The CG Modifier

The CG modifier became effective for all claims submitted after 10/1/16, this includes prior Date-Of-Service claims from 4/1/16 and after. The CG modifier is added to the 0521 and/or the 0900 revenue codes with the qualifying visit code, thus telling Medicare that you are submitting a qualified claim for RHC payment. Many claims are still not paid due to the claims already being processed through the Medicare system due to the CG modifier not being on the claim. These claims that have shown on a remittance advice and not been paid and all charges adjusted off, must be adjusted and not just resubmitted.

These claims will have to be sent as a 717 bill type and a condition code added for the reason you are adjusting the claim and the remittance document control number in FL 64 of the UB. Some condition codes require a remark in the remarks section and others do not. The CG is the modifier that is attached to the Qualifying visit code that is also shows the "bundled' charges for the date-of-service. The subsequent lines on the claim are a detail of what is included in the "bundled" line item. If any preventive services are part of the claim, these charges are not "bundled" as there is no coinsurance applied to these services.

IF preventive services are the only services performed, then a CG must be on one of the preventive service codes listed on the claim. Every RHC biller needs to be very familiar with CR9269 and SE1611 as this is our billing guide for RHC claims.

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