

Welcome to the

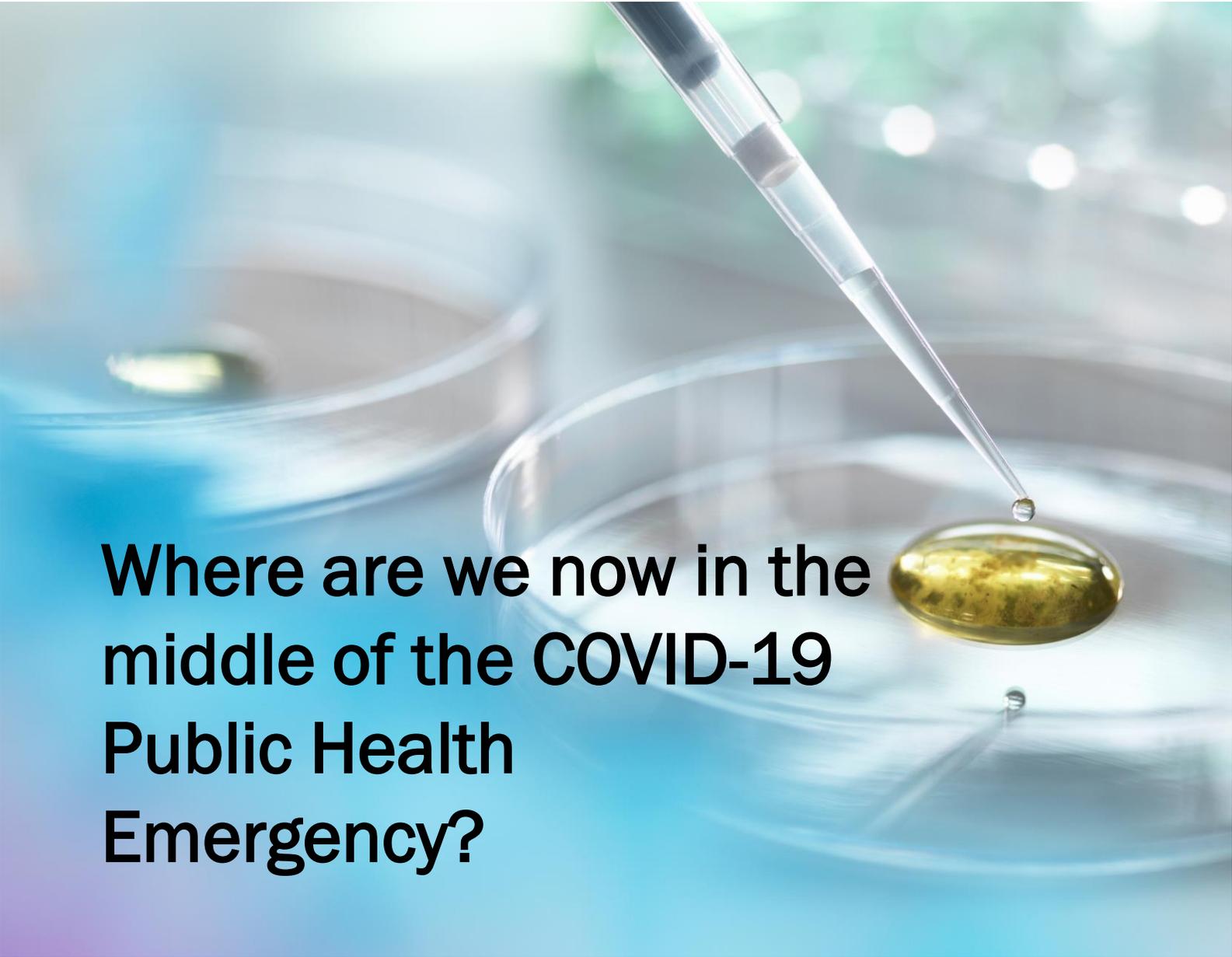
Rural Health Clinic

Technical Assistance Webinar

This webinar is brought to you by the National Association of Rural Health Clinics and is supported by cooperative agreement UG6RH28684 from the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA). It is intended to serve as a technical assistance resource based on the experience and expertise of independent consultants and guest speakers.

The contents of this webinar are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.





**Where are we now in the
middle of the COVID-19
Public Health
Emergency?**

**2021 RHC
BILLING &
CODING
UPDATE**

MARCH 9, 2021

WEBINAR OBJECTIVES

This webinar will offer up-to-date information to assist RHCs in understanding recent and ongoing changes to coding and billing. Today's topics include:

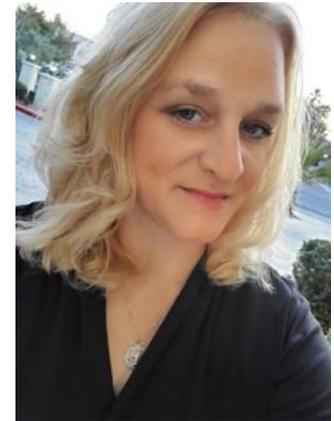
- Understanding the new AMA and CMS guidelines for assigning the correct level of Evaluation and Management services based on changes which were effective January 1, 2021.
- Understanding the RHC guidelines for reporting COVID-19 immunizations and monoclonal antibody infusions.
- Reviewing RHC telehealth coding and billing during the PHE
- Reviewing COVID-19 guidelines for assigning diagnosis codes.
- Reviewing RHC lab billing and COVID test reporting.

PRESENTERS

Shannon Chambers serves as the director of provider solutions for the South Carolina Office of Rural Health. In this role, Shannon assists private physician offices who desire to convert to Rural Health Clinic (RHC) status. She provides technical assistance to RHCs in compliance activities, billing and coding, EHR implementation, and practice management.

During the COVID-19 PHE, Shannon has worked tirelessly with NOSORH and NARHC on rolling out RHC Covid-19 Testing Reporting and COVID-19 Vaccine Distribution as well as helping countless rural health clinics meet the day-to-day challenges of providing care during this unprecedented time.

Shannon is a certified professional coder (CPC) with the American Academy of Professional Coders, an AHIMA-approved ICD 10 CM/PCS trainer, a certified revenue cycle associate (CRCA), and a notary public. She also serves on the board of the National Association of Rural Health Clinics.



Patty Harper is CEO of InQuiseek Consulting. She has over 22 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. She is credentialed as an RHIA, CHTS-IM, CHTS-PW, and CAH-CBS. She is also Certified in Healthcare Compliance (CHC®). Patty currently serves on the Board of NARHC and LRHA.



2021 CHANGES TO OFFICE AND OUTPATIENT E & M SERVICES



Overview of the 2021 Changes

- Changes Effective 01/01/2021
- Changes to the E & M Guidelines related to Office and Other Outpatient Codes 99202-99215*
- Other types of E & M Guidelines NOT changed
- Revised Codes 99202-99215*
- Changes to Prolonged Service Codes; Changes to Guidelines for Prolonged Services.
- Creation of new CMS Prolonged Service Code.

****CPT is a registered trademark of the American Medical Association***

Changes are effective

January 2021						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Friday, Jan 1st 2021



New Patient versus Established Patient

Patient Status



A **New Patient** is one who **HAS NOT** received any professional service from a physician/qualified healthcare professional or another physician/qualified healthcare professional of the exact same specialty or subspecialty who belongs to the same group practice **within the past 3 years.**

An **Established Patient** is one who **HAS** received professional services from a physician/qualified healthcare professional of the exact same specialty or subspecialty who belongs to the same group practice **within the past 3 years.**





Is this a New Patient?

<p>1. Jane has an office visit with the internal medicine physician she last saw when she received care at the same clinic. It's been 4 years since Dr. Thomas has provided a professional service for her. She has never seen any other internists in the same clinic.</p>	<p>YES</p>
<p>2. Patrick received a new professional service from Dr. Jones who is different specialty he belongs to the same multi-specialty group as does Patrick's family practice provider Dr. Stevens. Patrick last saw Dr. Stevens a year ago.</p>	<p>YES</p>
<p>3. Susan's regular family medicine provider is on vacation and she needs follow-up treatment for a condition her regular family medicine provider saw her for two months ago. She sees another family medicine provider belonging to the same group who she has never seen before.</p>	<p>NO</p>



Is this an Established Patient?

<p>1. Dr. Smith just changed groups and is now practicing at Oak Hill Clinic. His former patients from Main Street Clinic are now seeing him at the new office. Are these patients established patients if they have seen Dr. Smith within the past 3 years.</p>	<p>YES</p>
<p>2. James has a level 3 office visit with the nurse practitioner he last saw at Community Clinic. It's been 38 months since his last appointment at the same clinic.</p>	<p>NO</p>
<p>3. Sally is a family practice NP who just started working at Cornerstone RHC. She has never provided a professional service for any of the patients on her schedule. If the patients have seen another family practice provider within the past 3 years, are the patient considered established even though Sally has never seen any of them?</p>	<p>YES</p>

Elements of Clinical Documentation



HISTORY

- Chief Complaint/Reason for the encounter
- History of Present Illness (HPI)
- ROS
- Personal, Social, & Family History

EXAM

- 1995 or 1997 Guidelines
- # of Body Systems or Body Areas Examined



MDM

- Number and Complexity of the Problem(s)
- Amount/Complexity of Clinical Data Reviewed
- The risk of Complications, Morbidity or Mortality of the patient management decisions made at the visit.

HISTORY

Physical Exam

Medical Decision Making



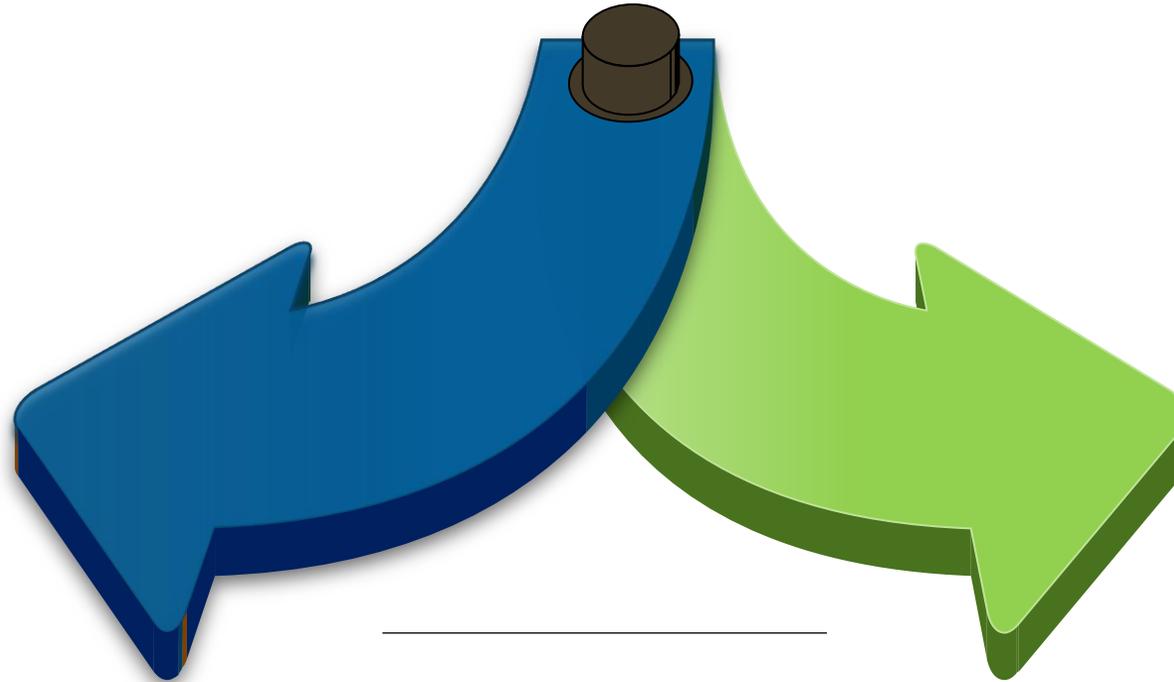


**Medical
Decision
Making**

The Revised 2021 E & M Guidelines use ***either Medical Decision Making or Time*** to assign a level of service for office and outpatient services.



TIME



LEVEL OF SERVICE

2021 E & M: New Patient

Element/Level	99202	99203	99204	99205
History	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate
Exam	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate
Medical Decision Making	Straightforward	Low	Moderate	High
TIME	15-29 Minutes	30-44 Minutes	45-59 Minutes	60-74 Minutes



99202

99203

99204

99205

2021 E & M: Established Patient

Element/Level	99212	99213	99214	99215
History	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate
Exam	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate	Clinically Appropriate
Medical Decision Making	Straightforward	Low	Moderate	High
TIME	10-19 Minutes	20-29 Minutes	30-39 Minutes	40-54 Minutes



99212

99213

99214

99215

New AMA Prolonged Service CPT®

- New Code
- # Out of Sequence
- + Add-On Code

Non-RHC claims

+ • **99417** Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)

(Use 99417 in conjunction with 99205, 99215)

(Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)

(Do not report 99417 for any time unit less than 15 minutes)

NEW CMS Prolonged Service Code

CMS has created its own Prolonged Service Code to prevent the double-dipping of time.

Prolonged Office/Outpatient E/M Visits Effective January 1, 2021, CMS is finalizing HCPCS code G2212 for prolonged office/outpatient E/M visits. HCPCS code G2212 is to be used for billing the MPFS instead of CPT code 99358, 99359 or 99417, with the following descriptor: “Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) “(Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416) (Do not report G2212 for any time unit less than 15 minutes).”

EHR and Other Considerations

- Check with your EHR Vendor for product revisions/modification for documenting and selecting E & M Levels. Are the wizard functions updated? Know how to document time when it is the determinant used for level assignment. Is this a free text function or does the EHR assign a time based on some other feature?
- Changes are effective 01/01/2021. However, some products and payers may not be ready to accept or process changes.
- Provider Education: Ensure that your providers are informed about the changes and understand the new criteria for assigning E & M Levels.
- wRVUs have changed with the new Evaluation and Management CPT® descriptions. Review impact on reimbursement and/or provider compensation.

Resources:

AMA CPT® Evaluation and Management (E/M) Office and other Outpatient and Prolonged Services Code and Guideline Changes (The source for most of this content and definitions.)

<https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

CMS

<https://www.cms.gov/files/document/r10505cp.pdf>

<https://www.cms.gov/files/document/mln-understanding-4-key-topics-call.pdf>



COVID-19 VACCINE ADMINISTRATION

VACCINE ADMINISTRATION AND MONOCLONAL ANTIBODY INFUSIONS



Reporting Medicare COVID Vaccine Administration

Rural health clinics (RHCs)¹

Independent and provider-based RHCs do not include charges for vaccine or administration for COVID-19 or mAb on a claim, reimbursement is made at the time of cost settlement. Claims will process with \$0 payment when submitted with only the vaccine and/or administration.

CMS will be adding appropriate lines to the Cost Report Forms to allow for the reporting of COVID-19 vaccine administration and monoclonal antibody infusions performed in a rural health clinic. RHCs should document all vaccine administrations in order to have supporting schedules for cost reporting.

COVID-19 Log Example

COVID-19 VACCINE LOG

Facility Name: _____

Date	Patient Name and/or Identifier (MBI or Acct/MR#)	Insurance or Financial Class	Pfizer Dose 1 0001A	Pfizer Dose 2 0002A	Moderna Dose 1 0011A	Moderna Dose 2 0012A	Astra Zeneca Dose 1 0021A	Astra Zeneca Dose 2 0022A	Consent	Staff Initials

Each vaccine by manufacturer and by dose have specific administration codes. This is true for the J & J vaccine and all vaccines and boosters to come. When reporting vaccine administration to other payers, be sure to report the correct code for the vaccine type and dose.

Vaccine and Administration for Non-RHC Claims

Code	Use	Description
91300	Vaccine	Pfizer-Biontech Covid-19 Vaccine SARSCOV2 VAC 30MCG/0.3ML IM
0001A	Admin	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose ADM SARSCOV2 30MCG/0.3ML 1ST
0002A	Admin	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose ADM SARSCOV2 30MCG/0.3ML 2ND
91301	Vaccine	Moderna Covid-19 Vaccine SARSCOV2 VAC 100MCG/0.5ML IM
0011A	Admin	Moderna Covid-19 Vaccine Administration – First Dose ADM SARSCOV2 100MCG/0.5ML1ST
0012A	Admin	Moderna Covid-19 Vaccine Administration – Second Dose ADM SARSCOV2 100MCG/0.5ML2ND
91303	Vaccine	Janssen (Johnson & Johnson) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5×10^{10} viral particles/0.5mL dosage, for intramuscular use
0031A	Admin	Janssen (Johnson & Johnson), Covid-19 Vaccine Administration ADM 5×10^{10} viral particles/0.5mL dosage, single dose



UPDATE TO RHC DISTANT SITE TELEHEALTH

G2025



Revised SE20016



New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE

MLN Matters Number: SE20016 Revised

Related Change Request (CR) Number: N/A

Article Release Date: February 23, 2021

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

Note: We revised this article to provide the updated rate effective January 1, 2021 for G2025. You'll find substantive content updates in dark red font (see pages 2, 3, and 6). We also updated the rate for G0071 on page 6.

[SE20016 | CMS](#)

UPDATE IN G2025 REIMBURSEMENT FOR 2021

- Reimbursement for G2025 effective January 1, 2021 is **\$99.45**
- This is an increase from \$92.03.
- 20% coinsurance applies unless appended by the -CS modifier.
- Payable for all CPT® codes on the approved CMS telehealth list found at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- Only in effect for RHCs during the PHE
- Only G2025 is reported with optional modifier -95
- -CS modifier applies to all Covid-related services and to preventive services for which the cost share is waived.



ICD-10-CM DIAGNOSIS CODING FOR COVID-19



ICD-CM Code	Code Description	Assign when	Sequencing
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	There is a concern about a possible exposure to COVID-19.	First-listed
Z20.828	Contact with and suspected exposure to other viral communicable diseases.	The person with an exposure or suspected exposure either tests negative or the test results are unknown.	First-listed
Z11.59	Encounter for screening for other viral diseases	When an asymptomatic patient is screened and either tests negative or the test results are unknown.	First-listed

Positive COVID-19 Diagnosis

ICD-CM Code	Code Description	Assign when	Sequencing
U07.1	COVID-19	When there is a confirmed positive diagnosis documented by the provider. The patient may be symptomatic or asymptomatic. The provider must document that the patient has COVID-19. Do not use as a rule-out or suspected diagnosis.	First-listed Do not use a Z code above if the positive is confirmed; List any manifestations (respiratory infection, pneumonia or bronchitis for example) as secondary diagnoses.

	Code Description	Assign when	Sequencing
098.5x	Other viral diseases complicating pregnancy, childbirth, and the puerperium.	When a patient during pregnancy, childbirth or the puerperium presents with positive confirmation of COVID-19.	The 098.5 code is first listed followed by U07.1 for COVID-19 and then by any manifestation codes.
<u>Other signs and symptoms:</u> R05 Cough R06.02 Shortness of Breath R50.9 Fever		When a patient presents with respiratory symptoms but there is no definitive diagnosis (COVID or non-COVID).	First-listed when no screening or testing is performed; may be secondary to the testing Z codes for known or suspected exposure.



COVID-19 TESTING AND REPORTING



Where do I report?

www.RHCcovidreporting.com

Rural Health Clinic COVID-19 Testing Program Data Report (RHC CTR)

The Department of Health and Human Services (HHS) announced \$225 million for rural health clinics (RHCs) to provide COVID-19 testing as authorized by the Paycheck Protection Program and Health Care Enhancement Act. This program resulted in an amount of \$49,461.42 for each eligible RHC. This site allows rural health clinics to report information related to their testing activities as required in the [terms and conditions](#) of the RHC COVID-19 Testing Program.

Public Burden Statement:

The purpose of this data collection system is to collect aggregate data on the number of Rural Health Clinic (RHC) organizations, number of COVID-19 tests conducted, and the types of allowable RHC services provided with RHC COVID-19 Testing funding. FORHP will use these data to show how RHC COVID-19 Testing funding is used. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0056 and it is valid until 04/30/2021. This information collection is required to obtain or retain a benefit (FY 2020 Paycheck Protection Program and Health Care Enhancement Act- P.L. 116-139). Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or to paperwork@hrsa.gov.

Privacy Act Statement

The following statement serves to inform you of the purpose for collecting personal information required by the RHCCovidReporting.com and how it will be used.

AUTHORITY:

Paycheck Protection Program and Health Care Enhancement Act (Public Law No: 116-139). This page is managed by the National Association of Rural Health Clinics under cooperative agreement G27RH39211 with the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA).

PURPOSE:

To collect information per the requirements as specified in the terms and conditions for the "Rural Testing Relief Fund," also known as the RHC COVID-19 Testing Program. This reporting system does not replace any other reporting requirements that RHC organizations may have with respect to COVID-19, such as those required for public health surveillance purposes.

ROUTINE USES:

The information collected will be used by HRSA to monitor and assess the effectiveness of the funding provided to Rural Health Clinics (RHCs) for COVID-19 testing and related expenses.

This is not provider relief funds

← → ↻ 🔒 https://prfreporting.hrsa.gov/s/ ☆ 🔍 🏠 👤 ⋮

⚠️ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

 Health and Human Services

HRSA
Health Resources & Services Administration

Welcome to the Provider Relief Fund Reporting Portal

The Provider Relief Fund (PRF) Reporting Portal is to be used by providers who received one or more payments exceeding \$10,000 in aggregate. This is a part of the post-payment reporting process. Register and create an account to get started.



Already a registered PRF Reporting Portal User?

After completing registration, providers will be notified when they should re-enter the portal to report on the use of PRF funds. This functionality is not currently available.

Username

Lab Data Reporting

- <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>
- This reporting does not change your state reporting guidelines.

FAQ

Is COVID-19 antibody testing (serology) an allowable use of RHC COVID-19 Testing Program funds? (Added: 7/16/2020)

Yes. Allowable COVID-19 testing includes tests to diagnose active COVID-19 infections and antibody tests to detect past history of SARS-CoV-2, the virus that causes COVID-19.

The CDC released interim guidelines for COVID-19 antibody testing in clinical and public health settings. Different types of assays can be used to determine different aspects of immune response and functionality of antibodies. The tests can be broadly classified to detect either binding or neutralizing antibodies. For more information on both test types, please visit the CDC's [Interim Guidelines for COVID-19 Antibody Testing](#) and the FDA's [Coronavirus Testing Basics](#).

Does COVID-19 testing include specimen collection? (Updated: 10/28/2020)

COVID-19 testing for the purposes of the RHC Testing Program is intended to include testing and testing-related services. **The collection of specimens is an allowable testing cost.**

Does the RHC need to conduct the full testing process to be eligible? (Updated: 10/28/2020)

The RHC **does not have** to conduct the full laboratory COVID-19 testing to use funds under this program. It may do so should the RHC have such capabilities.

Are RHCs required to seek reimbursement from insurance for COVID-19 testing? (Updated: 2/22/2021)

Yes, RHCs are required to seek reimbursement from insurance for COVID-19 testing.

Funded entities may not use this payment to reimburse expenses or losses that have been reimbursed from other Provider Relief Fund payments or from the COVID-19 Uninsured Program HRSA Exit Disclaimer (i.e. you may not reimburse expenses more than once). Funded entities may not use this payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. Other sources of reimbursement include: insurance providers; Medicare; Medicaid; and other payers (e.g., workers compensation insurance or employer sponsored insurance). Funded entities should maintain records of all subsequent reimbursement or obligated reimbursement to the RHC for COVID-19 testing and/or testing related services by another external payment source, such as public or private insurance coverage.

Reporting Information

How long do RHCs need to report data on RHCcovidreporting.com for the RHC COVID-19 Testing Program? (Added: 2/22/2021)

RHC COVID-19 Testing Program reporting is anticipated to continue until July 31, 2021.*

RHCs that received funding in distributions occurring after May 2020 (e.g. December 2020) must report testing data starting with the month RHC COVID-19 Testing Program funds were received (e.g. December 2020). RHCs that received funding after May 2020 may voluntarily choose to report their testing data prior to the receipt of funds. *HRSA may revise the date

Table 1 RHC Reporting Deadlines

Monthly Data	Reporting Deadline	Applicable RHCS Reporting Details
January 2021	February 28, 2021	All funded RHCs
February 2021	March 31, 2021	All funded RHCs
March 2021	April 30, 2021	All funded RHCs
April 2021	May 31, 2021	All funded RHCs

Vaccine Administration

Can TIN organizations use the RHC COVID-19 Testing Program for COVID-19 vaccine administration?

(Added: 2/22/2021)

No. RHC COVID-19 Testing Program funds may not be used for expenses of items and services explicitly and solely related to COVID-19 vaccine administration.

Resources

[Step by Step Instructions](#)

<https://www.rhccovidreporting.com/faq/>

[Rural Testing Relief Fund Terms and Conditions](#)

<https://www.hrsa.gov/rural-health/coronavirus/frequently-asked-questions>

Questions or Comments?

CRHCP Code: YWPXG

*Please note: This code is only for those that
are **CURRENTLY** certified.*