

## CarePortal Charge Rate/Revenue Code Overview

Each discipline (SN, PT, etc.) may be assigned a Revenue Code and/or a CPT-4 code in Clinical Maintenance > Discipline. [In addition, a standard Cost per Visit may be established as a standard per-visit charge. KD 08/24/09: This amount is not used for claims processing but only for projected and actual visit costs reports in Analysis and Reporting. The discipline/payer Charge Rate entries described below are used for claims processing]

When claims are processed, the amount charged for each visit is calculated as follows:

- 1) Determine the discipline for the visit. If there is an “Alternate Discipline” specified in the visit note (in Clinical Visit Notes / Docs), then that discipline will be used. Otherwise, the primary discipline of the worker/assessor who performed the visit will be used.
- 2) Based on the discipline from the above step, determine the correct charge rate and basis. First look for payer-specific discipline charge rate overrides in Financial Maintenance > Master Payers > Payer Discipline Rate and CPT-4 Overrides based on the payer registered in the patient payer policy for the date of the visit and the discipline of the visit. If no such entry exists, then use the standard charge rate for the visit discipline found in Financial Maintenance > Charge Rate.
- 3) After the correct Charge Rate entry has been located as described above, see if there is a minimum charge amount for the visit (if the basis is Hourly or Increment, for example) specified in the standard Charge Rate Maintenance form. If a minimum charge is found, and if this minimum charge is greater than the normal charge for this visit, then use the minimum charge. Otherwise, calculate the amount as follows:
  - a. If there is an “Alternate Charge Amount” specified in the actual visit (in Visit Notes/Docs”), then use that amount. Otherwise, proceed to next step.
  - b. For rate basis of **Visit** or **Day**, then use the value specified in the Charge Rate for the discipline and/or payer as determined above.
  - c. For rate basis of **Hourly**, multiply the number of hours (or fraction thereof) by the Charge Rate value. (A visit of 65 minutes will be counted as 1.083 hours, so the charge amount will be higher than for 60 minutes.)
  - d. For rate basis of **Increment**, first calculate the number of increments, then multiply by the number of increments by the charge rate. Calculate the number of increments as described below by looking at the setting for FL 46 in the UB-92/04 template in Financial > Billing > Claim Form Template Library for the paper report type being used for the claim. If it says “Days”, then the increment is 1. If it says “Units”, then look first for the unit basis (Minutes, Hours, Visits) from the Charge Rate for the visit’s discipline and/or master payer combination. If the unit is not specified in the Charge Rate, then look for the units in the setting for FL 46 in the UB-92/04 template in Financial > Billing > Claim Form Template Library for the paper report type being used for the claim. Once the unit basis is found, calculate the number of units as follows:

- i. For Minutes: If the number of minutes of the visit is less than the Increment Start Value (in the Charge Rate or Claim Form Template form), then the number of units is 0 (zero). Otherwise, add the Increment Start Value to the duration of the visits (in minutes), then divide by the number of minutes per unit. For example, if the Increment Start Value is 8, the minutes per unit is 15, and the Increment Duration is 17 minutes, then the number of units will be  $(17 + 8)$  divided by 15, or  $25/15$ , or 1 unit. If the visit duration is 25 minutes, then the number of units will be  $(25 + 8) / 15$ , or  $32 / 15$ , or 2 units.
- ii. For Hours: If the number of whole or partial hours (duration in minutes divided by 60) is at least 1, and if the number of hours is less than the Unit Value + Increment Start Value, then the number of units will be 1; otherwise, CarePortal will take the number hours (minutes / 60) subtract the Unit Value, add the Increment Start Value, and divide the result by the Unit Value. Typically you would set the Unit Value at 1 and the Increment Value at 0 if you wish to count each hour as a unit, including a partial first hour.
- iii. For Visits: the number of increments is always 1.

The following logic outlines how the HCPCS code is determined for a visit:

- 1) Determine the appropriate Charge Rate entry for the visit as described above. If a HCPCS code is included in this Charge Rate entry, then use that HCPCS code. Otherwise, go to the next step.
- 2) Determine the appropriate Revenue Code entry (in Financial Maintenance > Revenue Code) by looking at the Revenue Code value in the Discipline (under Clinical Maintenance) that corresponds to the visit. Take the revenue code value from the Discipline and find the first entry in the Revenue Code form (in Financial Maintenance > Revenue Code) that matches the discipline revenue code value. Use the HCPCS code that corresponds to that revenue code. (Again, this is used only if there is no HCPCS code directly available in the discipline.)

The following logic outlines how the CPT-4 code is determined for a visit:

- 1) If there is a CPT4 code in the Charge Rate entry for the visit, use that value.
- 2) Otherwise, if there is a CPT4 code in the Discipline entry for the visit, use that value.
- 3) Otherwise, the CPT4 code will be blank.