

Rural Health Clinic Billing Errors

The following findings resulted from the data analysis of Rural Health Clinic (RHC) errors completed by the fiscal intermediary for the two most recent quarters.

Four routine errors were noted for RHCs in recent data analysis:

- Unique Physician Identification Number (UPIN) was missing or incorrect.
- Improper HCPCS code.
- Improper modifier.
- Inappropriate revenue coding,

The following suggestions are recommended to avoid these errors when billing RHC claims.

RHCs are required to bill using the UPIN.

All RHCs are required to include the UPIN number on their claims. RHC practitioners (physician assistant, nurse practitioner or certified nurse midwife) who do not have their own UPIN may bill using the supervising physician's UPIN.

- On the CMS-1450 (UB-92) claim form, enter the UPIN, physician's last name and initial of the first name in Form Locator (FL) 82 (attending/admitting/supervising physician ID).
- On the CMS-1450 (UB-04) claim form, enter the National Provider Identifier (NPI) of the practitioner providing the service in FL 76 (attending). Mid-level providers should have their own NPI numbers to use for RHC billing.

The UPIN submitted must be valid; do not use RES000 or a similar surrogate number.

HCPCS codes are not required.

As of April 1, 2005, RHCs and Federally Qualified Health Centers (FQHCs) are no longer required to report HCPCS codes. If the RHC includes a HCPCS code on its claim, the code will be edited by the system to ensure it is an appropriate code. Since these codes are not required, it is strongly recommended that RHCs should not include HCPCS codes for system editing.

Reference: CR 3487, Pub. 100-04, Transmittal 371, dated November 19, 2004.

Modifiers are not required.

Since RHCs are not required to use HCPCS coding, modifiers are also not required. It is recommended that RHCs should not include them on claims.

Note: Modifiers are appropriate for use by mother entities of provider-based RHCs when they bill for non-RHC services.

Appropriate revenue codes for RHCs should be used.

Additional revenue codes were allowed in July 2006. These additional codes may have caused some confusion and contributed to the noted increase in billing errors. The following table has been created to assist billers in coding RHC claims. Pay special attention to the time frames noted for specific codes.

Applicable Revenue Codes for RHCs

0001	Total charges.
0510	Telemedicine.
0521	Rural health – clinic visit.
0522	Rural health – home visit.
0524	Visit in an SNF covered Part A stay.*
0525	Visit in an SNF non-covered Part A stay.*
0527	Visiting nurse service in home health shortage area.*
0528	Visit to other non-RHC site (example: scene of accident).*
0770	Glaucoma screening.
0780	Telehealth originating site facility fee.
091X	Psychiatric/psychological services (until Oct. 15, 2003).
090X	Psychiatric/psychological services (Oct. 16, 2003, and after).
0940	Peripheral neuropathy.

* Revenue codes effective July 1, 2006.

Reference: CR 4210, Pub. 100-04, Transmittal 820, dated February 1, 2006.