Rural Coding and Billing Webinar
Presented to State Offices of Rural Health on behalf of NOSORH
"Moving Beyond ICD-10:
Tying Together Clinical Documentation, Coding, and
Billing"

Presented by: Gary Lucas, M.Sc., CPC, CPC-I,
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VP — Education Operations
Association for Rural Health Professional Coding (ARHPC)

Your facilitator

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You may already know John Beard? – ARHPC CEO/Founder

Webinar Session Objectives

1. **Establish the need for education** to the rural health community based on revenue opportunities, recent CMS regulatory changes, ICD-10 adoption, and an unrealistic reliance on EHRs and encoder software.

2. Identify who needs detailed training on **clinical documentation, professional coding, and medical billing** & how often the training is needed and on what topics.

3. Provide an **overview of the regulations** that the rural health community are bound to follow from Medicare, the AMA, and the ICD-10 Coordinating Parties to maintain optimal revenue compliance.

4. Describe ARHPC's goals for our **2016/2017 Rural Health Coding Bootcamp**:
   1. document 100% of the services provided,
   2. capture 100% of the codes for everything documented, and
   3. report the claims to payers following varying billing rules to maximize revenue while maintaining compliance.

Webinar Objective #1

Establish the need for education to the rural health community based on revenue opportunities, recent CMS regulatory changes, ICD-10 adoption, and an unrealistic reliance on EHRs and encoder software.

High level summary

- As of April 1, 2016 the rural community was required by CMS to report code level detail (CPT/HCPCS-2) on every claim form for the first time in decades.

- The first year's "ICD-10 Leniency Period" is due to end when the 2017 diagnosis codes go into effect on October 1, 2016.

- ARHPC provides education, certification, and auditing services to rural the professional staff at RHCs, affiliated rural hospitals on clinical documentation>coding>billing.

- ARHPC is continuing to partner with NOSORH to provide a 2-day Bootcamp (*followed by 2 – 1.5 webinars*) and the nation's only certification dedicated solely to the services provided in rural America.

Regulatory change is a constant in rural health!

National Organization of State Offices of Rural Health
The Membership Organization of State Offices of Rural Health

NOSORH

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Home > The Branch > Become a Rural or Community Health Coding and Billing Specialist

Become a Rural or Community Health Coding and Billing Specialist

🗓 Jul 31st   💬 No Comments   👤 by Ashley Muninger

As of April 1, 2016, Rural Health Clinics (RHCs) are now required to provide CPT/HCPCS-2 coding details on all Medicare claims. To help SORHs provide technical assistance to RHCs and FQHCs on billing/coding, NOSORH has partnered with the Association for Rural Health Professional Coding (ARHPC). ARHPC provides educational, certification, billing, and auditing consulting services to rural clinical providers and professional staff at RHCs, affiliated rural hospitals, and community health clinics/FQHCs.

- ICD-10-CM updated diagnostic codes from ~18,000 to ~68,000 codes
- AMA vs. 1995/1997 CMS Evaluation & Management Codes
- CMS 1450 (UB) vs. CMS 1500 Forms
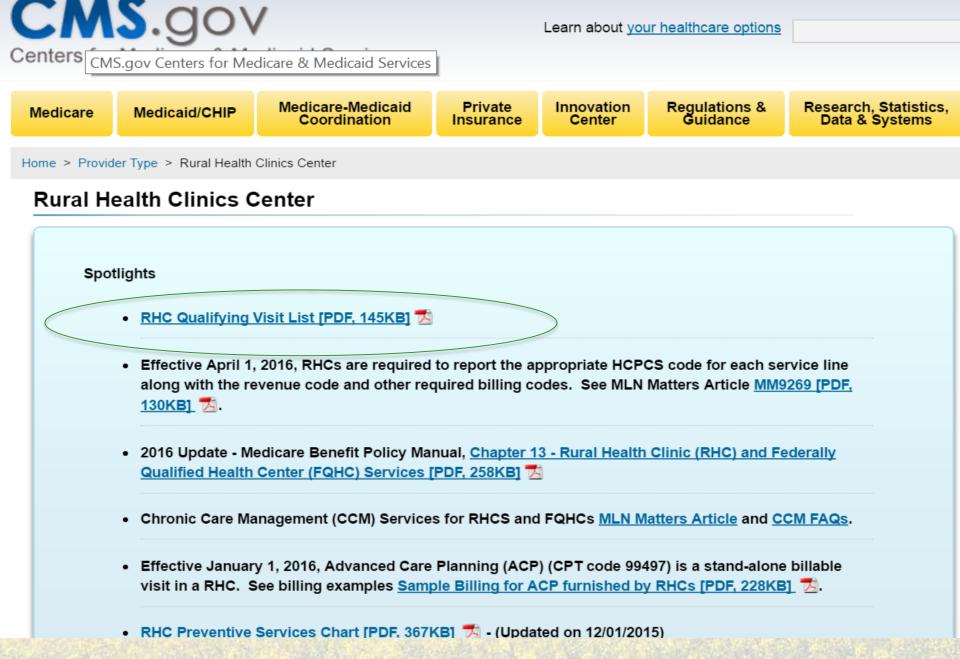- Independent vs. Provider-based

SOURCE: https://nosorh.org/become-a-rural-or-community-health-coding-and-billing-specialist/

Highlights of the new Final Rule requiring CPT/HCPCS-2 code detail on claim forms for RHCs

- Though the rule goes into effect on April 1, 2016 – payment is not expected to change at this time. Will it stick with Medicare only?

- The Final Rule can be accessed at http://federalregister.gov/a/2015-28005 - page 576

- There are several ways that they may ask us to place code level details on claim forms, but we are still awaiting specific guidance from CMS. This is VITAL to how we list CPT & HCPCS-2 codes!
  – For example, do they want "pure coding" that follows the CPT or do they want us to report the service as if it was a traditional Medicare FFS Part B claim or via another method?
  – The difference affects defining the global surgical package definitions, bundling using the CPT or the National Correct Coding Initiative, reporting follow-up care during a 10-day minor surgical procedure, proper modifier usage, and listing Evaluation and Management codes.

CMS.gov
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Medicare	Medicaid/CHIP	Medicare-Medicaid Coordination	Private Insurance	Innovation Center	Regulations & Guidance	Research, Statistics, Data & Systems

Home > Provider Type > Rural Health Clinics Center

Rural Health Clinics Center

Spotlights

- **RHC Qualifying Visit List [PDF, 145KB]**

- **Effective April 1, 2016, RHCs are required to report the appropriate HCPCS code for each service line along with the revenue code and other required billing codes. See MLN Matters Article MM9269 [PDF, 130KB].**

- **2016 Update - Medicare Benefit Policy Manual, Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services [PDF, 258KB]**

- **Chronic Care Management (CCM) Services for RHCS and FQHCs MLN Matters Article and CCM FAQs.**

- **Effective January 1, 2016, Advanced Care Planning (ACP) (CPT code 99497) is a stand-alone billable visit in a RHC. See billing examples Sample Billing for ACP furnished by RHCs [PDF, 228KB].**

- **RHC Preventive Services Chart [PDF, 367KB]** - (Updated on 12/01/2015)

SOURCE: https://www.cms.gov/center/provider-type/rural-health-clinics-center.html

Issues with the new CMS Coding/Billing Guidance

- All possible "procedure-only" visit codes are not on the current list that will be updated quarterly.
- CMS recommends *holding claims until October 1, 2016* until their software can handle the change – *wow*.
- The Qualifying Visit HCPCS code *(CPT & HCPCS-2!)* must be on the first line of the claim for Medicare claims
  - The *total charges* for all services will roll up into this single line!
  - This will cause problems with secondary claims as well as patients understanding their deductible and coinsurance amounts.
- You need to know modifier –CG
- *NOTE: All Revenue Code issues are discussed in the 2 billing webinars that follow this class*

You already should be capturing CPT/HCPCS-2 code level details

- Though typically receiving an All-Inclusive Rate (AIR) M'Care patients, you use detailed line-by-line coding to determine the patient's copay/deductible.

- Codes that eliminate the patient's copay or deductible are already required for billing in addition the revenue code.

- Your practice management software hopefully stores this information and is available for management reporting.

- If you work for a Provider-based Rural Health Clinic, some items are currently going on a CMS 1500 form anyway even though the service took place in the clinic

Summary of observations from recent training provided to the rural community

- Coding and billing is a process that requires high-level critical analysis skills
  - Most non-clinical staff receive little to no training and support on these key areas that turn clinical services into revenue to sustain and grow their clinics.
  - Clinical providers have received little to no formal training on how to capture their services and have been given primary responsibilities for coding via their EHR.

- Team-based Training works the best – especially considering workflow changes brought by EHRs were implemented with little cross-functional interaction

- Many believe that there is an IT solution to documentation>coding>billing – it is simply not true

Webinar transcript of joint CMS>NARHC Technical Assistance Call

Healthcare Common Procedure Coding System (HCPCS) Requirements for RHCs

Rural Health Clinic Technical Assistance Series Webinar
March 29, 2016
1:30 pm ET

Monique Funkenbusch: Thanks a lot Bill. Now that Corinne and the rest of the CMS representatives have explained the details that are associated with the transition that is set for this Friday I am going to take just a few minutes to highlight a few lessons learned, as Bill mentioned that were part of the Federally Qualified Health Centers or FQHC's detailed billing (unintelligible) which is somewhat similar to what you guys will be involved in on Friday.

The following slides share some key quotes from this part of the presentation on what they think RHCs need…

Source: http://www.hrsa.gov/ruralhealth/resources/conferencecall/hcpcsreportingtranscript.pdf - pages 15-22

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- "Claims processing considerations that you will want to think through would tie into **staff training**. That is a big component that FQHC's learned right off the bat is that **they were very much lacking in that particular area** for their billing staff. So do your staff and the billing department really **understand your payment policies** or internal payment policies? Do they also **understand the CMS** regulations as part of this change? so You need to **make sure your staff truly understand all the guidelines**, even more so now with this latest change that is occurring."

- "Alot of discussion really needs to be focused on how your practice management system is going to facilitate this transition...**and our vendors sometimes aren't always up to speed** on the latest CMS regulation changes *so it is up to you..."*

Source: http://www.hrsa.gov/ruralhealth/resources/conferencecall/hcpcsreportingtranscript.pdf - pages 15-22

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- "Additionally when it comes to staff training, are we making sure that our staff **understand how to accommodate that crosswalk of appropriate revenue codes to all of the CPT codes** that we may be listing related to the UB-04 detailed billing we are now going to be presented with. **This will be another barrier….** So make sure that is another item you add to your billing staff training list."

- "Another piece regarding the reporting aspect I mentioned,**are your encounter volumes being calculated or extracted correctly** out of our systems?"

- "Again, it is focusing on**making sure we are properly listing all of the HCPCS codes that were truly identified from the chart documentation** - the services our providers actually rendered to that patient on that day."

Source: http://www.hrsa.gov/ruralhealth/resources/conferencecall/hcpcsreportingtranscript.pdf - pages 15-

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- "- **most providers either didn't receive proper coding training** in their medical programs, residency programs or even once they joined your facility, so oftentimes we find that we are having to **educate our providers about proper coding practices**. This detailed billing transition is going to **emphasize the need for this training** with your providers even more so."

- "We have to make sure we are focusing on our providers in **improving the chart documentation process**, as well as the accuracy of their coding practices...how many of you actually **conduct any internal or external chart audits** or reviews of your chart documentation for your providers."

Source: http://www.hrsa.gov/ruralhealth/resources/conferencecall/hcpcsreportingtranscript.pdf - pages 15-22

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- "In most cases with **Rural Health Clinics it tends to fall off the radar** to a certain degree so it is not a prime focus, however, especially with this change coming about, **it is even more important we conduct those audits**. A best practice scenario from a coding or chart audit review would be **on a quarterly basis** if at all possible. Realistically speaking at a minimum you really need to have the chart audits occur at least once on an annual basis."

- "A lot of folks will also recommend (AAPC or AHIMA) that you also **utilize an external source to conduct those chart audits to have an unbiased opinion**, someone who is a little bit more experienced at looking at all provider types or even just a variety of Rural Health Clinics so they bring to the table a different level of expertise than say your own internal coder or **someone who has coding experience but isn't a certified coder.** "

Source: http://www.hrsa.gov/ruralhealth/resources/conferencecall/hcpcsreportingtranscript.pdf - pages 15-22

Webinar transcript of joint CMS>NARHC Technical Assistance Call

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- "...making sure that our EHR actually has current HCPCS CPT codes all listed within the system so our providers can **more accurately and correctly code for the services** they are rendering at the Rural Health Clinic."

- "...**making sure your providers understand the transition** that is occurring and help them **get ramped up on the proper coding practices and guidelines** and the importance of that as part of the detailed billing transition for your Rural Health Clinic."
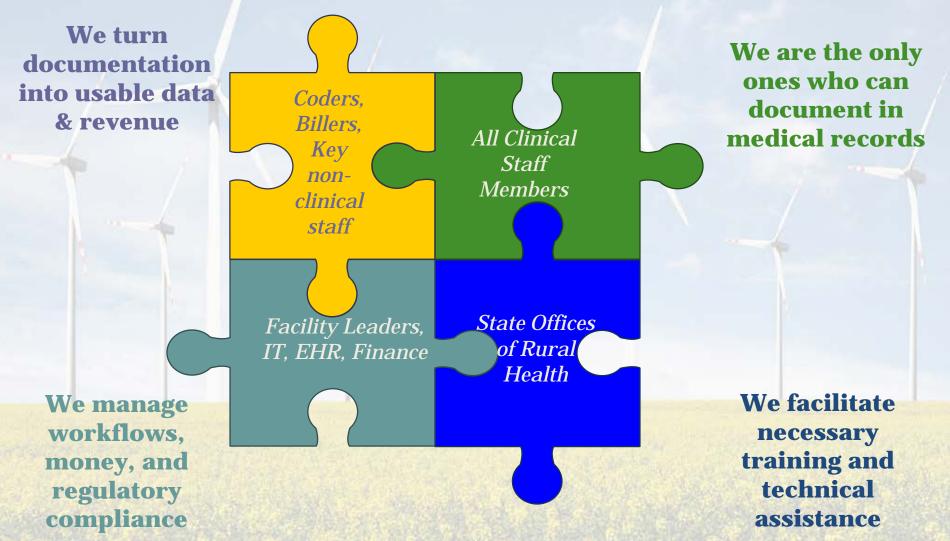
- "

Source: http://www.hrsa.gov/ruralhealth/resources/conferencecall/hcpcsreportingtranscript.pdf - pages 15-22

Webinar Objective #2

Identify who needs detailed training on clinical documentation, professional coding, and medical billing & how often the training is needed and on what topics.

Areas to Analyze Impacts

The provider's mind

To the medical record

To internal business documents

To the patient and payers

For public health needs, data integrity, and beyond…

Why is clinical documentation important?

- Critical for patient care, data integrity, and determination of medical necessity
- Well-documented medical records reduce re-work of claims processing
- Compliance with CMS and other payers regulations and guidelines
- Impacts coding, billing and reimbursement
- Serves as a legal document of care for more than just revenue

Central Questions

QUESTION #1:

Do patients currently walk out of your door with a full listing of what services/procedures were performed (*CPT and HCPCS-2 codes*) and why they were performed (*ICD-10*)?

QUESTIONS #2 and 3:

How confident are you that all services provided are fully documented? How confident are you that all services are coded exactly the same regardless of the patient's insurance?

Key point: Clinical care doesn't change based a patient's insurer or ability to pay; therefore, all patients should be coded the same way.

What was needed, did it happen, is it ongoing, or is it still necessary?

Manager's Office

- Any *policy or procedure* tied to a diagnosis code, disease management, public health tracking
- *Vendor & payer contracts* should be evaluated and fully understood
- What did you learn regarding *budgeting* (software, training, etc.)?
- Who in your organization needed (*and still needs*) *training on clinical documentation, coding, and reporting*?
- *Did IT/EHR solve your* documentation/coding/billing *issues*?

Physician/Provider's Office & Nurse's Station

- Impact of *changes to clinical documentation*?
- *Changes to forms* (order/prior authorization), and/or *more detail needed on referral forms*?
- *How do we handle queries* while not interrupting patient flow?

Coding/Billing/EHR Staff's Office

- Did ICD-10 point out that coding/billing requires high-level critical analysis skills & requires , *teamwork, training, support, and respect*?

It all starts with translating medical records documentation!

- It is time to move beyond some costly old familiar phrases – recognize these?
  - *"If you didn't document it, it didn't happen"*
  - *"That's what I hired you for. Just get the claim paid and out the door"*
  - *"Our vendor told us our EHR/Encoder will code for us"*
  - *"Our claim scrubber tells us what will get paid"*

Coding and Billing are distinctly different

- Coding turns medical documentation into usable data regardless of whether it generates revenue
- **Example** – Vaccines received for free via VFC program aren't reimbursable but are required to be listed to ensure reporting of required vaccinations for kids

- Just because there is a code doesn't mean you can bill it.
- Just because you got paid doesn't mean you get to keep it.
- Remember, the coding/billing side of things is heavily trust-based – we don't submit documentation with every claim.
- P4P is coming?

Webinar Objective #3

Provide an overview of the regulations that the rural health community are bound to follow from Medicare, the AMA, and the ICD-10 Coordinating Parties to maintain optimal revenue compliance.

Approved HIPAA Code Sets

➢ **CPT** ®
  ▪ ***What did we do?***
  ▪ Created by AMA (updated annually)
  ▪ CPT is currently identified by the Centers for Medicare and Medicaid Services (CMS) as **Level 1** of the [Healthcare Common Procedure Coding System](#).
  ▪ Updated January 1st each year
  ▪ About 9,000 codes to select from
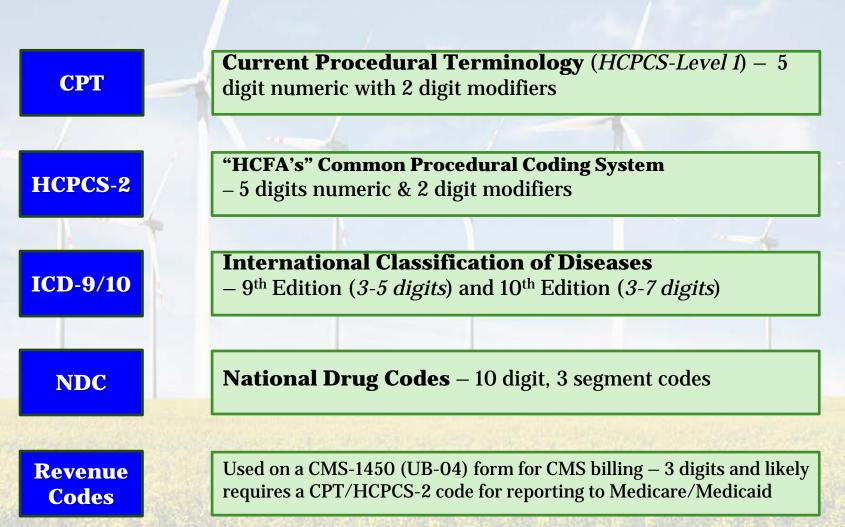
➢ **HCPCS II**
  ▪ Around 4,000 codes with CPT look-a-likes
  ▪ ***Supplies and DME***
  ▪ Created by CMS as a supplement to level I CPT codes
  ▪ HCPCS is currently identified by the Centers for Medicare and Medicaid Services (CMS) as **Level 2** of the [Healthcare Common Procedure Coding System](#).

➢ **ICD-10-CM**
  ▪ ***Why did we do a service***?
  ▪ ~68,000 codes
  ▪ Overseen by Cooperating Parties (AHA, AMA, CMS, NCHS)
  ▪ ICD-10 (October 1, 2015), "leniency period" ends 10/1/16
  ▪ New codes become effective on October 1 each year
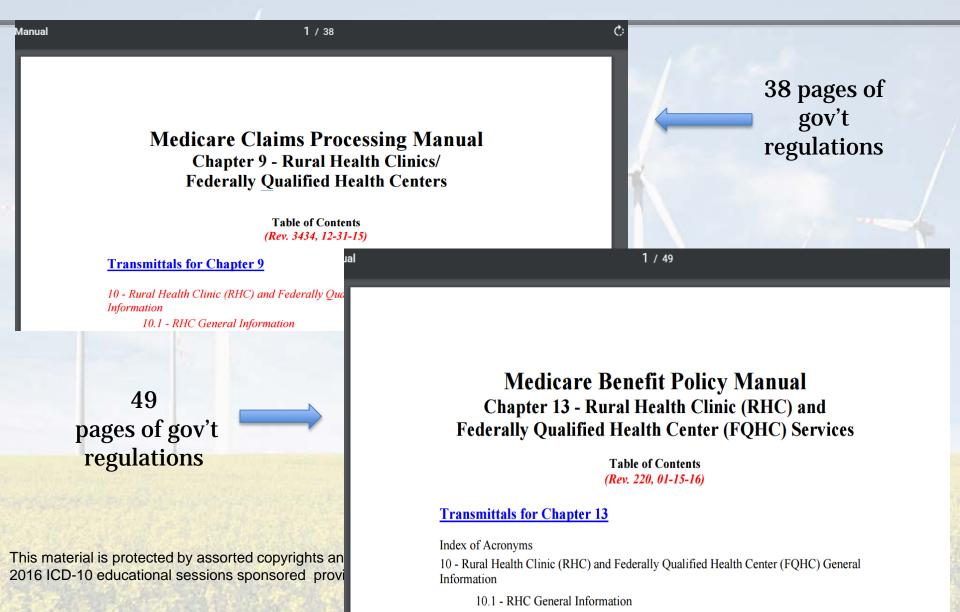
Codes, codes, and more codes

CPT	**Current Procedural Terminology** (*HCPCS-Level 1*) – 5 digit numeric with 2 digit modifiers
HCPCS-2	**"HCFA's" Common Procedural Coding System** – 5 digits numeric & 2 digit modifiers
ICD-9/10	**International Classification of Diseases** – 9th Edition (*3-5 digits*) and 10th Edition (*3-7 digits*)
NDC	**National Drug Codes** – 10 digit, 3 segment codes
Revenue Codes	Used on a CMS-1450 (UB-04) form for CMS billing – 3 digits and likely requires a CPT/HCPCS-2 code for reporting to Medicare/Medicaid

Once you know documentation and coding....

Medicare Claims Processing Manual
Chapter 9 - Rural Health Clinics/
Federally Qualified Health Centers

Table of Contents
(Rev. 3434, 12-31-15)

Transmittals for Chapter 9

10 - Rural Health Clinic (RHC) and Federally Qua... Information
    10.1 - RHC General Information

38 pages of gov't regulations

49 pages of gov't regulations

Medicare Benefit Policy Manual
Chapter 13 - Rural Health Clinic (RHC) and
Federally Qualified Health Center (FQHC) Services

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Transmittals for Chapter 13

Index of Acronyms
10 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) General Information

    10.1 - RHC General Information

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2016 ICD-10 educational sessions sponsored provi...

Webinar Objective #4

Describe ARHPC's goals for our 2016/2017 Rural Health Coding Bootcamp:

1. document 100% of the services provided,
2. capture 100% of the codes for everything documented, and
3. report the claims to payers following varying billing rules to maximize revenue while maintaining compliance.

Highlights of email from NOSORH regarding ARHPC Bootcamps

From: Kassie Clarke <Nosorh-all@nosorh.memberclicks.net>
Date: May 3, 2016 at 6:04:34 AM PDT
To: kassiec@nosorh.org
Subject: Coding/Billing Training for RHCs and FQHCs
Reply-To: kassiec@nosorh.org

- "ARHPC will partner with SORHs to provide a 2-day documentation and coding training class in a convenient location in their state. The 2-day training class can be followed by an optional certification examination. Those who complete the class receive a certification as a Rural Health or a Community Health Coding & Billing Specialist. The 2-hour billing portion is taught via webinar within 2 weeks of the in-person course. ***NOSORH members will receive a 20% discount on the training!***"

There are 3 pricing options for educating your members

PRICING:

- **<u>SORH funded</u>** = $20K (*covers up to 75 people*) – This represents a 20% discount off standard pricing. Discount available to states not currently hosting a bootcamp.

- **<u>Open to the Public</u>** = $399/person + Buy 2 Get 1 Free for the first couple weeks (*minimum 25-30 paid attendees required*)

- **<u>Hybrid</u>** = Association covers (*blank*) number of seats for members + Open to Public

How we partner with SORHs

LOCATION:

- ARHPC/ACHPC requests that you help to secure a meeting location that can hold 50-100 people, allows for classroom-style seating, ample viewing of a digital projector, and serves morning coffee (*snacks optional*) in 1-2 locations across your state allowing for easy travel for attendees.

- Should a member healthcare facility offer access to a satisfactory training room at their location, ARHPC will gladly cover the full expenses of up to 5 attendees from their facility with full benefits as if a paid attendee.

How we partner with SORHs

ADVERTISING:

- We request that you help coordinate and deliver a marketing campaign that reaches the audience (*email, website, key leader phone calls, etc.*) for **2-3 courses over 2016/2017** beginning at least 9-12 weeks prior to the date of the first training session. Classes require at least 30 paid attendees. ARHPC can handle online registration, waitlist management, and collection of fees.

- The 2 day documentation and coding training class can be followed by an optional certification examination credentialing those who pass as a Rural Health or a Community Health Coding & Billing Specialist (RH-CBS/CH-CBS). **It is worth 11 CEUs by the AAPC**. The 2 hour billing portion is taught via webinar within 2 weeks after the in-person course.

What will be your educational approach?

- How to empower people to have non-clinical careers in Rural Healthcare?

- How to retain our providers and keep their focus on patient care, though EHR have brought them more coding responsibilities?

- What steps are we taking to financial growth?

- Who benefits from an increased awareness of the accuracy of clinical documentation?

- Fear/Hope versus active Risk Management & an Education Plan

Webinar Session Objectives Met?

- **Established the need for education** to the rural health community based on revenue opportunities, recent CMS regulatory changes, ICD-10 adoption, and an unrealistic reliance on EHRs and encoder software?

- Identified who needs detailed training on **clinical documentation, professional coding, and medical billing** & how often the training is needed and on what topics?

- Provided an **overview of the regulations** that the rural health community are bound to follow from Medicare, the AMA, and the ICD-10 Coordinating Parties to maintain optimal revenue compliance?

- Described ARHPC's goals for our **2016/2017 Rural Health Coding Bootcamp**?
  - document 100% of the services provided,
  - capture the codes for everything documented, and
  - report the claims to payers following varying billing rules.

Your speaker today

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You may already know John Beard? – ARHPC CEO/Founder