

PEIA



PEIA PPB Reimbursement Policy

Subject: Facility-Type Providers Billing of Clinic Visits

Date: April 6, 2006 **Review/Revision date(s):**

Effective Date: April 1, 2006

Signatures:



B. Keith Huffman 04/06/2006
Date
Acting Co-Director/General Counsel



Gloria Long 04/06/2006
Date
Acting Co-Director/Deputy Director for Insurance Programs & Services



J.A. Haught, CPA 04/06/2006
Date
Acting Co-Director/Chief Financial Officer

Purpose of Policy: To document billing and reimbursement instructions related to clinic visits billed by a facility when a physician office visit service is also billed.

Background: Members of the PEIA PPB Plan pay a \$10.00 or \$15.00 co-payment for office visits. This benefit was structured so that the co-payment would be the only patient responsibility for this service. It was brought to our attention that, as a result of certain West Virginia hospitals purchasing individual physician practices, members now have additional out-of-pocket expenses. In addition to the \$10.00 or \$15.00 office visit co-payment, the hospital bills additional "facility" charges leaving the member with a "coinsurance" out-of-pocket expense.



PEIA PPB Reimbursement Policy

Page Two

April 6, 2006

Resolution: In order to eliminate the member coinsurance expense from the facility claim, PEIA will process the facility charge to allow the difference of the facility-based office visit allowance and the non-facility office visit allowance.

Since the co-pay is applied to the professional service, the facility allowance will be paid covered at 100% of the allowed amount. For example:

CPT Code	CPT Code Description	RBRVS Facility Allowance	RBRVS Non-Facility Allowance	Facility Payment (PEIA Pays 100%)
99211	Office Visit, 5min	\$ 11.04	\$ 22.47	\$ 11.43
99212	Office Visit, 10min	\$ 29.88	\$ 43.04	\$ 13.16
99213	Office Visit, 15min	\$ 41.96	\$ 57.55	\$ 15.59
99214	Office Visit, 25min	\$ 69.59	\$ 91.05	\$ 21.46
99215	Office Visit, 40min	\$ 111.52	\$ 134.74	\$ 23.22

Billing Instructions: Hospital-type providers, who bill for clinic visits, must add the TC modifier to the clinic visit/office visit CPT code. If the TC modifier is not billed with the CPT code, it will be added by the claim processor.

Exceptions: Rural Health clinics will not be subject to this policy. They are identified by bill types beginning with a "7".

Billing and benefit questions may be addressed to HealthSmart at 1-888-440-7342.