



Compliance Checklist for Billing CPT G0463

To help ensure proper billing of **CPT code G0463**, below is a compliance checklist that coding and billing teams can use. This checklist can be used as an internal audit tool or training aid. [Download or print this checklist](#) and verify each item when billing G0463:

- **✓ Appropriate Setting:** Confirm the service was provided in an **eligible hospital outpatient clinic or provider-based department**. (Is the location enrolled as a hospital outpatient site? **Yes/No**)
- **✓ Provider Involvement:** Verify that a **physician or qualified NPP saw the patient and performed an E/M service** during the visit. (*No provider = no G0463 billable.*) Documentation of provider's evaluation present? **Yes/No**
- **✓ Medical Necessity & Documentation:** Ensure the **visit was medically necessary and the documentation supports a distinct evaluation and management service**. (Chief complaint, history, exam, assessment/plan documented clearly?) **Yes/No**
- **✓ Not a Technical-Only Encounter:** Check that the encounter wasn't solely for a test, treatment, or minor service that would be billed on its own. (*If it was purely a nurse visit with no exam/assessment, do not bill G0463.*) **Verified**
- **✓ Correct Coding of Professional vs Facility:** If a physician's professional service was billed (e.g., 9921x on a 1500 claim), make sure the **facility's G0463 is billed on a UB-04 by the hospital** – and not duplicated on the same claim or billed by the wrong entity. **Yes/No**
- **✓ Revenue Code 0510 (Clinic):** Verify G0463 is reported under **revenue code 0510 or appropriate 051x** on the UB claim. (*Check UB-04: Rev code = 0510?*) **Yes/No**
- **✓ Modifier PO/PN (Off-Campus):** If the clinic is **off-campus**, ensure the correct modifier is appended:
 - **PO** for excepted off-campus departments, **PN** for non-excepted off-campus. (*On-campus – no modifier needed.*) **Applied? Yes/No/N-A**
- **✓ Modifier -25 (Separate E/M Service):** If any **procedure or other service** (with a global period or NCCI bundle) was done on the same day, confirm **modifier -25 is appended to G0463** and documentation supports a separate E/M. (*Check claim for other CPT/HCPCS codes same date.*) **Yes/No/N-A**

- **One G0463 Per Day:** Ensure only **one unit of G0463** is billed per patient per day, unless there were truly distinct visits (and if so, use condition code G0). **Yes/No**
- **Chargemaster Review:** Confirm the chargemaster entry for G0463 is set up with correct revenue code and default modifiers (if any) for that clinic location (so billing is automated correctly). **Up to date? Yes/No**
- **Payer Policy Check:** For non-Medicare payers, verify if G0463 is accepted and if there are any payer-specific rules (some payers require prior auth for facility fees or disallow them). **Checked payer guidelines? Yes/No**
- **Patient Notification (if required):** If state law or hospital policy requires informing patients about facility fees, ensure appropriate notices were given. **Yes/No/N-A**
- **Internal Audit Complete:** Double-check a sample of G0463 claims each quarter for compliance with the above. Document findings and retrain staff if issues found. **Scheduled/Done?**

By routinely going through this **G0463 compliance checklist**, organizations can catch errors before claims go out. It serves as a safeguard against common pitfalls like missing modifiers or improper billing of the code. Make this checklist part of your standard operating procedure for outpatient clinic billing to maintain accuracy and compliance.

(Feel free to download, print, and use this checklist in your billing department. It can be adapted to fit your organization's specific processes.)