



**Rural Health Clinic Billing – 101  
Healthcare Business Specialists  
February 15, 2023**

**H B S**

Healthcare Business Specialists



## **CONTACT INFORMATION**

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[www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)

# A Quick Summary

- Rural Health Center (RHC) is a CMS designation.
- RHCs may be independent (freestanding) or provider based.
- RHCs provides access to primary care in underserved areas
  - Medicaid required to recognize RHCs
  - Commercial payors make no distinction for RHCs
- Typical Provider Types in an RHC
  - Physicians - MDs and DOs
  - Advanced Practice Practitioners (NP, PA, CNM)
  - Clinical psychologist
  - Clinical Social Workers
- At least 51% of the services provided must be primary care services and can not be primarily a mental health provider
- At least 50% of the time, the clinic must be staffed with advanced practice practitioners (NP, PA, CNM)
- Medicare reimbursement is based on an all-inclusive rate (AIR)
- Each RHC must have their own NPI (National Provider Identifier) number
- Bill using the UB-04 format to Medicare for RHC covered services

# TennCare Summary RHC Payment Summary

RHCs bill MCOs according to the MCOs billing and payment guidance


Quarterly the RHC will submit a wrap report to TennCare for the difference in their RHC rate and what the MCO paid on an interim basis

The Quarterly Wrap report is settled only on paid claims not based upon the date of service



TennCare rates for RHCs entering the program post moratorium


Caseload Mix Averages - EAST			Regional Average - EAST	
	> 8,000	8,000 to 13,999		
			6/30/2021	\$ 142.72
6/30/2017	\$ 167.48	\$ 124.05	6/30/2022	\$ 144.72
6/30/2018	\$ 169.49	\$ 125.54	6/30/2022	\$ 147.76
6/30/2019	\$ 171.86	\$ 127.30		
6/30/2020	\$ 174.44	\$ 129.21	Regional Average - MIDDLE	
6/30/2021	\$ 177.75	\$ 131.66	6/30/2021	\$ 135.85
6/30/2022	\$ 180.24	\$ 133.51	6/30/2022	\$ 137.76
6/30/2023	\$ 184.03	\$ 136.31	6/30/2022	\$ 140.65
Caseload Mix Averages - MIDDLE			Regional Average - WEST	
	> 8,000	8,000 to 13,999		
			6/30/2021	\$ 146.34
6/30/2017	\$ 137.88	\$ 151.94	6/30/2022	\$ 148.39
6/30/2018	\$ 139.54	\$ 153.77	6/30/2022	\$ 151.51
6/30/2019	\$ 141.49	\$ 155.92		
6/30/2020	\$ 143.61	\$ 158.26		
6/30/2021	\$ 146.34	\$ 161.27		
6/30/2022	\$ 148.39	\$ 163.52		
6/30/2023	\$ 151.51	\$ 166.95		
Caseload Mix Averages - WEST				
	> 8,000	8,000 to 13,999		
6/30/2017	\$ 143.51	\$ 131.03		
6/30/2018	\$ 145.23	\$ 132.60		
6/30/2019	\$ 147.26	\$ 134.46		
6/30/2020	\$ 149.47	\$ 136.47		
6/30/2021	\$ 152.31	\$ 139.06		
6/30/2022	\$ 154.44	\$ 141.01		
6/30/2023	\$ 157.68	\$ 143.97		



# RHC Resources for Billing Information

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**Where to look  
and where to  
find help**



# Where to Find Help

Name	Abbreviation	Type	Website
National Association of Rural Health Clinics	NARHC	Membership Organization	<a href="https://www.narhc.org/narhc/Default.asp">https://www.narhc.org/narhc/Default.asp</a>
National Rural Health Association	NRHA	Membership Organization	<a href="https://www.ruralhealth.us/">https://www.ruralhealth.us/</a>
Rural Health Association of Tennessee	RHAT	Membership Organization	<a href="https://www.tnruralhealth.org/">https://www.tnruralhealth.org/</a>
ArchProCoding	ARCH	Membership Organization	<a href="https://www.archprocoding.com/">https://www.archprocoding.com/</a>
Rural Health Information Hub	RHI HUB	Website	<a href="https://www.ruralhealthinfo.org/">https://www.ruralhealthinfo.org/</a>
National Rural Health Resource Center	NRC	Website	<a href="https://www.ruralcenter.org/">https://www.ruralcenter.org/</a>
RHC Information Exchange	RHCIE	Facebook Group	<a href="https://www.facebook.com/groups/1503414633296362">https://www.facebook.com/groups/1503414633296362</a>
RHC Billing Resources from HBS	HBS	Website	<a href="http://www.ruralhealthclinic.com/rhc-billing">http://www.ruralhealthclinic.com/rhc-billing</a>

# National Association of RHCs



The first tile shows a man in a white shirt looking stressed, with a large red "no" symbol overlaid on the image. The text reads "How Does the No Surprises Act Impact RHCs?". Below the image is the text "Good Faith Estimate Details". The second tile features a speech bubble with "COVID-19" inside. Below it, the text says "Free 2021 Fall Institute COVID-19 Sessions Now Available!". At the bottom of the second tile is a photo of a man speaking at a podium, with the caption "KPCA Highlights NARHC 2021 Fall Institute".

## The NARHC Mission Statement

*"To educate and advocate for Rural Health Clinics, enhancing their ability to deliver cost-effective, quality health care to patients in rural, underserved communities."*



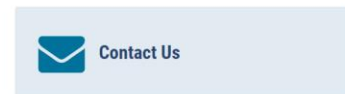
### Join Our Email List and Stay Informed!

Want to stay informed about the changes affecting RHCs as they happen? Then you need to be signed up to receive emails from NARHC's Washington, D.C. office, so we can provide you all the news on



### Newsletters

The NARHC Newsletters are published quarterly to 5500 people. It contains breaking RHC News, Legislative Updates, Stories from Member Consultants, Educational Opportunities, Conference



<https://www.narhc.org/narhc/Default.asp>



# NARHC Spring Institute – March 20-23, 2023



## NARHC 2023 Spring Institute

Event Date: 3/20/2023 - 3/22/2023

Event Overview	Registration	Exhibitor Fees	Agenda	Cancellation Policy	Hotel & Travel
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### NARHC 2023 SPRING INSTITUTE

Registration Now Open!



NARHC 2023 Spring Institute will be held at  
**Hyatt Regency San Antonio Riverwalk!**

**Dates:** March 20-22, 2023 (M-W)

NARHC Institutes are put on by the only national association dedicated strictly to Rural Health Clinics (RHCs). A wide range of rural health professionals will be in attendance including CEOs, CFOs, Physicians, PAs, NPs, Clinic Managers, Billers & Coders.

Earn Continuing Education Credits: CME from **AAFP\*** (for MDs, PAs, NPs, and some RNs) and CEUs from **AAPC\*** (for coders) as well as meets the **CRHCP** maintenance requirement credit for those who obtained their certification in 2019 or 2021.

*\*Average continuing education credits range from 14-16*

**Paying by check? Download your [Registration Form!](#)**

**Rates:** Save \$100 per person on registration by being a NARHC member! If you are interested in becoming a member [Click Here](#) for the membership application. There are four membership categories and will be happy to help you determine the best membership for you!

<https://www.narhc.org/assnfe/ev.asp?ID=464>



## Introduction to RHCs

Event Overview

Registration

### Introduction to RHCs

The National Association of Rural Health Clinics is proud to announce the launch of a new orientation tool that will offer new employees of Rural Health Clinics the opportunity to learn the fundamentals of running an RHC as well as a brief history of the RHC program and how NARHC was formed.

This online course consists of 4 short modules created by Shannon Chambers, Director of Provider Solutions at the South Carolina Office of Rural Health, Teresa Treiber, Manager RHC Team for Spectrum Health Corporate in Michigan, and NARHC staff. The modules cover the basics of what it means to be a Rural Health Clinic and explores how RHCs differ from other types of clinician offices. This is a self-paced course consisting of approximately 1 hour of video content.

- **Cost:** NARHC Member FREE! We do ask that each individual person creates an account and registers for the course. Non-Member \$50  
*Not a current member? [Click Here](#) for a list of member benefits and to download a membership application. Unsure if you're a member? Call us and we'll be happy to check your status for you 866-306-1961.*
- **Educational Learning Format:** On-Line. It is recommended that you use Chrome as your browser for all NARHC courses.
- **Length:** Approximately 60 minutes
- **Content:** Those going through this orientation tool will learn about the history of the RHC program and how the National Association of Rural Health Clinics came to be. In addition, they will be educated with a high-level overview of managing an RHC vs a Non-RHC, RHC basics, best practices for RHC managers and understanding the value of being a Rural Health Clinic.
- **Pre-requisites:** None
- **Who should take this course?** New employees and individuals that are new to rural health clinics

For a more thorough and in depth look at how to manage an RHC please consider taking our Certified Rural Health Clinic Professional Course (CRHCP). You can find more information on the CRHCP course [Here](#).

<https://www.narhc.org/assnfe/ev.asp?ID=394>

# Become a CRHCP

## 2022 Spring CRHCP Session

Event Date: 1/17/2022 - 4/4/2022

Event Overview

Registration

Cancellation Policy

Frequently Asked Questions

## NARHC's Certified Rural Health Clinic Professional (CRHCP) Course



### REGISTRATION CLOSSES FEBRUARY 28th

NARHC is offering Directors, Clinic Administrators & other RHC leaders a unique full-spectrum course designed to teach you how to operate a successful Rural Health Clinic. Upon course completion & attainment of an 80% or higher exam score, you will earn a CRHCP certification.

- **Enrollment:** Begins January 2022. Download the PDF form [HERE](#) and return OR register online (above registration tab). As soon as your payment has been processed, you will receive an email notification with further instructions regarding the course.
- **Cost:** NARHC Member \$450, Non-Member \$600  
Course Workbook is available during registration at an additional fee:  
\$35 Digital file \$50 Spiral Bound Printed Workbook (includes digital file)

*Member Rates: Save \$100-\$125 per person on registration by being a NARHC member! Not a current member? Click on the Join Today on the right-hand side of the page to fill out a*

<https://www.narhc.org/assnfe/ev.asp?MODE=&ID=451>



## Join NARHC DC Staff for Virtual Office Hours!

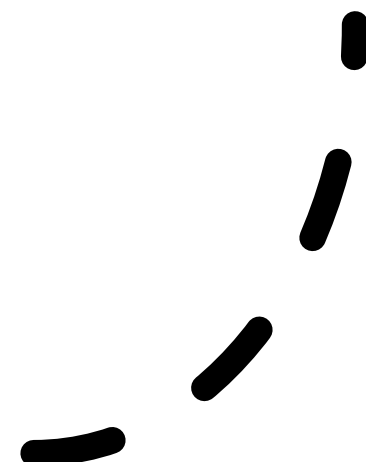
NARHC DC Staff continues to host RHC Office Hours at 1 pm ET every other Wednesday via Zoom. We encourage anyone with RHC questions to join us!

We hope that this form of technical assistance will increase the dialogue between NARHC staff and the RHC community. Questions regarding HRSA COVID-19 programs, RHC policy, Medicare, RHC certification, and more are all acceptable!

Stop by the [Zoom room](#) anytime between 1 and 2 PM ET, and as always don't hesitate to contact us if you need assistance outside of this time.

The schedule for 2023 is as follows:

Wednesday, January 11  
Wednesday, January 25  
Wednesday, February 8  
Wednesday, February 22  
Wednesday, March 8  
Wednesday, April 5





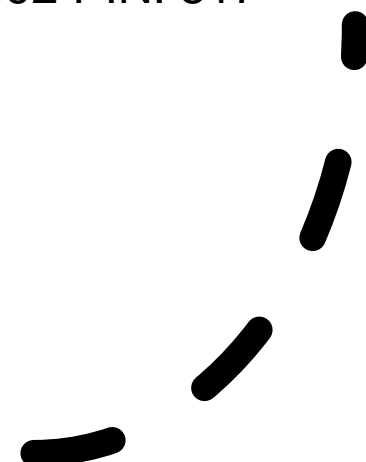


## Join NARHC DC Staff for Virtual Office Hours!

- No registration is required, and RHCs can join using the below link or call-in information.
- **Zoom Webinar Information:**  
<https://us06web.zoom.us/j/81747173194>

### **Audio Conference Details:**

Attendees without computer access or computer audio can use the dial-in information below:

- Dial-in Toll-Free #: +1 301-715-8592 PIN: 817 4717 3194#
  - Meeting ID: 817 4717 319
  - We hope to see you there!
  -
- 

# National Rural Health Association

The screenshot shows the homepage of the National Rural Health Association (NRHA). At the top, there is a navigation bar with links for 'Join', 'Donate', 'NRHA Connect', and 'Partners', along with a search icon. Below this is the NRHA logo and a secondary navigation menu with links for 'ABOUT NRHA', 'EVENTS', 'MEMBERSHIP', 'ADVOCACY', 'PROGRAMS', and 'PUBLICATIONS'. The main content area features a large banner for 'NRHA's Rural Vaccine Confidence Initiative' with a background image of smiling children. The banner text includes 'Customizable communications resources specific for rural needs' and 'Awarded \$1 million by CDC, HRSA for further development, support'. To the right of the banner is a 'News' section with three articles: 'Award nominations now open', 'Strength in numbers', and 'Grow the rural health workforce'. Below the banner is an 'Events' section listing several conferences, including the Rural Health Policy Institute, Annual Rural Health Conference, Rural Medical Education Conference, Rural Health Clinic Conference, Health Equity Conference, Rural Hospital Innovation Summit, SRHA Leadership Conference, and Critical Access Hospital Conference. A 'MORE EVENTS >' link is provided. To the right of the events list is a 'TruBridge' advertisement with the headline 'Escape the revenue cycle stress spiral.' and a 'Learn More' button. At the bottom of the page, there are three large buttons: a green 'Membership' button with a plus sign, a blue button with a woman's face and a stethoscope icon, and a dark blue button.

- <https://www.ruralhealth.us/>

# Rural Health Association of Tennessee



[Home](#) [About](#) [Member Services](#) [Programs](#) [Events](#) [Action Center](#) [Connect](#)

[Join Now](#)

Search our site...

[Search](#)

[Member Login](#)



## Who is the Rural Health Association of Tennessee?

Founded in 1995, The Rural Health Association of Tennessee (RHA) is a 501c3 non-profit leading the way for a healthy Tennessee through partnerships, advocacy, education, and resources. Our members of rural health care providers, school health professionals, mental and behavioral health providers, and others are committed to the vision of becoming among the healthiest states in America. We believe in the power of listening and learning through direct service, advancing professional knowledge and development, and elevating voices of rural Tennesseans through advocacy.

### Quick Links

[Updates](#)

[Member Page](#)

[Resource Center](#)

[Job Board](#)

[The Benefits of Membership](#)

[Priority Issues](#)

[Upcoming Events](#)

<https://www.tnruralhealth.org/>

Search our site...

SEARCH

JOIN NOW

MEMBER LOGIN

## Rural Health Documentation, Coding & Billing Bootcamp

- Become a Rural Health Coding & Billing Specialist (RH-CBS). (Optional Certification Exam Included in tuition)
- Choose from a live two day bootcamp or Online Self-Study (Work at your own Pace)

### Choose Live or Online Self-Study Below

ONLINE SELF-STUDY

LIVE TRAINING EVENTS

This training focuses on clinical documentation, coding, & billing for Rural Health Clinics (RHCs) and allows attendees to choose from a live 2 day bootcamp or online self-study (Work at your own pace)

Though this class is designed to help facility managers and revenue cycle staff to pass the optional certification exam to become a Rural Health - Coding & Billing Specialist (RH-CBS). We urge clinical personnel (MD, DO, NP, PA, RN) to attend as well since clinical documentation is key to everything. BUILD A SHARED FOUNDATION OF KNOWLEDGE

### Who Needs Training on RHC documentation, coding, billing, and quality reporting?

- Do you providers, managers, and coding/billing/quality staff have a shared foundation of knowledge?
- Do your clinical providers know the documentation rules related to capturing the

### Quick Links

MEMBER HOME

CONTACT US

LIVE TRAINING DATES

ONLINE TRAINING (ON-DEMAND)

CONTINUING EDUCATION (CEUS)

GET CERTIFIED

### Find us on Facebook



Association for Rural & Co...

Follow Page 2.2K followers

### Our Sponsors



Medical Management Institute

**Become a  
RH-CBS**  
<https://www.archprocoding.com/>

# Rural Health Information Hub

- <https://www.ruralhealthinfo.org/topics/rural-health-clinics>

Online Library ▾

Topics & States ▾

Rural Data Visualizations ▾

Case Studies & Conversations ▾

Tools for Success ▾

Your First Stop for  
Rural Health Information



### Get Rural Updates & Alerts



Sign-up to receive our [weekly newsletter](#):

[Daily and weekly custom alerts](#) also available

### Find Rural Data



The [Rural Data Explorer](#) and [Chart Gallery](#) provide access to a wide range of data on rural health issues.

Learn how to locate and use data in the [Finding Statistics and Data Related to Rural Health](#) topic guide.

### Funding Opportunities



Discover the latest funding and opportunities to support rural health. [Browse all funding opportunities](#).

Learn how to develop grant proposals in the [Applying for Grants](#) topic guide.

### Am I Rural?



Use the [Am I Rural? Tool](#) to find out if a location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs.

### What Works in Rural



### Key Rural Health Issues



### Exploring Rural Health Podcast

Check out our latest podcast episode, [Health Equity in Rural America, Part 2: The Two Georgias Initiative](#). New episodes are released the first Tuesday of each month.



### The RURAL MONITOR

[Facing Unique Challenges, Rural Communities Find Unique Solutions to Protect Against Wildfire Smoke Exposure](#)

Across the rural West, an awareness of the health impacts of poor air quality – and how to minimize those impacts – is growing.



### News Headlines

- [Barrasso Leads Bill to Modernize Rural Health Care](#)  
Office of Senator John Barrasso
- [Native Americans Left Out of 'Deaths of Despair' Research](#)  
NPR

[More News »](#)

### New in the Online Library

- [Community Sociodemographics and Rural Hospital Survival Analysis](#)  
Source: Center for Economic Analysis of Rural Health
- [Care Coordination and Community Partnerships for Cancer Care in Critical Access Hospitals](#)  
Source: Flex Monitoring Team

[Online Library »](#)



# National Rural Health Resource Center



Services & Innovation About Events Programs Resources



Collaborating &  
innovating to  
improve the health  
of rural  
communities



Learn more about The Center

## Trending Insights

1

MBQIP Monthly -  
February 2023

2

National Rural  
Health Resource  
Center Launches  
New Website, Unveils  
New Branding

3

MBQIP Monthly -  
January 2023

4

Discharge  
Instructions



## We Understand the Rural Health Care

- <https://www.ruralcenter.org/>

# Rural Health Clinics Information Exchange Facebook Group



The Facebook Group has 4,100 members.

Conferences, Seminars, and Webinar announcements.

Updates of RHC information.

You can ask questions to the group.

<https://www.facebook.com/groups/1503414633296362>

# RHC Billing Resources from HBS

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



HOME ABOUT SERVICES RESOURCES WEBINARS CALENDAR CONTACT



## RHC MEDICARE BILLING RESOURCES

Healthcare Business Specialists, LLC is pleased to provide you with these billing resources to help your rural health clinic bill Medicare for your services. Billing RHC services requires the ability to create a UB-04 in an electronic format (837I). Many RHCs need access to Direct Data Entry (DDE) to verify coverage or adjust claims and Ability is a service that many of our RHC clients recommend.

2/7/2022 Palmetto Billing Guide for RHCs

### BILLING & CODING RESOURCES DURING COVID-19

3/26/2020 Special coding advice during COVID-19 public health emergency by: AMA Coding

3/23/2020 Coverage and Payment Related to COVID-19 Medicare by: CMS Fact Sheet

3/22/2020 2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs) by: CMS FAQ

3/18/2020 COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies by: Medicaid FAQ

Healthcare Business Specialists conducted a series of RHC billing webinars in January, 2020. The following links will take you to the recordings of the webinars.

- Recording of the Beginning RHC Billing Session 1 on January 21, 2020
- Recording of the RHC Billing Session 2 on January 22, 2020
- Recording of the RHC Billing Session 3 on January 23, 2020
- Recording of the RHC Billing Session 4 on January 28, 2020

We have provided the Slide Presentations for each of the webinars in the following links.

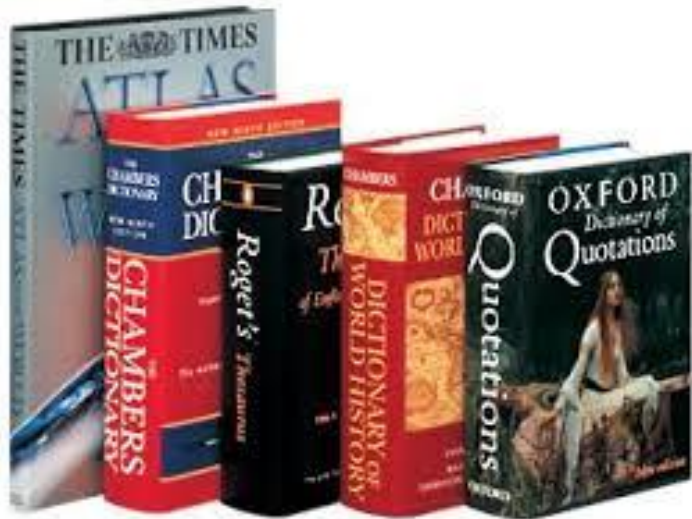
- Slide Presentation for Session 1 on January 21, 2020 (PDF)
- Slide Presentation for Session 2 on January 22, 2020 (PDF)
- Slide Presentation for Session 3 on January 23, 2020 (PDF)
- Slide Presentation for Session 4 on January 28, 2020 (PDF)
- Medicare Secondary Fact Sheet from CMS

<http://www.ruralhealthclinic.com/rhc-billing>



# Recordings of Previous Billing Webinars

Description	Date	Presenter	Recording	Presentation
RHC Billing 101 – Building Blocks	2/7/2022	Mark Lynn – Healthcare Business Specialists	<a href="#">Recording of the webinar</a>	<a href="#">Powerpoint Presentation for the webinar (PDF)</a>
RHC Billing 201 – The Basics of Medicare billing for independent and provider-based RHCs	2/22/2022	Amanda Dennison – Blue & Co.	<a href="#">Recording of the webinar</a>	<a href="#">RHC Billing 201 Slide Presentation from Amanda Dennison from Blue &amp; Co.</a>
RHC Billing 301 – Completion of the UB-04 Form, Form Locator Values,	2/25/2022	Douglas Swords – Azalea Health	<a href="#">Recording of the webinar</a>	<a href="#">Slide Presentation by Douglas Swords of Azalea Health</a>
RHC Billing 401 – Advanced Subjects - Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid,	3/1/2022	Charles James, Jr. – North American	<a href="#">Recording of the webinar</a>	<a href="#">Advanced Billing Presentation by Charles James of North American HMS (PDF)</a>



## Reference Materials

# CMS RHC Billing Guidance

Name	Source	Description	Website
RHC Fact Sheet	CMS Updated January 2022	Brief Introduction to the RHC Program (11-page PDF)	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsh.t.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsh.t.pdf</a>
Medicare Claims Processing Manual, Chapter 9	CMS Updated January, 202	Provides guidance on how to complete each field of the UB-04 (41-page PDF)	<a href="https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf">https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf</a>
Medicare Benefit Policy Manual, Chapter 13	CMS Updated April 26, 2021	Outlines covered services, visits, payment policies, etc. (57-page PDF)	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf</a>
Medicare Benefit Policy Manual, Chapter 13 (2023 Updates only)	CMS Updated January 26, 2023	Updates Chapter 13 with new payment policies (31-page PDF)	<a href="https://www.cms.gov/files/document/r11803BP.pdf#page=6">https://www.cms.gov/files/document/r11803BP.pdf#page=6</a>
CMS Rural Health Clinics Center	CMS Updated 11/7/2022	Website with updated RHC Information	<a href="https://www.ruralhealthinfo.org/">https://www.ruralhealthinfo.org/</a>



## Rural Health Clinic



# What is a rural health clinic?

## RHC Fact Sheet

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHealthClinicFactSheet.pdf>

Last Update: January 2022

# How to prepare RHC (UB-04) claims in Medicare Claims Processing Manual, Chapter 9

## Medicare Claims Processing Manual Chapter 9 - Rural Health Clinics/ Federally Qualified Health Centers

Table of Contents  
(Rev. 11200, 01-12-22)

### Transmittals for Chapter 9

- 10 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) General Information
  - 10.1 - RHC General Information
  - 10.2 - FQHC General Information
- 20 - RHC and FQHC All-Inclusive Rate (AIR) Payment System
  - 20.1 - Per Visit Payment and Exceptions under the AIR
  - 20.2 - Payment Limit under the AIR
- 30 - FQHC Prospective Payment System (PPS) Payment System
  - 30.1 - Per-Diem Payment and Exceptions under the PPS
  - 30.2 - Adjustments under the PPS
- 40 - Deductible and Coinsurance
  - 40.1 - Part B Deductible
  - 40.2 - Part B Coinsurance
- 50 - General Requirements for RHC and FQHC Claims
- 60 - Billing and Payment Requirements for RHCs and FQHCs
  - 60.1 - Billing Guidelines for RHC and FQHC Claims under the AIR System
  - 60.2 - Billing for FQHC Claims Paid under the PPS
  - 60.3 - Payments for FQHC PPS Claims
  - 60.4 - Billing for Supplemental Payments to FQHCs under Contract with Medicare Advantage (MA) Plans
  - 60.5 - PPS Payments to FQHCs under Contract with MA Plans
  - 60.6 - RHCs and FQHCs for Billing Hospice Attending Physician Services*
- 70 - General Billing Requirements for Preventive Services
  - 70.1 - RHCs Billing Approved Preventive Services
  - 70.2 - FQHCs Billing Approved Preventive Services under the AIR
  - 70.3 - FQHCs Billing Approved Preventive Services under the PPS
  - 70.4 - Vaccines
  - 70.5 - Diabetes Self Management Training (DSMT) and Medical Nutrition Services (MNT)

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>

# Chapter 9 – Field Locator Descriptions

For services that do not qualify as a billable visit, the usual charges for the services are added to those of the qualified visit. RHCs/FQHCs use the date of the visit as the single date on the line item. If there is no billable visit associated with the services, then no claim is filed.

#### **Service Units, FL 46**

The RHC/FQHC enters the number of units for each type of service. Units represent visits, which are paid based on the AIR or the FQHC PPS, no matter how many services are delivered. Only one visit is billed per day unless the patient leaves and later returns with a different illness or injury suffered later on the same day.

#### **Total Charges, FL 47**

The RHC/FQHC enters the total charge for the service described on each revenue code line.

#### **Payer Name, FL 50**

The RHC/FQHC identifies the appropriate payer(s) for the claim.

#### **National Provider Identifier (NPI) – Billing Provider, FL 56**

The RHC/FQHC enters its own NPI. When more than one encounter/visits is reported on the same claim i.e., medical and mental health visits, please choose the NPI of the provider that furnished the majority of the services.

#### **Principal Diagnosis Code, FL 67**

The RHC/FQHC enters diagnosis coding as required by ICD-9-CM or ICD-10-CM Coding Guidelines.

#### **Other Diagnosis Codes, FL 67A-Q**

The RHC/FQHC enters diagnosis coding as required by ICD-9-CM or ICD-10-CM Coding Guidelines.

#### **Attending Provider Name and Identifiers, FL 76**

The RHC/FQHC enters the NPI and name of the attending physician designated by the patient as having the most significant role in the determination and delivery of the patient's medical care.

#### **Other Provider Name and Identifiers, FL78-79**

The RHC/FQHC enters the NPI and name

**NOTE:** For electronic claims using version 5010 or later, this information is reported in Loop ID 2310F – Referring Provider Name.

#### **60 - Billing Requirements for RHCs and FQHCs**

(Rev. 3434, Issued: 12-31-15, Effective: 03-31-16, Implementation: 03-31-16)



# UB-04 Field Locators

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42- Where (Revenue Code)

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70 – Patient reason for visit

76 – Attending Provider NPI #

# Medicare Benefit Policy Manual, Chapter 13 outlines covered services, visits, payment policies, etc.

## Medicare Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

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(Rev. 10729, 04-26-21)

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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

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## Medicare Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

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(Rev.11803)

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#### 210.1 - Hospice Attending *Physician Services Payment*

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<https://www.cms.gov/files/document/r11803BP.pdf#page=6>



# CMS Rural Health Clinics Center

Spotlights  
has  
updated  
billing  
information  
for RHCs

An official website of the United States government [Here's how you know](#)

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## Rural Health Clinics Center

### Spotlights

#### RHC Policies Addressed in the CY 2023 Physician Fee Schedule Final Rule

CMS issued the [CY2023 Medicare Physician Fee Schedule Final Rule](#) which included several provisions that impacted RHCs. A list of provisions effective January 1, 2023 is outlined below. Information regarding each of these policies is available in the [CY 2023 Medicare Physician Fee Schedule Final Rule Fact Sheet](#).

- New Care Management Codes for Chronic Pain Management (CPM) and General Behavioral Health Integration (GBHI)
- Conforming Technical Changes to 42 CFR 405.2463 and 42 CFR 405.246
- Specified Provider-Based RHC Payment-Limit Per-Visit

The following HCPCS codes have been revised to reflect the updates in the Consolidated Appropriations Act (CAA), 2023:

HCPCS Code	CY 2023 Payment Rate
G0511	\$77.94
G0512	\$147.07
G0071	\$23.72
G2025	\$98.27

#### COVID-19 Public Health Emergency (PHE) - Updates for RHCs

To provide as much support as possible to RHCs and their patients during the COVID-19 (PHE), we have made several changes to RHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will continue to review our policies as the situation evolves. For additional information and other flexibilities, please see the link: <https://www.cms.gov/files/document/03092020->

## Important Links

### Billing / Payment

- [CY 2022 Payment Rate Increases for RHCs](#)
- [CY 2021 Payment Rate Increases for RHCs](#)
- [CY 2020 Payment Rate Increase for RHCs](#)
- Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs) [January 2019]: [MM10843 \(PDF\)](#)
- CY 2019 Payment Rate Increase for RHCs. See [MM10989 \(PDF\)](#) .
- Medicare Claims Processing Manual: [Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers \(PDF\)](#)
- Medicare Benefit Policy Internet Only Manual: [Chapter 13 - Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Services](#) - See [MM11019 \(PDF\)](#)
- [RHC Preventive Services Chart \(PDF\)](#) – Information on preventive services in RHCs including HCPCS coding, same day billing, and waivers of co-insurance and deductibles (Updated on 08/10/2016).
- [SE1606 \(PDF\)](#) - Guidance on the Physician Quality Reporting System (PQRS) 2014 Reporting Year and 2016 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)
- [Chapter 29-\(T14\) -- Independent Rural Health Clinic and Freestanding Federally Qualified Health Center cost Report Form CMS 222-92 \(Instructions\)](#).(ZIP)

### Conditions for Coverage/Participation

- [Conditions for Coverage \(CfCs\) & Conditions of Participations \(CoPs\)](#)
- CfC and CoP: [Rural Health Clinic/Federally Qualified Health Center](#)

### Enrollment/Certification

- [Quality, Safety & Oversight - General Information](#)
- [Policy & Memos to States and Regions](#)
- [Form CMS-1561A](#) : Health Insurance Benefit Agreement - Rural Health Clinic
- [Form CMS 29](#) : Request to Establish Eligibility to Participate in HI for Aged/Disabled to Provide Rural Health Clinic Services

### CMS Manuals & Transmittals

- [Manuals](#)
- [Transmittals](#)
- [State Medicaid Manual](#) Paper-Based Manual

### Frequently Asked Questions

- [CY 2022 Physicians Fee Schedule Final Rule Frequently Asked Questions \(FAQs\) \(PDF\)](#)
- [COVID-19 Frequently Asked Questions \(FAQs\) for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(PDF\)](#)
- [Virtual Communication Services in RHCs and FQHCs Frequently Asked Questions \(PDF\)](#)

### Contacts

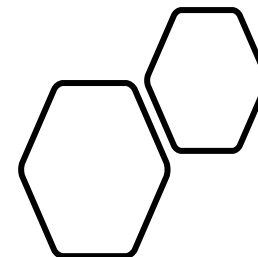
- [CMS Regional Office Rural Health Coordinators \(PDF\)](#) - Updated July 2021
- [Medicare Certified Rural Health Clinics](#)
- [CMS Regional Survey and Certification Contacts \(PDF\)](#)
- [CMS Regional Offices](#) and [HHS Regions - Map \(PDF\)](#)
- [Coordination of Benefits Information](#)

### Coverage

- [Medicare Coverage - General Information](#)
- [Medicare Coverage Database](#)
- [Medicare NCD Manual](#)

### Educational Resources

- [RHC Fact Sheet](#)
- Effective April 1, 2016, RHCs are required to report a HCPCS code for each service furnished along with an appropriate revenue code. For claims with dates of service on or after April 1, 2016, RHCs should follow the reporting requirements for modifier CG found in MLN Matters Article [SE1611 \(PDF\)](#) . For additional information, see [RHC Reporting Requirements FAQs \(PDF\)](#).
- [MM10175 \(PDF\)](#) - Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified Health Centers (FQHCs)



# CMS Guidance on Rural Billing (43 pages)



## Rural Providers & Suppliers Billing



# RHC Information Pages 24 to 28

## Rural Health Clinic (RHC)

### Medically Necessary Services

Service	Billing Information	Patient Cost Sharing	Manual
<p>Advance Care Planning</p> <p>Physician, Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Psychologist (CP), and Clinical Social Worker (CSW) Provided Office Visits</p> <p>Services and Supplies (including Part B-Covered Drugs) Provided Incident to Physician, PA, NP, CNM, or CP Services</p> <p>Transitional Care Management</p> <p>Visiting Nurse Services Provided to Homebound Patients in Home Health Shortage Areas</p>	<p>Bill medically necessary, face-to-face (1-on-1) medical, mental, and qualified preventive health visits to your A/B MAC (A) when services take place at:</p> <ul style="list-style-type: none"> <li>• RHC.</li> <li>• Patient's residence (including an assisted living facility).</li> <li>• Medicare-covered Part A skilled nursing facility.</li> <li>• Scene of an accident.</li> </ul> <p>Only bill your MAC for professional services.</p> <p>Your MAC pays you through the RHC All-Inclusive Rate (AIR).</p> <p>Encounters with more than 1 RHC practitioner on the same day, regardless of the length or complexity of the visit or multiple encounters with the same RHC practitioner, count as a single visit, <b>except</b> when the patient has:</p> <ul style="list-style-type: none"> <li>• Illness or injury requiring additional diagnosis or treatment after first encounter.</li> <li>• Qualified medical and mental health visit on the same day.</li> <li>• An Initial Preventive Physical Examination (IPPE) and a separate medical or mental health visit on the same day.</li> </ul>	<p><u>Deductible, copayment, and coinsurance applies.</u></p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u></p> <p><u>Medicare Claims Processing Manual Chapter 9</u></p>
<p>Chronic Care Management (CCM), General Behavioral Health Integration (BHI) Services, and Psychiatric Collaborative Care Model (CoCM) Services</p>	<p>Bill your RHC claim using HCPCS code G0511 for CCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable A/B MAC (A) services.</p>	<p><u>Copayment and coinsurance applies.</u></p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u></p> <p><u>Medicare Claims Processing Manual Chapter 9</u></p>

## Rural Health Clinic (RHC)

### Preventive Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Flu and Pneumococcal Shots	Your cost reports include the shot costs and their administration; your MAC bases the payment on cost.	Deductible, copayment, and coinsurance waived.	<a href="#">Medicare Benefit Policy Manual Chapter 13</a> <a href="#">Medicare Claims Processing Manual Chapter 9</a> <a href="#">Medicare Claims Processing Manual Chapter 18</a>
Hepatitis B Shots	<p>You get no additional MAC payment for these shots; the AIR payment includes the costs.</p> <p>Bill your MAC for shots and their administration as separate line items if the visit is a qualifying visit.</p>	<a href="#">Deductible, copayment, and coinsurance applies.</a>	<a href="#">Medicare Benefit Policy Manual Chapter 13</a> <a href="#">Medicare Claims Processing Manual Chapter 9</a> <a href="#">Medicare Claims Processing Manual Chapter 18</a>
Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	<p>You may bill an IPPE provided service visit.</p> <p>If you provide an IPPE on the same day as another billable medical visit, you can file 2 visits.</p> <p>Practitioners and facilities providing the technical component service separately bill A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes.</p>	<p>IPPEs and AAA screenings deductibles, copayments, and coinsurance waived.</p> <p>Electrocardiogram (ECG) Part B <a href="#">deductible, copayment, and coinsurance applies.</a></p>	<a href="#">Medicare Benefit Policy Manual Chapter 13</a> <a href="#">Medicare Claims Processing Manual Chapter 9</a> <a href="#">Medicare Claims Processing Manual Chapter 18</a>
Medical Nutrition Therapy (MNT)	The AIR payment covers these stand-alone billable visits. Don't separately bill them.	Deductible, copayment, and coinsurance waived.	<a href="#">Medicare Benefit Policy Manual Chapter 13</a> <a href="#">Medicare Claims Processing Manual Chapter 18</a>

# MLN Matters Transmittals

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles>

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Contact the Medicare Learning Network® (MLN) at [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov).

**Show entries:** 10 per page ▾
 **Filter On:** rural health clinics
 **Transmittal Year:** - Any - ▾

Showing 1-10 of 33 entries

Transmittal #	Issue Date	Subject	Implementation Date	CR #	MM Article #	MM Article Release Date
<a href="#">R11200CP</a>	2022-01-12	Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health...	2022-01-03	12357	MM12357	2022-01-13
<a href="#">R11095CP</a>	2021-10-29	Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health...	2022-01-03	12357	MM12357	2021-10-29
<a href="#">R11029CP</a>	2021-09-29	Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health...	2022-01-03	12357	MM12357	2021-09-30
<a href="#">R10907CP</a>	2021-08-10	Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health...	2022-01-03	12357	MM12357	2021-08-11
<a href="#">R200SOMA</a>	2020-02-21	Revisions to the State Operations Manual (SOM) Appendix A - Hospitals, Appendix AA – Psychiatric...	2020-02-21	N/A		
<a href="#">R194SOMA</a>	2019-10-25	Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics	2019-10-25	N/A		
<a href="#">R2118OTN</a>	2018-08-10	Communication Technology Based Services and Payment for Rural Health Clinics (RHCs) and Federally...	2019-01-07	10843	MM10843	2019-01-23
<a href="#">R177SOMA</a>	2018-01-26	Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics	2018-01-26	N/A		
<a href="#">R1899OTN</a>	2017-08-11	Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified...	2018-01-02	10175	MM10175	2017-11-09
<a href="#">R3627CP</a>	2016-10-14	Announcement of Payment Rate Increases for Rural Health Clinics (RHCs) for Calendar Year (CY) 2017	2017-01-03	9829	MM9829	2016-11-15

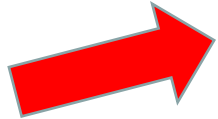
<https://med.noridianmedicare.com/web/jfa/provider-types/rhc/rhc-billing-guide>

## RHC Billing Guide

Requirement	Description
<p><b>RHC Provider Number Ranges</b></p> <p><a href="#">CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 10.1</a></p>	<p>Third - Sixth digits:</p> <ul style="list-style-type: none"> <li>• 3400-3499</li> <li>• 3800-3974</li> <li>• 3975-3999</li> <li>• 8500-8999</li> </ul> <p>A provider-based CMS Certification Number (CCN) is not an indication that the RHC has a provider-based determination for purposes of an exception to the payment limit</p>
<p><b>RHC Bill Type</b></p> <p><a href="#">CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 50</a></p>	<ul style="list-style-type: none"> <li>• 0711 - Admit to discharge</li> <li>• 0717 - Adjustment</li> <li>• 0718 - Cancel</li> <li>• 0710 - No payment</li> </ul>
<p><b>Billable Visit</b></p> <p><a href="#">CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 100</a></p> <p><a href="#">CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 110.1</a></p>	<p>Face-to-face encounter between the patient and a physician, physician assistance (PA), nurse practitioner (NP), certified nurse midwife (CNM), clinical psychologist (CP), clinical social worker (CSW) or in limited situation a visiting nurse (VN) during which a RHC service is rendered.</p> <p>RHCs can bill for a face-to-face, medically necessary visit furnished by a dentist, podiatrist, optometrist, or chiropractor if the service furnished is on the list of qualifying visits for the RHC and all other staffing requirements are met. All services furnished must be within the state scope of practice for the practitioner and all HCPCS codes must reflect the actual services that were furnished.</p>
<p><b>RHC Practitioners and Staffing</b></p> <p><a href="#">CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 10.1 and 30.1</a></p>	<ul style="list-style-type: none"> <li>• Physicians</li> <li>• NP</li> <li>• PA</li> <li>• CNM</li> <li>• CP</li> <li>• CSW</li> <li>• Register professional nurse (RN) - homebound services</li> <li>• Licensed professional nurse (LPN) - homebound services</li> </ul> <p>NP, PA or CNM must work in the clinic at least 50 percent of the time the RHC is open. One practitioner must be present in the RHC and available at all times to furnish patient care.</p>



# Medicare Administrative Contractor



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The Palmetto GBA Provider Contact Center (PCC) will be closed 8 a.m. to 12 p.m. ET on President's Day, Monday, February 21, 2022, for staff training.

Topics / Facilities and Organizations / Rural Health Clinics (RHCs)

## Facilities and Organizations

- Critical Access Hospitals (CAHs)
- Federally Qualified Health Centers (FQHCs)
- Frequently Asked Questions
- Hospitals
- Long Term Care Hospitals (LTCHs)
- ORF-CORF-OPT
- Organ Procurement Organizations
- Religious Non-Medical Health Care Institution
- Renal Dialysis Facilities (RDFs)
- Rural Health Clinics (RHCs)**
- Skilled Nursing Facilities (SNFs)

## Rural Health Clinics (RHCs)

Access CMS-level guidance for rural health clinics (RHCs) through the following links:

- [CMS RHC web page](#)
- [CMS Medicare Learning Network RHC Fact Sheet](#) (PDF, 805 KB)
- CMS Medicare Claims Processing Manual (Pub. 100-04), Chapter 9: [RHCs](#) (PDF, 241 KB)
- [CMS Benefit Policy Manual \(Pub. 100-02\), chapter 13](#) (PDF, 662 KB)

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6/28/2021	New Editing Established for Federally Qualified Health Center and Rural Health Clinics <i>Published: 6/28/2021</i>
4/8/2021	COVID-19: RHC and FQHC Lump Sum Payments <i>Published: 4/8/2021</i>
3/27/2021	COVID-19: RHC and FQHC Lump Sum Payments <i>Published: 3/27/2021</i>
7/21/2020	RHC Productivity Standard Exceptions <i>Published: 7/21/2020</i>
3/25/2020	Rural Health Clinic (RHC) Overview Module <i>Published: 3/25/2020</i>
	Rural Health Clinics (RHC) Billing Venipuncture with Incorrect Revenue Codes <i>Published: 3/25/2020</i>
	Rural Health Clinics (RHCs) Reporting Requirements <i>Published: 3/25/2020</i>
	Rural Health Clinics (RHCs) Reporting Requirements - Frequently Asked Questions (FAQs) <i>Published: 3/25/2020</i>

Last Updated: 01/01/2020

<https://palmettogba.com/palmetto/jja.nsf/DID/BDZP763383>



# RHC OVERVIEW

This interactive tool provides an overview of Rural Health Clinics (RHCs). [Select this link](#) for RHC background information and select the links below for billing information on each service.

## SERVICES

[Radiology & Diagnostics](#) | [Telehealth](#) | [Clinical Laboratory Tests](#) | [Supplies & Drugs](#)

## PREVENTIVE

[Lung Cancer Screening & Chronic Care Management](#) | [Medicare-Covered Preventive Services](#)

[Initial Preventive Physical Examination](#) | [Vaccines](#) | [Annual Wellness Visits](#)

[Diabetes Self-Management Training & Medical Nutrition Therapy](#)



[https://www.palmettogba.com/internet/eLearn2.nsf/RHC\\_Overview/story\\_html5.html](https://www.palmettogba.com/internet/eLearn2.nsf/RHC_Overview/story_html5.html)

# Using Artificial Intelligence to answer questions

MA

How to bill telehealth in a rural health clinic with links and reference provided?



Billing for telehealth services in a rural health clinic typically follows the same rules as for traditional in-person visits, with some exceptions and special considerations. Here are some general guidelines:



1. Use appropriate billing codes: Telehealth services are billed using specific Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. The codes used for telehealth are generally the same as those used for in-person visits, but with a modifier code (GT, GQ, 95, or asynchronous) to indicate that the service was provided via telehealth.
2. Follow Medicare guidelines: Rural health clinics that bill Medicare for telehealth services must follow specific guidelines, including the requirement that the patient be located in a rural area and that the telehealth service be provided from an approved originating site.
3. Check with your state Medicaid program: Medicaid policies for telehealth billing vary by state, so it's important to check with your state's Medicaid program for guidance.
4. Understand payment rates: Payment rates for telehealth services may vary depending on the payer and the type of service provided. Medicare typically pays the same rate for telehealth services as it does for in-person visits, but other payers may have different payment policies.

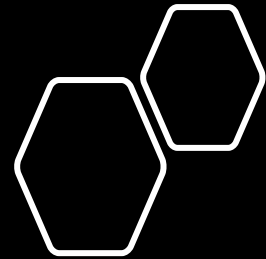
For more detailed guidance on billing for telehealth in a rural health clinic, the following resources may be helpful:

- Centers for Medicare & Medicaid Services (CMS) Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Telehealth Services:  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/RHC-and-FQHC-Telehealth-Services>
- National Rural Health Association Telehealth Billing Toolkit:  
<https://www.ruralhealthweb.org/getattachment/Resources/telehealth/Telehealth-Billing-Toolkit.pdf.aspx>
- American Telemedicine Association State Telehealth Laws and Reimbursement Policies:  
<https://www.americantelemed.org/policy/state-policy-resource-center/#telehealth-policies-by-state>

<https://chat.openai.com/chat>

# Pre-Test

Check your progress!



1. Billing and Coding are the same thing.

---

**a. True**

**b. False**

# Billing and Coding are not the same thing

Description	Coding	Billing
Creator	AMA	CMS
Types of Codes <i>ICD-10-CM (AMA/AHA/CMS/NCHS) Why did you perform the service? Do you have current coding guidelines?</i>	CPT Codes – Current Procedural Terminology (What did you do)	HCPCS II Codes Healthcare Common Procedure Coding System (What you did and what supplies were used)
Definition	It was designed to describe medical, surgical, and diagnostic services accurately. It is also used as a form of uniform communication among physicians, coders, patients, accreditation organizations, and those who pay for administrative, financial, and analytical purposes about certain medical procedures and services.	is a set of health care procedure codes based on CPT. It was designed to provide a standardized coding system in order to describe specific items and services that are provided when health care is delivered. It is a necessary form of coding for anyone who carries Medicare, Medicaid, and other health insurance programs in order to ensure that insurance claims are processed efficiently.
Example:	An RHC provides a 99213 via telehealth. The CPT Code is 99213.	The 99213 converts to a G2025 when billed to Medicare plus any required modifiers (CG/95/FQ)
Responsibility	Physicians, NPs, PAs, providers, Coders	Billers, Office Manager, CFO, Administrator

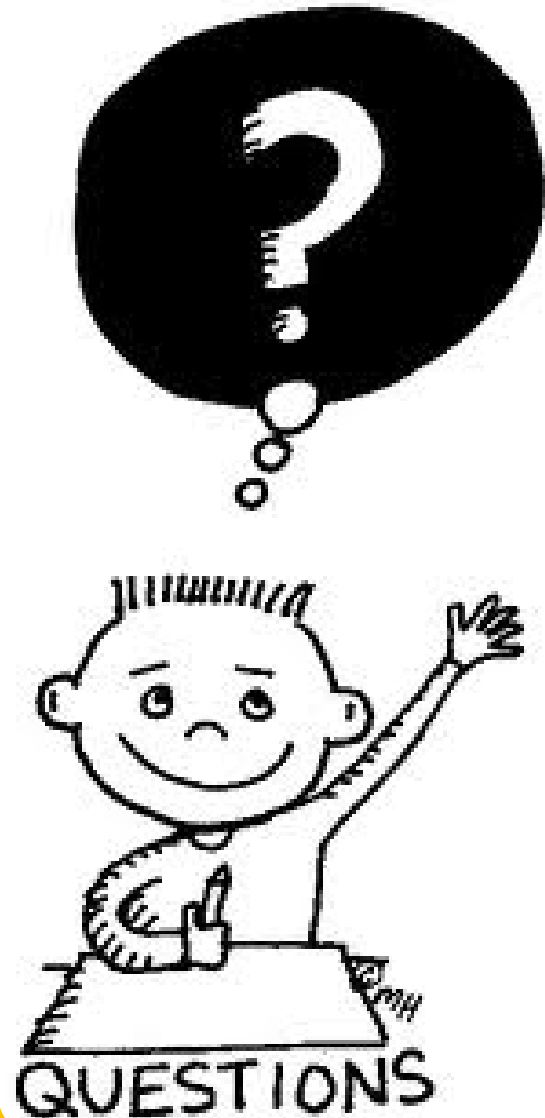
# Billing and Coding Crosswalk Cheat Sheet

Service	Example Coding CPT	Example Billing HCPCS	Payment	Cost Report Visit?	Allowable Medicare Cost?	Notes
Medicaid Visit (in some states)	99213 (QVL)	T1015	AIR	Yes	Yes	Only count 1 visit on your RHC Cost Report
Telehealth Visit	99213	G2025	\$98.27	No	No	Medicaid may pay AIR
Mental Telehealth Visit (starting in 2022)	90834	90834 CG 95	AIR	Yes	Yes	Keep records on the costs of two different types of telehealth visits
Virtual Communication Services (G0071)	99421	G0071	\$23.72	No	No	Exclude cost on cost report.
Chronic Care Management	99484	G0511	77.94	No	No	Exclude cost on cost report.

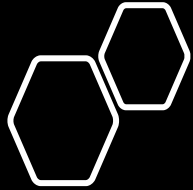
Note: The CPT Code column is not an all-inclusive list of CPT codes.



2. Rural Health Clinic Status directly impacts payments from the following:



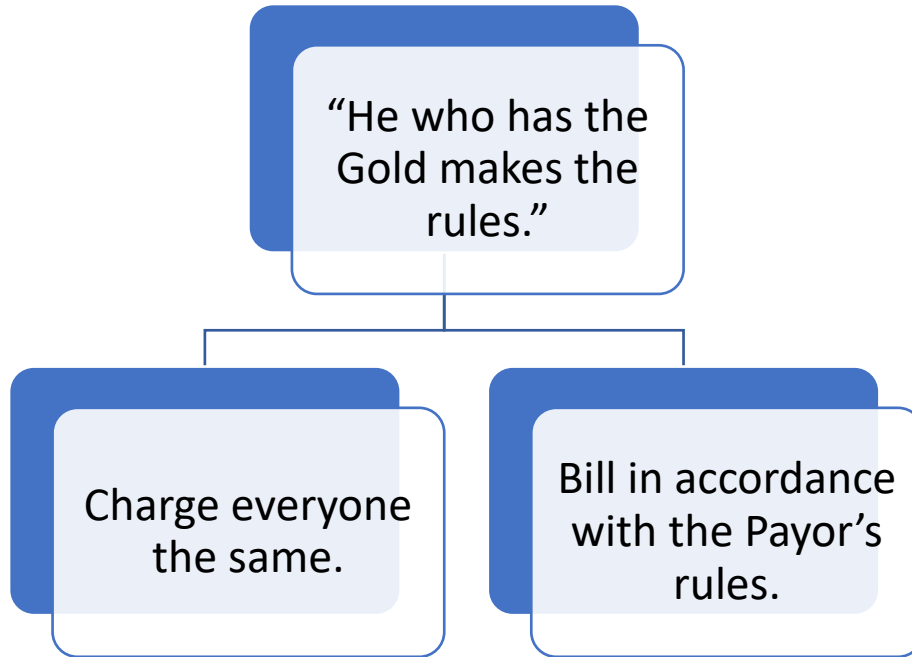
- A. Medicare**
- B. Medicaid**
- C. All Payers**
- D. Medicare and Medicaid**



RHC Status only  
affects  
reimbursement from:



# The Golden Rule



# The Difference between Commercial and RHC Billing

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))												ICD Ind.	
A	B	C	D	E	F	G	H	I	J	K	L		
S01.01XA													
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGN. POINT					
From	To	YY	SERVICE		OPT/H/PCS	MODIFIER							
MM	DD	YY	MM	DD	YY								
10	18	18				22	99215	25	1	350	00	NPI	1234567890
10	18	18				22	12001		1	245	00	NPI	
												NPI	

Modifier 25 required to signify procedure was the result of the visit for Commercial

1		2		3a PAT. CNTL #		3b MED. REC. #		4 TYPE OF BILL													
								711													
8 PATIENT NAME		9 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH													
10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30	
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE FROM	37 OCCURRENCE THROUGH															
38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41													
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. QTY		47 TIME CHARGED		48		49 NON-COVERED							
0521	Established Patient Visit Level 5		99215CG10102018		1		59500														
0521	Simple Repair scalp less than 2.5 cm		1200110102018		1		01														

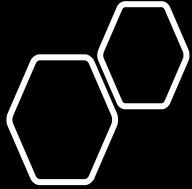
Use CG modifier, no modifier 25

Sum the dollars on the line for the RHC visit

3. RHCs bill Medicare RHC claims for RHC covered services using the following Claim Form?

A. 1500

B. UB-04



RHCs use the Form CMS-1450 (UB-04) or 837 Institutional to bill Medicare for RHC Services

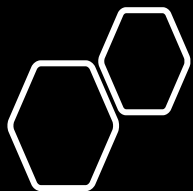
- <https://www.cms.gov/outrreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837i-formcms-1450-icn006926.pdf>



## Medicare Billing: Form CMS-1450 and the 837 Institutional







Independent RHCs use the Form CMS-1500 (837P) to bill Medicare for Labs, technical components, and hospital services.

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/837p-cms-1500.pdf>

## Medicare Billing: 837P & Form CMS-1500



CPT codes, descriptions and other data only are copyright 2020 American Medical Association. All rights reserved. Applicable FARS/HHSAR apply. CPT is a registered trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

## 4. RHCs should charge:

A. Only the RHC reimbursement rate to Medicare and Medicaid

B. All payors using the same chargemaster

C. All payors the same chargemaster except indigent patients

D. As much as possible

# Charge Example

I recommend 150 to 200 percent of the Medicare Fee Schedule.

For example, 150% = \$130 (85.59 \*1.5) and 200% = \$170 (85.59\*2). I would split the difference and charge \$150.

[https://www.palmettogba.com/palmetto/fees\\_front.nsf/fee\\_main?OpenForm](https://www.palmettogba.com/palmetto/fees_front.nsf/fee_main?OpenForm)

<b>Effective Date:</b>	01/01/2022	<b>Locality:</b>	35
<b>State:</b>	Tennessee	<b>Modifier:</b>	
<b>Procedure Code</b>	99213		

<b>Fees</b>	<b>Non-Facility</b>	<b>Facility</b>	<b>OPPS Cap Non-Facility</b>	<b>OPPS Cap Facility</b>	<b>Reduced Therapy</b>
<b>Participating Amount:</b>	\$85.59	\$63.67	\$0.00	\$0.00	\$37.96
<b>Non-Participating Amount:</b>	\$81.31	\$60.49	\$0.00	\$0.00	\$0.00
<b>Limiting Charge Amount:</b>	\$93.51	\$69.56	\$0.00	\$0.00	\$0.00

**RHCs can have a sliding fee schedule**

5. RHCs are paid an All-Inclusive Rate which pays for all Medicare services provided to the patient while at the RHC?

**a. True**

**b. False**

The All-Inclusive Rate does not cover the following:

Lab services  
(services except  
Venipuncture –  
CPT 36415)

Technical  
components

Hospital services

Telehealth (except  
Mental Health  
Services starting in  
2022)

Chronic Care  
Management

Principal Care  
Management

**Note: The six required lab services are not covered under the RHC benefit.**

# Types of Services Provided in an RHC

Part of the All-Inclusive Rate (AIR) Calculation	Not Part of the All-Inclusive Rate Calculation	Pass-through Costs paid above the AIR
Office Visits	Laboratory Services (except 36415)	Influenza Vaccinations
Incident-to Services	Hospital Services & Chronic Care Management	Pneumococcal Vaccinations
Mental Health Telehealth Visits	Telehealth Visits (medical, not mental health)	Covid-19 Vaccinations & MABS
Lab Draws (36415)	Private Practice Time (Non-RHC hours)	Bad Debts
Radiology Services (Professional Portion)	Radiology Services (Technical Portion)	Graduate Medical Education



6. To Bill Medicare RHCs must always have a Face-to-Face encounter.

A. True

B. False

# What is a Face-to-Face Encounter

## **40 - RHC and FQHC Visits**

**(Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18)**

An RHC or FQHC visit is 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. A Transitional Care Management (TCM) service can also be an RHC or FQHC visit. Services furnished must be within the practitioner's state scope of practice, and only services that require the skill level of the RHC or FQHC practitioner are considered RHC or FQHC visits.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

**Source: Chapter 13 Medicare Benefits Manual**

Examples of  
Medicare  
Services that  
do not  
require a  
Face-to-  
Face  
Encounter:

Telehealth  
Service

Chronic Care  
Management

Principal Care  
Management

7. For an RHC to bill an encounter to Medicare and receive the All-Inclusive Rate the encounter must be located on the Qualifying Visit List (QVL) ?

**a. True**

**b. False**

# The published Qualifying Visit List is no longer updated!!!

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPSPS/Downloads/RHC-Qualifying-Visit-List.pdf>

## Rural Health Clinic Qualifying Visit List (RHC QVL) (8-01-16)

The RHC QVL is intended as guidance for RHCs beginning to report HCPCS codes. It consists of frequently reported Healthcare Common Procedure Coding System (HCPCS) codes that qualify as a face-to-face visit between the patient and an RHC practitioner and it is not an all-inclusive list of stand-alone billable visits for RHCs. More information on what is considered a RHC visit is included in the “RHC Visits” section of this guidance.

In this update to the QVL, *HCPCS code G0490 has been added as a stand-alone billable visit effective October 1, 2016 and HCPCS codes G0436 and G0437 have been replaced with CPT codes 99406 and 99407 effective October 1, 2016.* See the table below and accompanying footnotes for more information. The billable visits shown in black below are both effective and payable as stand-alone services beginning with dates of service on or after April 1, 2016. The billable visits shown in red below are effective for dates of service on or after April 1, 2016, for claims and adjustments received on or after October 1, 2016. RHCs should hold claims solely for these billable visits (shown in red) until October 1, when RHCs can bill these claims for payment *with the CG modifier (explained below)*. For dates of service on or after October 1, 2016, a medically-necessary service not on the current QVL can be billed as a stand-alone billable visit if the service meets Medicare coverage requirements, is within the scope of the RHC benefit, and is not furnished incident to a physician’s service.

NOTE: The use of a HCPCS code from the below QVL does not guarantee payment of the claim. All of the conditions for coverage and payment must be met for payment to be made. RHCs must retain adequate documentation of a patient’s condition and the services furnished as part of the patient’s medical record, which, along with the claim, may be subject to review by CMS, its contractors, or other oversight authorities.

### HCPCS Reporting Requirements

For dates of service on or after April 1, 2016, RHCs are required to report the appropriate HCPCS code for each service line along with revenue code on their Medicare claims. Services furnished through March 31, 2016, are not required to be reported with HCPCS code and should be billed under the previous guidelines.

From April 1, 2016 through September 30, 2016, all charges for a visit must be reported on the service line with the qualifying visit HCPCS code, minus any charges for preventive services using revenue code 052x for medical services and/or revenue code 0900 for mental health services. RHCs are allowed to report additional 052x or 0900 revenue code lines. Beginning on October 1, 2016, the Medicare administrative contractors (MACs) will accept modifier CG (policy criteria applied) on RHC claims and adjustments. RHCs shall report modifier CG on one revenue code 052x and/or 0900 service line, which includes all charges subject to coinsurance and deductible for the visit. Modifier CG should only be used to indicate which revenue code 052x and/or 0900 service line should receive the all-inclusive rate (AIR) and be subject to coinsurance and deductible. Each additional service furnished during the visit should be reported with charges greater to or equal to \$0.01. The additional service lines are for informational purposes only. MACs will package/bundle the additional service lines, which do not receive the

8. An RHC must include a CG modifier on all claims for RHC covered services.

A. True

B. False



# Rural Health Clinics (RHCs) Reporting Requirements Frequently Asked Questions (FAQs)

(Revised 10-14-16)

**Q7.** Is modifier CG reported with the initial preventive physical examination (IPPE) when it is billed alone or with other billable services on a claim?

**A7.** No. Modifier CG does not need to be reported with the IPPE HCPCS code whether it is billed alone or with other payable services on a claim. When IPPE is furnished with another medically necessary face-to-face service, modifier CG is reported with the HCPCS code for the other billable service.

- <https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/rhc-reporting-faqs.pdf>

9. The MSP  
payer  
questionnaire  
questions  
must be  
asked

A. Every visit

B. Annually

C. Every 90 days

# Medicare Secondary Payor Rules

## Gathering Accurate Data

---

You must determine if Medicare is the primary or secondary payer for each inpatient admission or outpatient encounter before submitting a Medicare claim. Ask patients about other coverage. Questions you ask help update patient insurance information and verify the patient's CWF record is correct and current.

CMS developed tools, including an MSP model questionnaire, [Admissions Questions to Ask Medicare Beneficiaries](#), to help providers identify the correct primary claims payers for all patient hospital services provided. CMS electronic tools help identify and verify MSP situations. Get more information in [Medicare Secondary Payer Manual, Chapter 3, Section 20](#) or [contact your MAC](#).

Providers must keep completed MSP questionnaire copies and other MSP information for 10 years after the service date. You may keep hard copy files, optical images, microfilms, or microfiches. When storing these files online, keep negative and positive question responses.

- [https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/msp\\_fact\\_sheet.pdf](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/msp_fact_sheet.pdf)

# Medicare Secondary Payer Questionnaire

- <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer>

[https://www.cms.gov/medicare/coordination-of-benefits-and-recovery/providerservices/downloads/pro\\_othertool.pdf](https://www.cms.gov/medicare/coordination-of-benefits-and-recovery/providerservices/downloads/pro_othertool.pdf)

## 20.2.1 - Admission Questions to Ask Medicare Beneficiaries

*(Rev.)*

The following *questionnaire contains* questions *that can be used* to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers *may use this* as a guide to help identify other payers that may be primary to Medicare. *This questionnaire is a model of the type of questions that may be asked to help identify Medicare Secondary Payer (MSP) situations. If you choose to use this questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.*

### Part I

1. Are you receiving Black Lung (BL) Benefits?

\_\_\_ Yes; Date benefits began: *MM/DD/CCYY*

**BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.**

\_\_\_ No.

2. Are the services to be paid by a government program such as a research grant?

\_\_\_ Yes; Government Program will pay primary benefits for these services

\_\_\_ No.

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?

\_\_\_ Yes.

**DVA IS PRIMARY FOR THESE SERVICES.**

\_\_\_ No.

4. Was the illness/injury due to a work related accident/condition?

\_\_\_ Yes; Date of injury/illness: *MM/DD/CCYY*

Name and address of WC plan:

\_\_\_\_\_

Policy or identification number: \_\_\_\_\_

Name and address of your employer:

\_\_\_\_\_

**WC IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO WORK RELATED INJURIES OR ILLNESS, GO TO PART III.**

\_\_\_ No. **GO TO PART II.**

10. CPT  
Category II  
Codes can  
not be  
included on  
the UB-04.

A. True

B. False

# Answer from the NARHC Forum on Category II CPT Codes

- Contributor: Patty Harper, InQuiseek Consulting
- Cat II codes cannot be reported on institutional UB claims. The codes must be reported through a registry-either through CMS or a 3rd party. The codes can be reported on the 1500 format for states which use the 837P for RHC Medicaid claims.

Patty Harper, RHIA, CHTS-IM, CHTS-PW, CHCR  
Healthcare Consultant/Principal  
318-243-2687 (Cell)  
866-855-0683 (Fax)

940 Ratcliff Street  
Shreveport, LA 71104

# 11. What Place of Service Code should an RHC use when billing Medicare?

A. 72

B. 11

C. The Revenue Code serves as the Place of Service Code on the UB-04



# Revenue Codes can be found in Chapter 9 Medicare Claims Processing Manual

[https://www.cms.gov/  
regulations-and-  
guidance/guidance/ma  
nuals/downloads/clm1  
04c09.pdf](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf)

## Revenue Codes, FL42

The RHC/FQHC assigns a revenue code for each type of service provided and enters the appropriate four-digit numeric revenue code to explain each charge.

For FQHC claims with dates of service on or after January 1, 2010, FQHCs may report additional revenue codes when describing services rendered during an encounter. However, Medicare payment will continue to be reflected only on claim lines with the revenue codes in the following table:

Code	Description
0521	Clinic visit by member to RHC/FQHC
0522	Home visit by RHC/FQHC practitioner
0524	Visit by RHC/FQHC practitioner to a member in a

---

Code	Description
	covered Part A stay at the SNF
0525	Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility
0527	RHC/FQHC Visiting Nurse Service(s) to a member's home when in a home health shortage area
0528	Visit by RHC/FQHC practitioner to other non RHC/FQHC site (e.g., scene of accident)
0519	Clinic, Other Clinic (only for the FQHC supplemental payment)
0900	Mental Health Treatment/Services

12. An RHC treats a patient on January 1, 2022 and charges \$233. The RHCs AIR is \$113. When the bill is submitted to Medicare how much does Medicare pay?

A. 0

B. \$120

C (\$120)

D. \$46.60

# Negative Reimbursement

## Rural Health Clinics (RHC)

For Rural Health Clinics (RHCs), negative reimbursement is encountered when the cost of the visit is greater than the provider encounter rate and the billed amount is applied to the patient's Medicare deductible.

Example	2022	
Total billed amount	\$233	\$115.00
Provider all-inclusive reimbursement rate	\$113	\$75.00
Amount applied to deductible	\$233	\$115.00
Beneficiary's responsibility	\$233	\$115.00
Medicare reimbursement	-\$120	-\$40.00


When posting it is important to balance to the patient responsibility per the EOB.  
The variance is Medicare contractual and is an adjustment (not collectable from the patient).

13. When posting a negative reimbursement claim an RHC should always:

**A. Ensure that the Patient Balance remains correct after posting.**

**B. Post the withhold to the patient balance.**

**C. Include the negative reimbursement on the Credit Balance Report.**





14. How often does an RHC have to complete a Form 838 Credit Balance Report?

---

- A. Weekly
- B. Monthly
- C. Quarterly
- D. Annually

The Medicare Credit Balance Report must be completed Quarterly or your payments will be cut off.

<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms838.pdf>

**MEDICARE CREDIT BALANCE REPORT  
CERTIFICATION PAGE**

The Medicare Credit Balance Report is required under the authority of sections 1815(a), 1833(e), 1886(a)(1)(C) and related provisions of the Social Security Act. Failure to submit this report may result in a suspension of payments under the Medicare program and may affect your eligibility to participate in the Medicare program.

**ANYONE WHO MISREPRESENTS, FALSIFIES, CONCEALS OR OMITTS ANY ESSENTIAL INFORMATION MAY BE SUBJECT TO FINE, IMPRISONMENT OR CIVIL MONEY PENALTIES UNDER APPLICABLE FEDERAL LAWS.**

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER**

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying credit balance report prepared by:

Provider Name	Provider 6-Digit Number

for the calendar quarter ended \_\_\_\_\_ and that it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.

Signature of Officer or Administrator of Provider

Name and Title

Date (mm/dd/yyyy)

**CHECK ONE:**

- Qualify as a Low Utilization Provider
- The Credit Balance Report Detail Page(s) is attached.
- There are no Medicare credit balances to report for this quarter. (No Detail Page(s) attached)

Contact Person	Telephone Number (including area code)

15. Influenza and Pneumococcal shots as well as Covid Vaccines and MABs in a Rural Health Clinic are:

---

A. Paid using a log on the RHC Cost Report

B. Billing on the 1500 Form

C. Billed on the UB-04 incident to an encounter

D. Billed to Medicare Part D



16. To Bill for RHC services a new RHC needs the following:

---

A. Type 2 Institutional NPI number

---

B. CCN/PTAN number from CMS (See the Tie-In Letter)

---

C. An All-Inclusive Rate set by the MAC

---

D. A Submitter ID for Electronic filing

---

E. All of the Above

# Tie-In Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



SENT VIA INTERNET EMAIL TO [dani.gilbert@outlook.com](mailto:dani.gilbert@outlook.com)  
(Receipt of this notice presumed to be January 21, 2022– date notice e-mailed)

January 21, 2022



Re: Rural Health Clinic (RHC) CMS Certification Number (CCN): **88-3857**

Dear Administrator:

The Centers for Medicare and Medicaid Services approves your participation as a Rural Health Clinic (RHC) in the Medicare program effective **December 21, 2021**. The identification number shown above should be referenced on all forms and correspondence relating to the Medicare Program. **Palmetto GBA** serves as your Medicare Administrative Contractor (MAC) and the fiscal year end (FYE) date is **December 31**. You should report any changes in staffing, services, ownership, or other significant information to Palmetto GBA.

If you believe that this determination is incorrect, you may request that it be reconsidered. Your request must be submitted in writing, to this office, within sixty (60) days of receipt of this letter. If you have any questions, please contact Jackie Whitlock at (404) 562-7437 or [jacqueline.whitlock@cms.hhs.gov](mailto:jacqueline.whitlock@cms.hhs.gov).

Sincerely,

Jacqueline  
J. Whitlock  
S

Digitally signed by  
Jacqueline J.  
Whitlock-S  
Date: 2022.01.21  
12:01:50 -05'00'

Linda D. Smith  
Director  
Division of Survey and Enforcement

cc: Palmetto GBA (10311)  
Tennessee State Survey Agency

# Submitter ID

## Medicare Claims Processing Manual

### Chapter 24 - EDI Support Requirements

Draft June 3002

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17. We are an Independent RHC and have non-rhc hours. Can we bill the non-rhc services with the same NPI number?

A. Yes

B. No

# New Edits are affecting RHC payments

## New Editing Established for Federally Qualified Health Center and Rural Health Clinics

For claims processed on and after July 1, 2021, editing is being established for claims submitted by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) for Medicare Part B Jurisdiction J.

If you are designated by Medicare as a FQHC or a RHC and perform services that are outside the scope of the FQHC or RHC, it is the responsibility of the clinic to ensure that the service is submitted to the correct Medicare Administrative Contractor, for either Part A or Part B.

Only Independent FQHCs or RHCs should be submitting services to Medicare Part B for non-clinic services. Please follow CMS Internet Only Manual instructions found in the [Benefit Policy Manual, 100-2, Chapter 13](#) (PDF, 470 KB) and the [Claims Processing Manual, 100-4, Chapter 9](#) (PDF, 312 KB) to ensure proper billing.

Monitoring will continue to ensure that services are not paid by both A and B. Clinic services submitted to Part B that should be included in the All Inclusive Rate (AIR) or those that are considered a FQHC or RHC benefit will be denied as they should be submitted to Part A. Claims will be denied with the following CARC and RARC messages below:

**CARC 109** – Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

**RARC N418** – Misrouted claim. See the payer's claim submission instructions.

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Last Updated: 06/28/2021

[https://palmettogba.com/palmetto/jja.nsf/DIDC/AD6P2U7755~Facilities%20and%20Organizations~Rural%20Health%20Clinics%20\(RHCs\)](https://palmettogba.com/palmetto/jja.nsf/DIDC/AD6P2U7755~Facilities%20and%20Organizations~Rural%20Health%20Clinics%20(RHCs))

# Summary Table for Counting Visits

Description	UB-04	1500*	Incident to	CR Visit	CR Allowable Cost	AIR
Office Visits – See QVL for CPT Codes	X			X	X	X
Lab Services		X				
Technical Components		X				
Hospital Services		X				
Telehealth (Not Mental Health)	X					
Telehealth – Mental Health	X			X	X	X
Chronic Care Management (G0511)	X					
Lab Draw (36415)	X		X		X	
Allergy Shots, Injections, Home Care Plan oversight, Diabetic & Nutritional counseling	X		X		X	
Medicare Preventive Services # (See Table)	X			X	X	X

\* Provider-based RHCs will bill using the UB-04 and the hospital's outpatient NPI.

# Preventive Services that qualify for the AIR are listed here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf>



# Finding the Hidden Gold in your RHC

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## Medicare Preventive Services

× Select a Service

FAQs

Resources

Select another service

Alcohol Misuse Screening & Counseling <sup>T</sup>	Annual Wellness Visit <sup>T</sup>	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <sup>T</sup>
Depression Screening <sup>T</sup>	Diabetes Screening	Diabetes Self-Management Training <sup>T</sup>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease <sup>T</sup>	IBT for Obesity <sup>T</sup>	Initial Preventive Physical Exam	Lung Cancer Screening <sup>T</sup>	Mammography Screening
Medical Nutrition Therapy <sup>T</sup>	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services <sup>T</sup>	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs <sup>T</sup>
Screening Pelvic Exams	Ultrasound AAA Screening					

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

# Up to 22 visits per year for Weight Loss paid at the AIR



Print

## Intensive Behavioral Therapy (IBT) for Obesity ([NCD 210.12](#))

Select another service  
ICD-10 Codes

**G0447** — Face-to-face behavioral counseling for obesity, 15 minutes

**G0473** — Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes

**What's Changed?**

- No changes from the last quarter

### ICD-10 Codes

• Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45

**Note:** Additional ICD-10 codes may apply. Find individual Change Requests (CRs) and specific ICD-10-CM service codes that we cover on the [CMS ICD-10](#) webpage. [Find your MAC's website](#) for more information.

### Medicare Covers

Patients with Medicare Part B and obesity when:

- Obesity (Body Mass Index [BMI]  $\geq$  30 kilograms [kg] per meter squared)
- Competent and alert when counseling is delivered
- Qualified primary care physician or other primary care practitioner conducts counseling in a primary care setting

### Frequency

We pay up to 22 visits billed with codes G0447 and G0473, combined, in a 12-month period:

- **First month:** 1 face-to-face visit every week
- **Months 2–6:** 1 face-to-face visit every other week
- **Months 7–12:** 1 face-to-face visit every month if patient meets certain requirements

**Note:** See FAQ on [how to check eligibility](#).

### Patient Pays

- No copayment, coinsurance, or deductible

### Other Notes

- Obesity reassessment and weight loss determination required at 6-month visit
- If the patient loses at least 3 kg during the first 6 months, they're eligible for additional face-to-face visits occurring once a month for months 7–12
- Patients who don't achieve a weight loss of at least 3 kg during the first 6 months, reassess their readiness to change and BMI after an additional 6-month period



Home / Resources / Toolkits

## Care Management and Coordination

Effective care management is key in achieving the aims of health care transformation and the journey down the road to value-based care. Care management leads to healthier people because they are connected to the needed resources and community services. Quality of care improves when patients are connected to the right services at the right time through care management. Due to the right services and the right care, care management leads to wiser spending. The following are resources that will help with development or improvement of care management and coordination.

### Care Management and Coordination

Collaboration

COPD

COVID-19

Emergency Medical Services (EMS)

Financial and Operational Improvement

Health Equity

Health Information Technology (HIT)

Leadership Development

### Planning and Development



#### Care Coordination Canvas Guide

[Rural Health Innovations](#)

The purpose of this guide is to assist organizations to develop a formal care coordination program. This tool can also be used to evaluate your current care coordination efforts.



#### Sustainable Community Care Coordination Guide

[National Rural Health Resource Center](#)

The purpose of this guide is to provide a framework for

<https://www.ruralcenter.org/resources/toolkits/care-management-and-coordination>



Thank You!

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