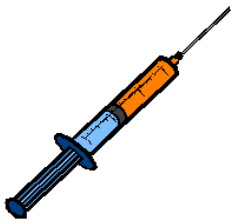
Allergy Shots, Immunizations, & Other "Shot-Only" Visits

SOLVING THE DILEMMA!



What about allergy shots, B-12 injections, immunizations and other "shot only" visits? This is one of the most common, reoccurring questions on the NARHC listserv. I just had a lengthy discussion with a group of RHC providers on this very topic yesterday. So, how do we handle these services?

First, we need to be reminded of the definition of a RHC encounter. CMS Chapter 13 of the Rural Health Clinic Benefit Manual, Section 40, defines a RHC encounter this way: "A RHC or FQHC visit is defined as a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more RHC or FQHC services are rendered." Section 120.3 further explains: "Services that are covered by Medicare but do not meet the requirements for a medically necessary or qualified preventive health visit with a RHC or FQHC practitioner (e.g., blood pressure checks, allergy injections, prescriptions, nursing services, etc.) are considered incident to services. The cost of providing these services may be included on the cost report, but the provision of these services does not generate a billable visit. Incident to services provided on a different day as the billable visit may be included in the charges for the visit if furnished in a medically appropriate timeframe." Most Medicaid plans and MMO/MCOs follow these same guidelines. To further complicate matters, we know that we cannot provide any medical services without a provider being present in the building as required by 42 CFR §491.8. So, we have a dilemma, don't we?

Below are some suggestions and considerations for "shot only" and other nursing services that are provided not as a billable encounter or as incident-to services after a standalone RHC encounter.

- Have written policies which include details on how incident-to nursing services are provided; on how patient or 3rd party pharmaceuticals are handled & stored (especially testosterone); on clinical documentation of these services; and medical management of conditions, complications or reactions.
- Create a nurse note template that includes all the needed elements: date/time of service, type of service, reference to the physician's standing order or plan from the previous visit site of injection, medication, dose, and patient disposition, for example. Have your providers and nursing staff collaborate on the template development or standards of clinical documentation. Train on these policies and procedures.
- Adopt other clinical documentation standards for other common nursing services.
- Charge for all services that are provided. Have a policy on how the whether these charges will be held for future billing or if they will be adjusted off as non-billable. Track utilization for internal reporting.
- Apply your policies consistently to all patient financial classes remembering that billing practices can differ based on specific payer guidelines.
- Understand that the costs associated with non-billable services are reported on the cost report and are considered in the calculation of our all-inclusive rate.
- Always keep patient care and quality of care as the priority when providing any medical service.

We must find the balance between providing the services our patients need while maintaining regulatory compliance. Remember that we exist to care for medically-underserved populations in health professional shortage areas. Many patients are hours away from the Immunologist or ENT who initiated the treatment. If we establish solid policies and procedures, establish clinical documentation standards, and focus on quality access to care, we can find that happy medium.

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