff** (what is a RHC and how you differ from fee for service billing)

# New NPI

- Log on to NPPES website new application for RHC using Taxonomy Code 261QR1300X.
- After you receive your RHC billing numbers you will need to go back into NPPES and attach them to this NPI number.

# Software Vendor

- They need to know and understand that you are a Rural Health Clinic now and your billing will change. How you bill for Medicare claims and Medicaid.
- You will have to set up another Medicare insurance company to file to CAHABA Part A. On UB-04 using type of service 711 for primary office visit , revenue code 521 for office visit and total charge.  
**ONLY ONE LINE**

# UB-04 Example

Family Name  
Address  
City, ST Zip

Lead Name, First Name (Beneficiary)  
Beneficiary address, city and state

Required Required

If the claim is MCP you will need to use the following in this block:  
 12-Working Agent    14-Sub/No Pmt    41-Black Lung  
 42-Crossing    47-No 807b    66-Amount Agreed to  
 12a-BDAS    18a-Other's Comp    accept from primary

0021	Office Visit	MDD11	1	75.00	Initial Charge
0021	Office Visit			75.00	
0021H	Office Visit				
0021V	Home Visit				
0021M	Visit (covered Part A stay)				
0021P	Visit (not in a covered Part A stay), N/P, N/P MR or other residential facility				
0021U	Visiting Nurse Service for a member's home in a home health care area				
0021I	Visit to other non-PHC site (i.e. the scene of an accident)				
0021O	Occupational Health Treatment Services				

This example is for educational purposes and in no way ensures payment. Please review the Internet Only Manual, Publication 100-4, Chapter 25, and Section 70 for claim elements. [www.cms.hhs.gov/manuals/104\\_claims/cim104c25.pdf](http://www.cms.hhs.gov/manuals/104_claims/cim104c25.pdf)

If the claim is MCP you will need to use the following payer codes along with the payer in this block:  
 13-Working Agent    14-Sub/No Pmt    41-BDAS  
 5-Distalt    47-807b    66-Other's Comp

Primary Payer  
Secondary Payer (if applicable): Required Required

Insured's Name    or    IIC Number  
Required

- All charges are entered in the following revenue code lines:
- 052x – Free Standing Clinic; or
- 0900 – Behavioral Health Treatment/Services

Facility Name		3		5 PATIENT CONTROL NO		71X	
Address		1 FED. TAX NO		8 STA. OR CONTRACTING PREFIX		7 S.N.C.	
City, ST zip		MMDDYY MMDDYY		9 N.C.D.		9 C.D.	
10 PATIENT NAME				11 PATIENT ADDRESS			
Last name, First name (beneficiary)				Beneficiary address, city and state			
14 BIRTHDATE		15 OCCURRENCE		16 OCCURRENCE		17	
MMDDYYYY		↑		↑		Conditional	
Required		Required					
If the claim is MSP you will need to use the following in this block: 12=Working Aged    14=Auto/No Fault    41=Black Lung 43=Disability    47=Liability    44=Amount Agreed to 13=ESRD    15=Worker's Comp    accept from primary							
0521	Office Visit	MMDDYY	1	75 00	(actual charges)		
0001			1	75 00			
0521=Office Visit 0522=Home Visit 0524=SNF Visit (covered Part A stay) 0525=SNF Visit (Not in a covered Part A stay), NH, ICF MR or other residential facility 0527=Visiting Nurse Service to a member's home in a home health shortage area 0528=Visit to other non-RHC site (i.e. the scene of an accident) 0900=Behavioral Health Treatment/Services							
This example is for educational purposes and in no way ensures payment. Please review the Internet Only Manual, Publication 100-4, Chapter 25, and Section 70 for claim elements. <a href="http://www.cms.hhs.gov/manuals/104_claims/clm104c25.pdf">www.cms.hhs.gov/manuals/104_claims/clm104c25.pdf</a>							



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If the claim is MSP you will need to use the following payer codes along with the payer in this block:

A=Working Aged      D=Auto/No Fault      B=ESRD  
 G=Disability      L=Liability      E=Worker's Comp

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20	If the claim is MSP you will need to use the following payer codes along				
21	with the payer in this block:				
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Required      Required

**DUE FROM PATIENT**

as HIC Number  
 Required

UPIN      Last Name      First

Required

- Staff should continue to bill for everything that is rendered during the date of service (ex: 99213 J1040 and 81000 you need to be able to capture every thing done during the office visit to make sure all charges are billed appropriately )
- The software should be able to split the claim by CPT codes to send 99213 and J1040 on UB-04 with 521 rev code with total charge to Part A.
- CPT code 81000 should be billed on HCFA 1500 claim form to Part B
- The charge entry person should not have to split claims this increase chance of charges not being keyed



# Contacts for Cahaba

Help Desk –

866-484-8049; or

[EUSupport@cgi.com](mailto:EUSupport@cgi.com)

**EDI – 866-582-3253**

# Medicaid

- You will continue to bill on HCFA 1500 but you will also need to set up another Medicaid insurance
- RHCs bill the Alabama Medicaid Agency on the HCFA-1500 form using the appropriate CPT codes with assigned modifiers.(See Section 36.5.3 of Medicaid Manual.)

- \* Clinic Visit – 99211-SE
- \* Inpatient Hospital – 99231-SE
- \* EPSDT Codes – appropriate age CPT code with EP modifier
- \* Family Planning – appropriate CPT codes (for visit, add FP modifier)
- \* Along with the correct place of service

# Clearinghouse

Notify your clearinghouse that you are a Rural Health Clinic now and billing has changed.

The clearing house will need to furnish you with enrollment activation papers to start submitting for your Part A claims

# Staff

- \* In service staff on what an RHC is and how you will differ in payments.
- \* Billers need one on one training to know when EOB's come in what to look for to make sure all RHC visits are going to the correct carrier.

# Alabama Medicaid Contacts

**Carol Aiken, Associate Director  
Clinic/Ancillary Services**

**[Carol.Akin@medicaid.alabama.gov](mailto:Carol.Akin@medicaid.alabama.gov)**

# South Carolina Office of Rural Health Staff

Cindy Moore, CPA, CFO - Cost Reports  
803-454-3850, ext. 2003; [cindy@scorh.net](mailto:cindy@scorh.net)

Marsha Marze, CPC, Director  
Rural Health Clinic Programs  
803-454-3850, ext. 2024; [marsha@scorh.net](mailto:marsha@scorh.net)

Alice Makela, CPC, Director  
RHC Billing Services  
803-454-3850, ext. 2008 ; [alice@scorh.net](mailto:alice@scorh.net)