

**RHC Billing Primer – How to Find Billing
Information for RHCS and Basic Principles
Healthcare Business Specialists
November 30, 2023**

H B S

Healthcare Business Specialists





Our Team

MEET OUR TEAM

Healthcare Business Specialists offers a variety of services designed to assist physician practices and RHCs in providing better primary medical services to underserved, rural residents by enhancing Medicare and Medicaid Reimbursement and staying compliant with Rural Health Clinic program requirements.

Through cost reporting preparation, program evaluations, RHC startups and conversions, Emergency Preparedness Compliance, CHOWs, RHC terminations, and feasibility studies, Healthcare Business Specialists is equipped to serve all your RHC needs.



**Mark Lynn, CPA
(Inactive), CRHCP, CCRS**

President, RHC Consultant

Phone: (423) 243-6185
Email: marklynnrhc@gmail.com



**Dani Gilbert, CPA,
CRHCP**

Vice President, RHC Consultant

Phone: (833) 787-2542 ext. 1
Email: dani.gilbert@outlook.com



**Page Chambers, CIA
CRHCP**

RHC Consultant

Phone: (833) 787-2542 ext. 3
Email: page.chambers@outlook.com



Trent Jackson, CCRS

RHC Consultant

Phone: (833) 787-2542 ext. 4
Email: thomastrenton.jackson@outlook.com

HBS
Healthcare Business Specialists

A photograph of three business professionals sitting around a dark wooden conference table. A woman with glasses and an orange shirt is speaking to two other people, a woman in a white top and a man in a light green shirt. There are several laptops open on the table, and the scene is brightly lit from a window on the right.

HBS Services



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HBS
Healthcare Business Specialists

SERVICES



RHC COST
REPORTING



RHC PROGRAM
EVALUATIONS



RHC STARTUPS &
CONVERSIONS



EMERGENCY
PREPAREDNESS
COMPLIANCE



TENNCARE
QUARTERLY
REPORTING

FOR MORE INFORMATION: 833-787-2542 | www.ruralhealthclinic.com

Rural Health Clinics Information Exchange
Public group · 4.7K members

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[Browse](#) [Manage](#)

[Community home](#)

[Overview](#)

Admin tools [^](#)

- [Community Chats](#)
3 chat suggestions for your group
- [Admin Assist](#)
1 action, 1 criteria
- [Participant requests](#)
0 new today
- [Badge requests](#)
0 new today
- [Participation questions](#)
- [Pending approvals](#)
0 new today

[+ Create a chat](#)

Rural Health Clinic Information Exchange

A Facebook Group supporting access to healthcare in rural, underserved areas

[Edit](#)

Rural Health Clinics Information Exchange

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Write something...

[Anonymous Post](#) [Photo/video](#) [Poll](#)

About

The Rural Health Clinics Information Exchange was created to distribute information related to rural health clinics as established in Public Law... [See more](#)

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs.

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

Healthcare Business Specialists Website

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



HOME ABOUT SERVICES RESOURCES WEBINARS STORE CALENDAR BLOG CONTACT



SERVICES

Healthcare Business Specialists offers a variety of services designed to assist physician practices and rural health clinics better serve underserved, rural residents by enhancing Medicare and Medicaid reimbursement and staying compliant with the Rural Health Clinic program requirements.

From cost report preparation, annual evaluation or program evaluations, RHC startups and conversions, Emergency Preparedness compliance, CHOWs, RHC terminations, feasibility studies, or Re-enrollment



LINKS

We've compiled an extensive list of information links for prospective, new, and established Rural Health Clinics. These links will help you find important rural health clinic information to learn about becoming an RHC or if you are eligible or not for the program. We have two YouTube (Healthcare Business Specialists and Mark Lynn) channels with videos of webinars on cost reporting, billing, emergency preparedness, and annual evaluations.

- [HRSA Find Shortage areas by address](#)



RESOURCES

Healthcare Business Specialists provides a number of resources to help Rural Health Clinics manage in an ever changing and highly regulated healthcare environment. Most Rural Health Clinics have limited resources to attend national and regional educational seminars and conferences. Healthcare Business Specialists attends most of the national meetings focusing on rural health clinics and provides many free or low cost resources and templates to our Rural Health Clinic clients. Here are some links to the most popular resources:

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.

4/13/2023 Mark Lynn presented at the Kentucky Primary Care Association on April 11, 2023 on RHC Billing Resources, Organizations that help RHCs, and common billing questions and answers. The presentation can be found [here](#)

2/14/2023 The Rural Health Association of Tennessee is providing a free webinar on Rural Health Clinic Billing on February 15, 2023 at 10:00 AM Central time until 11:00 AM Central time. To register see the link below and the presentation is available as well.

- To register for the Rural Health Association of Tennessee Billing 101 Webinar click [here](#)
- Powerpoint Presentation for the Rural Health Association of Tennessee Billing 101 Webinar on February 15, 2023
- Fee Schedule Excel Spreadsheet with CPT Codes
- 2/7/2022 Palmetto Billing Guide for RHCs

Medicare Online Manuals with RHC Billing Guidance:

- Preventive Services Table from CMS for RHCs (3-Page PDF, August, 2016)
- FAQs from CMS regarding the CG Modifier (6-page PDF, October, 2016)
- RHC Fact Sheet from CMS issued January, 2018 (8-page PDF)
- Rural Health Clinics Center - CMS Information Portal for RHCs
- Chapter 9 - Medicare Claims Processing Manual
- Chapter 13 - Medicare Benefit Manual
- FAQs from CMS regarding Care Management Services in Rural Health Clinics (17-Page PDF, February 2018)
- IPPE Fact Sheet from CMS (Medicare)
- AWE Fact Sheet from CMS (Medicare)

Healthcare Business Specialists RHC Billing Policies

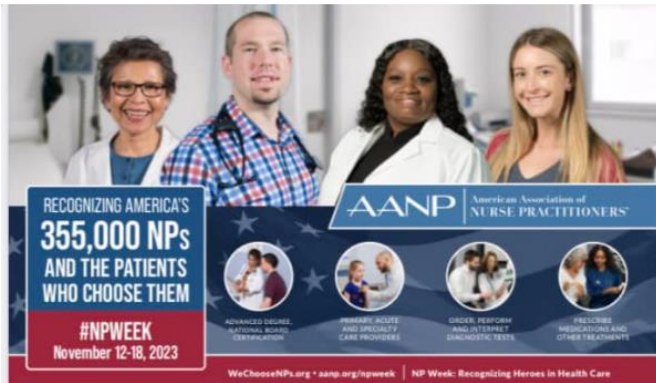
- RHC Billing Policy - Introduction Policy 1000
- RHC Billing Policy - Medicare Secondary Policy 1100

RHC Billing Guides and Tables from Medicare Administrative Contractors:

- RHC Billing Guide from Noridian
- RHC Condition Codes from Noridian
- Medicare Part A Billing Guide from Noridian

<http://www.ruralhealthclinic.com/>

Upcoming Billing and Cost Reporting Webinars



November 13, 2023 HBS Update

A big thank you to our Nurse Practitioners who provide excellent care to our rural and underserved communities through the 5,400 RHCs during Nurse Practitioner week. It is fitting that Nurse Practitioner week and Rural Health day (November 16, 2023) occur during the same week. We appreciate the sacrifice and dedication of nurse practitioners to develop the expertise and excellence to provide amazing healthcare to our rural and underserved residents.



<https://conta.cc/3QXIYEI>



RHC Billing 101 – The Basics of Medicare billing for independent and provider-based RHCs with Amanda Dennison, MBA, CPC, CRHCP

Amanda Dennison, MBA, CPC, CRHCP, Senior Consultant from Blue & Co. will go over billing basics for RHCs including claim forms, incident to, definition of a visit, bill types, revenue codes, Medicare Advantage billing, and ancillary services. Medicaid billing will not be covered in this or any of the sessions. This session is sponsored by Blue & Co.

Please register for RHC Billing 101 – The Basics of Medicare billing for independent and provider-based RHCs with Amanda Dennison, MBA, CPC, CRHCP on Dec 5, 2023 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/3018262107910897494>

RHC Billing 201 Lunch and Learn with Patty Harper RHIA, CHC, Principal, InQuiseek Consulting

In RHC Billing 201 Patty Harper, RHIA, CHC, Principal with InQuiseek Consulting will pick up where RHC 101 left off with more basics of RHC billing including billing examples, negative reimbursement, deductibles, coinsurance, chronic care management, telehealth billing, incident to billing, modifiers, condition codes, occurrence codes, Medicare secondary billing, etc. Sponsored by InQuiseek Consulting.

Please register for RHC Billing 201 Lunch and Learn with Patty Harper RHIA, CHC, Principal, InQuiseek Consulting on Dec 7, 2023 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/7385582766596485212>

RHC Billing 301 – Advanced Subjects - Charles James, Jr., North American HMS

In this webinar Charles James from North American Healthcare Management Services will go over some advanced topics with billing examples, preventive services, mental health services, Telehealth, Chronic Care Management, etc. Sponsored by North American Healthcare Management Services.

Please register for RHC Billing 301 – Advanced Subjects - Charles James, Jr., North American HMS on Dec 12, 2023 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/6827726850548732761>

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

Upcoming Webinars

RHC BILLING 101 – THE BASICS OF MEDICARE BILLING FOR INDEPENDENT AND PROVIDER-BASED RHCS WITH AMANDA DENNISON, MBA, CPC, CRHCP

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<https://attendeegotowebinar.com/register/6827726850548732761>

- Information is current as of 11/30/2023.
- We will supply general information. All situations are specific so refer to specific guidance as necessary. This session is being recorded.

THE

DISCLAIMER



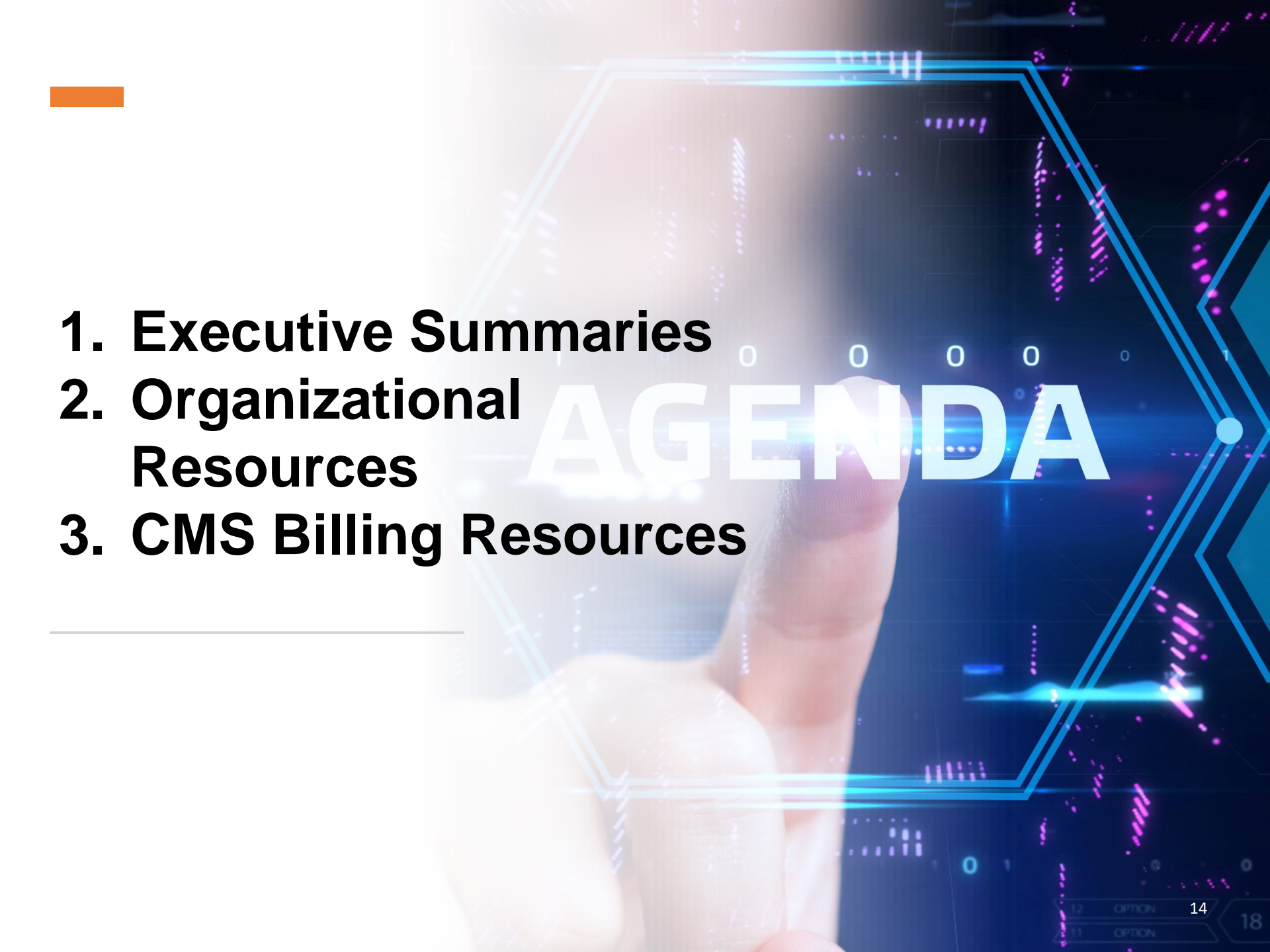
Please type your questions in the Question box and submit them and if you raise your hand at the end of the session, we will open your line to ask a question.

Slides and Recording of this session will be posted to the Facebook Group and at www.ruralhealthclinic.com and on the Healthcare Business Specialists Youtube channel https://www.youtube.com/channel/UCXW4pkwNzDXVTMFrFwMy2_A

LEARNING OBJECTIVES



- To introduce RHCs to organizations that provide guidance to RHCs.
- To direct RHCs to online resources regarding billing.
- To discuss common billing issues in that RHC will encounter.

- 
- The background features a hand pointing towards the right, overlaid on a futuristic digital interface. The interface includes glowing blue and purple lines, hexagonal patterns, and binary code (0s and 1s). The word 'AGENDA' is prominently displayed in large, white, bold letters across the center. On the left side, there is a list of three items. An orange horizontal bar is located in the top left corner.
- 1. Executive Summaries**
 - 2. Organizational Resources**
 - 3. CMS Billing Resources**
-

AGENDA



EXECUTIVE SUMMARY

RHC Billing

Executive Summary

- 1. Rural Health Clinics are paid as an institution using a Part A methodology for payment even though it is funded through Medicare Part B and the patients receive all the benefits as prescribed by Part B.**
- 2. RHC status affects Original Medicare and on occasion Advantage/Replacement plans and Medicaid. It in general does not affect on commercial payors (it may create crossover/secondary payor issues).**

Medicare & You

- “Rural health clinic services Rural health clinics provide many outpatient primary care and preventive health services in rural and underserved areas.

Generally, you pay 20% of the charges. The Part B deductible applies. You pay nothing for most preventive services. “

- <https://www.medicare.gov/publications/10050-Medicare-and-You.pdf>



Medicare & You 2024

The official U.S. government
Medicare handbook



Executive Summary (2)

- 1. Rural Health Clinics may be Independent or provider-based. Provider-based are typically owned by hospitals.**
- 2. Provider-based RHCs may be “grandfathered” and not subject to National Statutory Limits. They are subject to a cost cap based upon their historic cost per visit.**



RHC Billing

Executive Summary

RHC Billing

- 1. RHC Medicare billing rules only apply to Medicare RHC billing. Bill commercial insurance as you normally do.**
- 2. RHC services are billed on the UB-04 format. Medicare non-RHC services are billed on the 1500 for independent RHCs and using the outpatient NPI number for provider-based RHCs. This is called split billing. The RHC All-Inclusive rate is not All-inclusive as labs, technical components, CCM, some telehealth, and hospital visits are not included in the rate.**

Executive Summary (2)

RHC Billing

- 1. RHCs pay NPs/PAs/CNMs at the same rate as physicians. (no 15% reduction) No incident to billing required and physicians are not required to be onsite.**
- 2. Incident to services can be billed incident to a NP/PA/CNM if RHC policy allows per Section 120, Chapter 13 of the RHC manual.**
- 3. Commercial Insurance will have their own incident to billing guidelines for NPs/PAs/CNMs. The best practice is to bill all such services using the individual NPI number that is enrolled with the commercial insurance company.**
- 4. RHC rules require a provider (Physician, NP, PA, CNM) to be onsite before a patient may be roomed and services provided.**
- 5. RHCs are not subject to the 3-day payment window provisions regarding the service to be bundled with the inpatient visit.**

Medicare Billing Summary for Independent RHCs

Independent RHC Billing Summary

	Independent RHC Billing Summary					
Medicare Part	Part A	Part A	Part A	Part A	Part B	Part D
How paid	AIR	Incident to	Roster	Non-AIR RHC Services	Fee for service	Fee for service
Claim Form	UB-04	UB-04	Cost Report	UB-04	1500	TransactRX
Examples	Face to Face encounters	Allergy shots	Influenza	Chronic Care Mgmt	laboratory tests	Shingles
Examples	Procedures	lab draws	Pnemococcal	Telehealth - E & Ms	hospital services	Whooping Cough
Examples	Telehealth-Mental	Hep B	Covid-19		technical components	Tetanus
Examples	See QVL					Diphtheria
Examples						

Note: Information is summarized and does not include all services or possibilities. Part A is not technically correct as the funding comes from Part B, Medicare just uses a Part A payment mechanism.

Simply the Best Way for Providers to Bill for Part D Covered Vaccines!

Complete Claims and Payment Management Solution

The TransactRx Part D Vaccine Manager provides all the features necessary to manage the reimbursements for Medicare Part D covered vaccines.

- **Check patient eligibility and determine the appropriate Part D Plan to bill**
- **The system displays the amount of co-payment the patient needs to make**
- **With one click the claim is submitted in real time to the Part D Plan**
- **Acceptance of the claim and amount to paid to provider is displayed in real time**
- **Check on the status of payments for outstanding claims**
- **Payments are made to providers twice a month via check or ACH**
- **Complete reporting is available to track and manage claims and payments**

For additional information about the TransactRx Part D Vaccine Manager solution and other services offered by TransactRx, visit our website at www.TransactRx.com or call 800.971.3890 to speak with a representative.

TransactRx Part D Vaccine Manager is the nation's leading solution for healthcare providers to overcome the billing and reimbursement challenges associated with administering vaccines covered by Medicare Part D to their patients. With Vaccine Manager, providers no longer need to file paper claims or ask their patients to pay full costs out of pocket and then try and get reimbursed.

The easy to use web based system enables providers to determine if a patient has Medicare Part D coverage, which Part D plan to bill, the exact amount of patient financial responsibility for a specific vaccine and the amount the provider will be reimbursed. All before the vaccine is administered to the patient.

Then after the vaccine is administered with one click the provider can submit a claim to the appropriate plan and receive confirmation of payment of the claim in real time.

TransactRx Part D Provider Network

By signing one contract with TransactRx a healthcare provider immediately is enabled to submit claims for any Medicare Part D covered vaccine to all TransactRx contracted Medicare Part D plans.

- **Simple online enrollment process**
- **Credentialing and acceptance into network in less than 48 hours.**
- **TransactRx is contracted with Medicare Part D plans that represent over 80% of all Medicare Part D covered lines.**
- **Includes all Part D covered vaccines**
- **Favorable negotiated reimbursement rates for all Part D covered vaccines.**



Provider Enrollment as an RHC

Connect. Solve. Transform.

CAQH is an alliance of health plans, providers and related organizations working together to make the business of healthcare simple, secure and efficient.

[View Solutions](#)

[About CAQH](#)



Provider Enrollment and Credentialing

- **Provider Enrollment** (or Payor Enrollment) refers to the process of applying to health insurance networks for inclusion in their provider panels.
- **Credentialing** is the process of assessing the academic qualifications and clinical practice history of a healthcare provider.
- The Council for Affordable Quality Healthcare® (CAQH) can help you bring these two processes together: <https://www.caqh.org/>

Executive Summary

Provider Enrollment

1. Medicare enrollment as an institution is achieved by completing an 855A with a Group (Type 2 NPI number). **Each RHC must have a different NPI number. Multiples RHCs can have the same tax id number**
2. RHC status does not generally require additional enrollment with commercial payors. For Medicaid, you must enroll as an RHC. If you already have a group NPI number that you are enrolling as an RHC you will need to add the Taxonomy code 261QR1300X by accessing <https://nppes.cms.hhs.gov>.
3. Independent RHCs should complete an 855I to reassign benefits for services billed on the 1500; but not on the UB-04.

Consolidated CMS-855I/CMS-855R Enrollment Applications

What Has Changed?

Medicare has merged the CMS-855R into the CMS-855I paper enrollment application. Physicians and non-physician practitioners can reassign your right to bill the Medicare program and receive Medicare payments for some or all the services you render to Medicare beneficiaries terminate a current reassignment of Medicare benefits or make a change in their reassignment of Medicare benefit information using the CMS-855I. All data previously collected on CMS-855R and used to report reassignment information is now captured on the CMS-855I. The CMS-855R will no longer be used to report reassignment information.

Organizations/groups accepting a new reassignment of Medicare benefits terminating a currently established reassignment of benefits or making a change in reassignment of Medicare benefit information, should also submit the 855I to report these changes. The CMS-855B will be updated to include reassignment information in a future form update.

What Does It Mean to Reassign Your Benefits?

Reassigning your Medicare benefits allows an eligible organization/group to submit claims and receive payment for Medicare Part B services that you have provided as a member of the organization/group. Such an eligible organization/group may be an individual, a clinic/group practice or other health care organization.

How to Submit Reassignment of Benefits Using the Revised CMS-855I

Physicians and non-physician practitioners can enroll and report reassignments using either:

- *The Provider Enrollment, Chain and Ownership System (PECOS), or*
- *The Paper CMS-855I Application*

PECOS Submissions

There is no change in how physicians, non-physician practitioners or organizations/groups report reassignments in PECOS. Within the Reassignment Topic of your PECOS application, you can add a new reassignment, terminate an existing reassignment or make a change to your reassignment information. All existing signatures are required to be submitted. For step-by-step enrollment tutorials refer to: <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>.

Paper Submissions

Adding a Reassignment with Your Initial Enrollment

1. Check the "You are a new enrollee in Medicare" box in Section 1A.
2. Complete all applicable sections.
3. In Section 4F, check "Add", furnish the effective date and complete the appropriate fields in this section
4. If you reassign benefits to more than one organization/group, copy and complete the page.
5. If applicable, in Section 4F3, identify the primary and/or secondary location of the organization/group where the practitioner will render in-person services most of the time.

Adding a New Reassignment as a Change of Information

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1A.
2. In Section 1B select "Reassignment of Benefit Information."
3. Complete Sections 1, 2A, 3, 4F, 12, 13 (optional) and 15.
4. In Section 4F, check "Add", furnish the effective date, and complete the appropriate fields in this section
5. If applicable, in Section 4F3, identify the primary and/or secondary location of the organization/group where the practitioner will render in-person services most of the time.
6. The practitioner must sign Section 15B.
7. The Authorized or Delegated Official of the organization/group must sign Section 15C.

Changing Existing Reassignment Information (Primary/Secondary Location(s))

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1(A).
2. In Section 1(B) select "Reassignment of Benefit Information."
3. Complete Sections 1, 2A, 3, 4F, 12, 13 (optional) and 15.
4. In Section 4F3, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.
5. The certification statement must be signed by either the practitioner (Section 15B) or the Authorized or Delegated Official (Section 15C) of the organization/group.

Terminating an Existing Reassignment

1. Check the "You are reporting a change to your Medicare enrollment information" in Section 1(A).
2. In Section 1(B) select "Reassignment of Benefit Information."
3. Complete Sections 1, 2A, 3, 4F, 12, 13 (optional) and 15.
4. In Section 4F, check "Terminate", furnish the effective date, and complete the appropriate fields in this section
5. The certification statement must be signed by either the practitioner (Section 15B) or the Authorized or Delegated Official (Section 15C) of the organization/group.

When are these Changes Effective?

Medicare Administrative Contractors (MACs) will begin to accept the revised version of the CMS-855I (05/23) on September 1, 2023. Refer to: <https://www.cms.gov/medicare/provider-enrollment-and-certification/enrollment-applications> for the revised form.

MACs will continue to accept the 12/21 version of the CMS-855I and the 01/20 version of the CMS-855R through October 30, 2023. After November 1, 2023, MACs will return any newly submitted CMS-855I and CMS-855R applications on the previous versions to the provider/supplier with a letter explaining that the CMS-855I has been updated and the CMS-855R discontinued and the current version of the CMS-855I (05/23) must be submitted.

Identify Your MAC

MACs process all Medicare enrollment applications for Part A and B providers and suppliers. MACs serve as the primary avenue of communication between health care providers and the CMS Medicare Fee-For-Service program.

Find and contact your MAC (PDF).

- <https://www.cms.gov/files/document/consolidated-cms-8551-bulletin.pdf>



RHC Organizations Resources for Billing Information

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



Resource

Where to Find Help

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

National Association of RHCs



How Does the No Surprises Act Impact RHCs?

Good Faith Estimate Details

COVID-19

Free 2021 Fall Institute COVID-19 Sessions Now Available!

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."



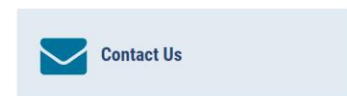
Join Our Email List and Stay Informed!

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 INSTITUTES

Our educational conferences are one of a kind in that we are the only national association dedicated strictly to Rural Health Clinics (RHCs). The NARHC Institutes occur semiannually in March and October of every year and are two and a half days long. Rural health professionals of all kinds find great value in attending our Institutes, from CEOs, to physicians, to coders as we offer a variety of topics and include RHC beginner sessions. Whether you are looking to expand your RHC knowledge or keep up to date on the ever changing rules and regulations happening in the RHC world, NARHC Institutes are the resource to do so. Not able to attend? **For more information on the upcoming Institutes Click below.**



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



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

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](#).

TECHNICAL ASSISTANCE WEBINARS

The National Association of Rural Health Clinics is dedicated to bringing the most current and up-to-date information to those in the Rural Health Clinic arena. All webinars are offered free of charge and available to both members and non-members alike. Please feel free to share the information from the webinars with those you feel would benefit most from it.

Have a webinar topic you'd like to see covered? [Submit your topic ideas here!!](#)

CRHCP Recipients: View any webinars on [this page](#) as part of your maintenance requirements.

All webinars are recorded. Please allow 24-48 business hours following the end of the webinar for information to be posted. There is a transcript button that can be found to the right of the recording if needed. (Webinars are listed from newest to oldest)

CMS Final Rules Overview - Impact for RHCs Beginning January 1, 2024 [REGISTER NOW!](#)

Monday, December 11, 2023 2 PM Eastern

Cybersecurity Lockdown [REGISTER NOW!](#)

Wednesday, December 6, 2023 2 PM Eastern

https://www.narhc.org/narhc/TA_Webinars1.asp



NATIONAL ASSOCIATION OF
RURAL HEALTH CLINICS

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TECHNICAL ASSISTANCE WEBINARS

RHC Billing 101

Monday May 22, 2023

• [Webinar Recording](#)

• [Q&A Follow-Up](#)

[Webinar Transcript \(PDF\)](#)

• [Slide Presentation \(PDF\)](#)



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TECHNICAL ASSISTANCE WEBINARS

https://www.narhc.org/narhc/TA_Webinars1.asp

2021 RHC Billing & Coding Update

Tuesday, March 9, 2021

- [Webinar Recording](#)
- [Webinar Transcript \(PDF\)](#)
- [Slide Presentation \(PDF\)](#)
- [AMA Code & Guideline Changes \(PDF\)](#)

Become a CRHCP

CRHCP Course: Fall 2023 Session

Event Date: 8/15/2023 - 12/20/2023

Event Overview

Certified Rural Health Clinic Professional (CRHCP) Course



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 designation.

- **Enrollment***: Online with credit card -Registration online will open August 15, 2023
If you are paying via check or need to request an invoice please fill out this form [HERE](#)

As soon as your payment has been processed, you will receive an email notification with further instructions to access the course.

**Course access given upon successful course registration/payment*

- **Cost**: NARHC Member \$450/learner, Non-Member \$600/learner
Interested in a Scholarship? Check with your State Office of Rural Health to see if they participate!
- **Course Format**: The course content is all online with an online proctored final exam. The final exam test window will be October 16-20, 2023.
- **Length of Course**: Approximately 15-20 hours. Most people require 4-6 weeks to complete.
- **Content**: The CRHCP Course consists of 4 modules: Admin & Finance, Billing & Coding, Regulatory Compliance & Quality, and Federal Updates with short pre-tests throughout the first 3 modules. To view the Learning Objectives, [Click Here](#).
- **Pre-requisites**: None.

<https://www.narhc.org/assnfe/ev.asp?ID=474>



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, December 13



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. At the bottom of the events section, there are three promotional cards: a green card for 'Membership', a blue card for 'Equity' featuring a woman's portrait, and a dark blue card. A 'TruBridge' advertisement is also visible on the right side of the events section.

Join Donate NRHA Connect Partners Q

NRHA

ABOUT NRHA EVENTS MEMBERSHIP ADVOCACY PROGRAMS PUBLICATIONS

NRHA's Rural Vaccine Confidence Initiative

Customizable communications resources specific for rural needs
Awarded \$1 million by CDC, HRSA for further development, support

News

[Award nominations now open](#)
Acknowledge your favorite rural health individual, program or organization so they may be honored nationally for their contributions to rural health.

[Strength in numbers](#)
For the most in-depth rural health analysis, discussion, advocacy alerts, event discounts, and a seat at the table, join NRHA as a member today.

[Grow the rural health workforce](#)
Post to NRHA's Career Center to seek rural health care professionals or broadcast to over 300 health care professional associations.

More News >

Events

Rural Health Policy Institute Feb 7-9, 2023 Washington, D.C.	Health Equity Conference May 15-16, 2023 San Diego, Calif.
Annual Rural Health Conference May 16-19, 2023 San Diego, Calif.	Rural Hospital Innovation Summit May 16-19, 2023 San Diego, Calif.
Rural Medical Education Conference May 16, 2023 San Diego, Calif.	SRHA Leadership Conference Jul 11-12, 2023 TBD
Rural Health Clinic Conference Sep 26-27, 2023 Kansas City, Mo.	Critical Access Hospital Conference Sep 27-29, 2023 Kansas City, Mo.

MORE EVENTS >

Membership

Equity

TruBridge Learn More

Escape the revenue cycle stress spiral.

Get custom RCM staffing solutions.

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

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

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LIVE TRAINING DATES

ONLINE TRAINING (ON-DEMAND)

CONTINUING EDUCATION (CEUS)

GET CERTIFIED

Find us on Facebook



Our Sponsors



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

2024 National Rural/Community Health Documentation, Coding & Billing Bootcamp November 14-16, 2023

Tuesday, November 14, 2023

12:00 PM

to Thursday, November 16, 2023

4:00 PM EDT

Category: Rural or Community Health Coding & Billing Bootcamp

- **Price:** \$329 Per Person for all 3 days. Includes optional exam
- **Member Price:** \$299 (Must be logged into your member account)
- **Times: Day 1 & 2:** 12:00pm - 4:00pm EST **Day 3:** 12:00pm - 3:00pm EST
- **CEUs/CMEs:** Approved for 11 CEUs AAPC/ArchProCoding

INSTRUCTIONS TO ACCESS THIS TRAINING WILL BE SENT OUT THE DAY BEFORE ON 11/13/2023

<https://archpc.memberclicks.net/event-listing>

Arch Pro Coding RHC Self Study

2023 Rural Health Coding & Billing Online Self-Study

OVERVIEW

2023 RURAL HEALTH CODING & BILLING ONLINE SELF-STUDY

Package Description

[CLICK HERE to Enroll](#)

Non-Member Price \$699 / Member Price \$499

Who is the class for: This training focuses on clinical documentation, coding, & billing for Rural Health Clinics (RHCs). 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

Required Materials: You will need your 2023 CPT Professional Edition, ICD-10-CM and HCPCS. If you do not have a copy of these [CLICK HERE](#) to purchase them on our website.

Section breakdown: You will have **90 days** to complete the 9 section video series, practice exam, and final certification exam. You must complete **90%** of each lesson video to move on to the next section.

1. Lesson 1a - RHC/FQHC Foundations
2. Lesson 1b - RHC/FQHC Foundations
3. Lesson 1c - RHC/FQHC Foundations
4. Lesson 2a - Documenting Patient Visits
5. Lesson 2b - Documenting Patient Visits
6. Lesson 2c - Documenting Patient Visits
7. Lesson 3 - Coding the Full Encounter
8. Lesson 4a - Billing for Optimal Reimbursement
9. Lesson 4b - Billing for Optimal Reimbursement
10. Practice Exam (2 Attempts)
11. Final Certification Exam (2 Attempts)

CEUs (Continuing Education Units) - 11 CEUs Approved by ArchProCoding & AAPC

CME (Continuing Medical Education) Credits for MD, DO, NP, PA, RN: 11 CME Credits

*This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of Nevada, Reno School of Medicine and Association for Rural & Community Health Professional Coding. The University of Nevada, Reno School of Medicine is accredited by the ACCME to provide continuing medical education to physicians. The University of Nevada, Reno School of Medicine designates this live activity for a maximum of 11 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Earning the optional Rural Health Coding & Billing Specialist (RHC)

- Upon completion of the live or online training attendees will be able to take the Rural Health Coding and Billing Specialist 100 question online certification examination. The exam is scored immediately and if a score of 70% is achieved, a certification of Rural Health Coding & Billing Specialist (RH-CBS) will be granted by ArchProCoding

<https://archpc.mclms.net/en/package/11460/view>

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 »](#)

RHI Hub RHC FAQs

Frequently Asked Questions:

- [Who do I contact if I have questions regarding the development and ongoing management of RHCs?](#)
- [How do I get certified as an RHC?](#)
- [Are there any other considerations before becoming an RHC?](#)
- [What is the difference between a provider-based RHC and an independent RHC?](#)
- [Are there location requirements for RHCs?](#)
- [If a location loses its geographic eligibility and/or shortage designation, is it possible to remain a Rural Health Clinic?](#)
- [Are there special staffing requirements for RHCs?](#)
- [What resources are available to help RHCs maintain their primary care workforce?](#)
- [How does Medicare reimburse RHCs?](#)
- [How do states reimburse RHCs through Medicaid?](#)
- [Can RHCs be reimbursed for telehealth services?](#)
- [How does the Merit-Based Incentive Payment System \(MIPS\) affect RHCs?](#)
- [Can Rural Health Clinics be certified as Patient-Centered Medical Homes \(PCMHs\)?](#)
- [Can RHCs join Accountable Care Organizations \(ACOs\)?](#)
- [What is the difference between a Federally Qualified Health Center \(FQHC\) and a Rural Health Clinic \(RHC\)?](#)
- [How do RHCs meet the healthcare needs of rural Medicare beneficiaries?](#)
- [What are the demographics and most common medical characteristics of RHC Medicare patients?](#)

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

Rural Health Clinics Information Exchange Facebook Group



The Facebook Group has 4,700 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	Recording of the webinar	Powerpoint Presentation for the webinar (PDF)
RHC Billing 201 – The Basics of Medicare billing for independent and provider-based RHCs	2/22/2022	Amanda Dennison – Blue & Co.	Recording of the webinar	RHC Billing 201 Slide Presentation from Amanda Dennison from Blue & Co.
RHC Billing 301 – Completion of the UB-04 Form, Form Locator Values,	2/25/2022	Douglas Swords – Azalea Health	Recording of the webinar	Slide Presentation by Douglas Swords of Azalea Health
RHC Billing 401 – Advanced Subjects - Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid,	3/1/2022	Charles James, Jr. – North American	Recording of the webinar	Advanced Billing Presentation by Charles James of North American HMS (PDF)

CMS Billing Reference Materials



CMS RHC Billing Guidance

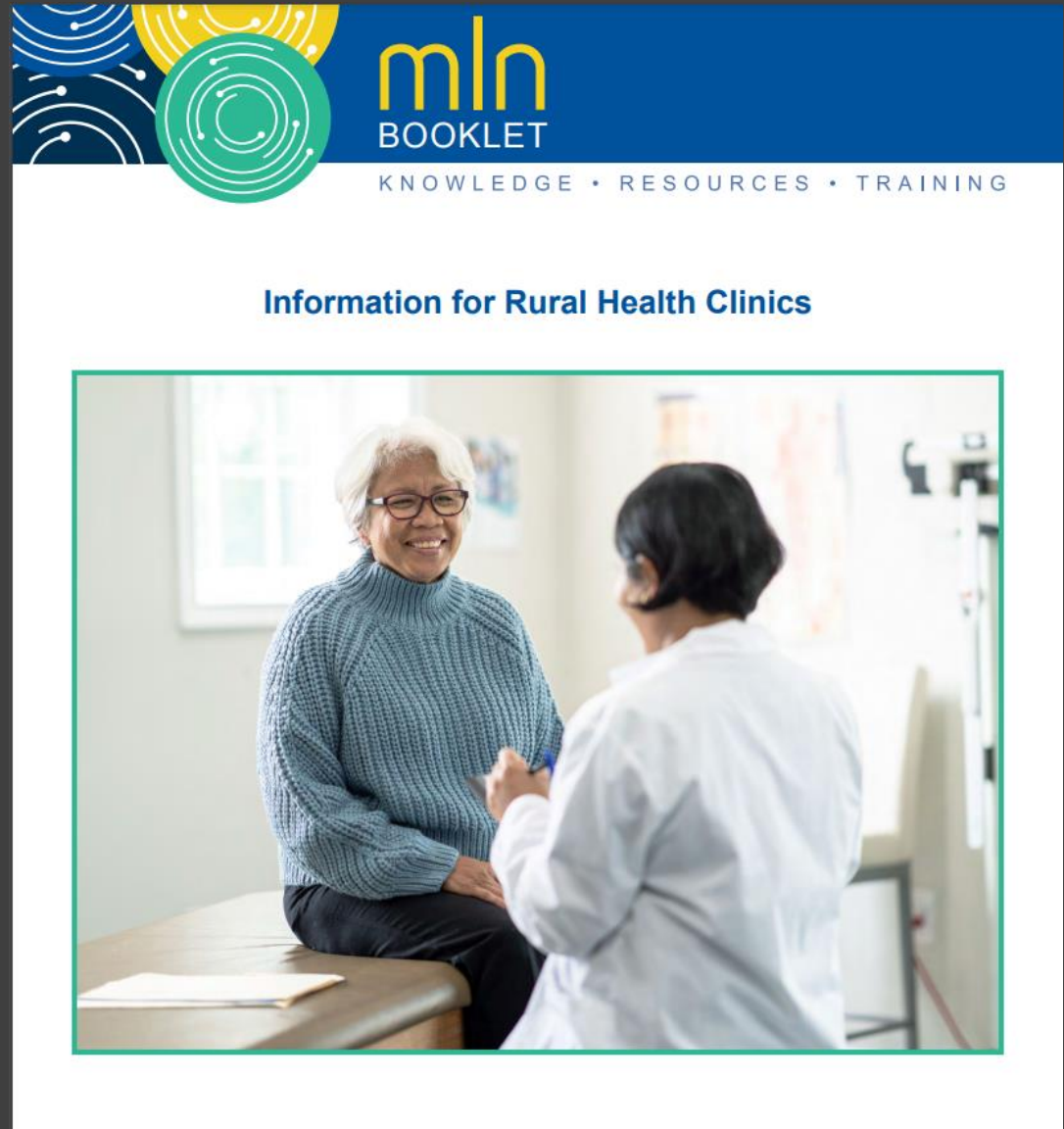
Name	Source	Description	Website
RHC Fact Sheet	CMS updated by CMS in September, 2023	Brief Introduction to the RHC Program (13-page PDF)	https://www.cms.gov/files/document/mln006398-information-rural-health-clinics.pdf
Medicare Claims Processing Manual, Chapter 9	CMS Updated June 7, 2023	Provides guidance on how to complete each field of the UB-04 (41-page PDF)	https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf
Medicare Benefit Policy Manual, Chapter 13	CMS Updated January 26, 2023	Outlines covered services, visits, payment policies, etc. (61-page PDF)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf
Medicare Benefit Policy Manual, Chapter 13 (2023 Updates only)	CMS Updated January 26, 2023	Updates Chapter 13 with new payment policies (31-page PDF)	https://www.cms.gov/files/document/r11803BP.pdf#page=6
CMS Rural Health Clinics Center	CMS Updated 11/7/2022	Website with updated RHC Information	https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center

What is a rural health clinic?

RHC Fact Sheet

<https://www.cms.gov/files/document/mln006398-information-rural-health-clinics.pdf>

Last Update: September 2023



mln
BOOKLET
KNOWLEDGE • RESOURCES • TRAINING

Information for Rural Health Clinics




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Revision of Bed Count Methodology for Determining Provider-Based RHCs Exemption to the RHC Payment Limit.....13

Resources.....13

A rural health clinic (RHC) is a clinic located in a rural, underserved area with a shortage of primary care providers, personal health services, or both. Currently, about 5,200 RHCs nationwide provide primary care and preventive health services in underserved rural areas.

Together we can advance health equity and help eliminate health disparities in rural communities, territories, Tribal nations, and geographically isolated communities. Find these resources and more from the [CMS Office of Minority Health](#):

The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. View [infectious diseases](#) for a list of waivers and flexibilities that were in place during the PHE.

- [Rural Health](#)
- [CMS Framework for Rural, Tribal, and Geographically Isolated Areas](#)
- [Data Stratified by Geography \(Rural/Urban\)](#)
- [Health Equity Technical Assistance Program](#)

Practitioners

RHCs and their staff must comply with all licensure and certification laws and regulations. Medicare pays RHCs for qualified primary and preventive health services provided by RHC practitioners, including:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Certified nurse-midwives (CNMs)
- Clinical psychologists (CPs)
- Clinical social workers (CSWs)

RHC Patient Services

RHCs provide:

- Primary care and [preventive services](#).
- Services and supplies provided incident to RHC practitioner services, like taking blood pressure or administering injections.
- Homebound visiting nurse services in CMS-certified home health agency shortage areas. You should [check eligibility](#) before providing visiting nurse services to make sure the patient isn't already under a home health plan of care.
- Some care management services, including [transitional care management](#) (TCM), [chronic care management](#) (CCM), general [behavioral health integration](#) (BHI), principal care management (PCM),

Medicare Part D Vaccines



Medicare Fact Sheets- Secondary Payer – Part D

- <https://www.cms.gov/outr each-and- education/medicare- learning-network- mln/mlnproducts/downloads /vaccines-part-d-factsheet- icn908764.pdf>

What's Changed?

clarified that Medicare Part B covers vaccines and vaccine administration (page 2)

clarified that Part D patient cost-sharing may include a vaccine administration fee (pages 3 & 4)

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

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(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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31-38 – Occurrence Codes – When

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42- Where (Revenue Code)

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70 – Patient reason for visit

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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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70.1 - RHC Payment Limit

70.2.1 - Payment Limits Applicable to Independent RHCs, and Provider-Based RHCs in a Hospital with 50 or More Beds, and New RHCs

70.2.2 - Payment Limits Applicable to Provider-Based RHCs in a Hospital with Less than 50 Beds

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210.1 - Hospice Attending *Physician Services Payment*

230 - Care Management Services

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230.2.2 - Principal Care Management (PCM) Services

230.2.3 - Chronic Pain Management (CPM) Services

230.2.4 - General Behavioral Health Integration (BHI) Services

230.2.5 - Payment for General Care Management Services

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

CMS Rural Health Clinics Center

Spotlights has updated billing information for RHCs

CMS.gov Centers for Medicare & Medicaid Services

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Rural Health Clinics Center

Spotlights

- › End of the COVID-19 Public Health Emergency (PHE)
- › CY 2023 Physician Fee Schedule Final Rule Effective January 1, 2023
- › Care Management Services

Important Links

Billing / Payment

- [CY 2023 Payment Rate Increases for RHCs](#)
- [CY 2022 Payment Rate Increases for RHCs](#)
- [CY 2021 Payment Rate Increases for RHCs](#)
- [CY 2020 Payment Rate Increase for RHCs](#)
- [Chronic Care Management Services \(PDF\)](#) booklet
- [SE22001 \(PDF\)](#) - Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers (PDF)

CMS Manuals & Transmittals

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

Contacts

- [CMS Regional Office Rural Health Coordinators \(PDF\)](#) - Updated July 2021

<http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

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

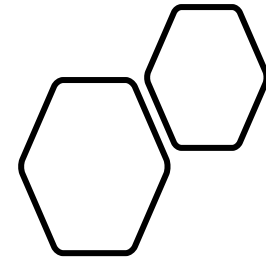
- [CMS Regional Office Rural Health Coordinators \(PDF\)](#) - Updated July 2021
- [Medicare Certified Rural Health Clinics](#)
- [CMS Regional Survey and Certification Contacts \(PDF\)](#)
- [CMS Regional Offices](#) and [HHS Regions - Map \(PDF\)](#)
- [Coordination of Benefits Information](#)

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 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"> • RHC. • Patient's residence (including an assisted living facility). • Medicare-covered Part A skilled nursing facility. • Scene of an accident. <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, except when the patient has:</p> <ul style="list-style-type: none"> • Illness or injury requiring additional diagnosis or treatment after first encounter. • Qualified medical and mental health visit on the same day. • An Initial Preventive Physical Examination (IPPE) and a separate medical or mental health visit on the same day. 	<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.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
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>	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
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 <u>deductible, copayment, and coinsurance applies.</u></p>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Medical Nutrition Therapy (MNT)	The AIR payment covers these stand-alone billable visits. Don't separately bill them.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 18

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Wednesday, November 22, 2023

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- [Clinical Laboratory Fee Schedule: CY 2024 Final Payment Determinations & Reporting](#)
- [Medicare Ground Ambulance Data Collection System: 5 Top Tips](#)
- [Respiratory Virus Season: Protect Your Patients](#)

[Events](#)

- [Inpatient Rehabilitation Facility Prospective Payment System: Coverage Requirements November 29](#)
- [Ambulance Open Door Forum — November 30](#)

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- [Lymphedema Compression Treatment Items: Implementation](#)
- [ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2024 Revised](#)

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- [New Ownership Reporting Requirements for Providers Using the Form CMS-855A](#)
- [Intravenous Immune Globulin Demonstration — Revised](#)
- [Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model -](#)

MLN Connects - Thursday, November 30, 2023

Claims, Pricers, & Codes

Resubmit Telehealth Claims with Modifier CS

The following Rural Health Clinic (71X) and Federally Qualified Health Clinic (77X) telehealth claims were incorrectly returned to provider with edit W7123:

- Preventive services that have cost sharing waived
- HCPCS code G2025 billed with modifier CS

CMS addressed this issue. Resubmit these claims with modifier CS to your Medicare Administrative Contractor.

MLN Connects - Thursday, November 30, 2023

Rural Health Clinic CY 2024 All-Inclusive Rate

CMS updated the rural health clinic (RHC) all-inclusive rate for CY 2024:
Independent & Provider-Based RHCs in Hospital with 50 or More Beds

The payment limit per visit is \$139.00.

Specified (Grandfathered) Provider-Based RHCs with April 1, 2021, Established Payment Limit

For RHCs that continue to meet the qualifications in section 1833(f)(3)(B) of the Act, the payment limit per visit is the greater of these amounts:

1. Your payment limit per visit starting January 1, 2023, increased by 4.6%

2. The national statutory CY 2024 payment limit per visit of \$139.00

More Information:

- Section 20.2 [Medicare Claims Processing Manual, Chapter 9 \(PDF\)](#)
- [Instruction to your Medicare Administrative Contractor \(PDF\)](#)

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

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Showing 1-10 of 33 entries

Transmittal #	Issue Date	Subject	Implementation Date	CR #	MM Article #	MM Article Release Date
R11200CP	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
R11095CP	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
R11029CP	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
R10907CP	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
R200SOMA	2020-02-21	Revisions to the State Operations Manual (SOM) Appendix A - Hospitals, Appendix AA – Psychiatric...	2020-02-21	N/A		
R194SOMA	2019-10-25	Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics	2019-10-25	N/A		
R2118OTN	2018-08-10	Communication Technology Based Services and Payment for Rural Health Clinics (RHCs) and Federally...	2019-01-07	10843	MM10843	2019-01-23
R177SOMA	2018-01-26	Revisions to State Operations Manual (SOM) Appendix G, Guidance for Surveyors: Rural Health Clinics	2018-01-26	N/A		
R1899OTN	2017-08-11	Care Coordination Services and Payment for Rural Health Clinics (RHCs) and Federally-Qualified...	2018-01-02	10175	MM10175	2017-11-09
R3627CP	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

70.4 - Vaccines

(Rev. 12070; Issued: 06-07-23; Effective: 07-10-23; Implementation: 07-10-23)

Influenza virus, pneumococcal and COVID-19 vaccines do not count as RHC/FQHC visits. The cost for these vaccines is included in the cost report and a visit is not billed for these services. RHCs do not report vaccines on the claim, TOB 71x. However, for FQHCs, if there was another reason for the visit, the vaccine and the administration code should be reported on the claim, TOB 77x, for informational and data collection purposes only. Coinsurance and deductible do not apply to these vaccines.

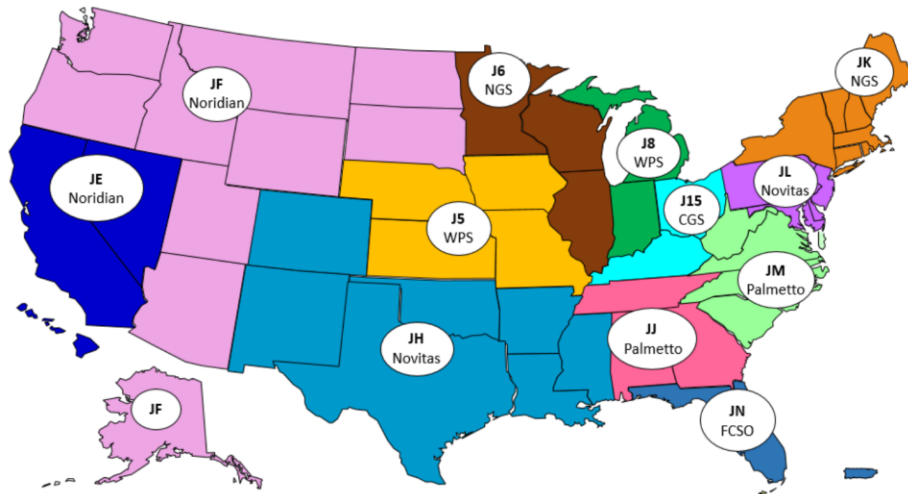
Monoclonal antibody products used for the treatment or for post-exposure prophylaxis of COVID-19 (when they are not purchased by the government) and their administration are paid through the cost report until the end of the calendar year in which the Emergency Use Authorization declaration for drugs and biological products with respect to COVID-19 ends.

Hepatitis B vaccine is included in the RHC *all-inclusive and the FQHC /PPS* rate. The charges of the vaccine and its administration can be included in the line item for the otherwise qualifying *visit*. A *visit* cannot be billed if vaccine and its administration is the only service the RHC/FQHC provides.

Additional information on vaccines can be found in Chapter 18, section 10 of this manual. Additional coverage requirements for pneumococcal vaccine, hepatitis B vaccine, and influenza virus vaccine can be found in Publication 100-02, the Medicare Benefit Policy Manual, Chapter 13.

**Question:
Where do we
find out what
jurisdiction
our clinic is
in?**

**A/B MAC Jurisdictions
as of June 2021**



<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs#MapsandLists>

Medicare Administrative Contractor For most Kentucky RHCs = CGS J15 Part A



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A/B & DME MAC Collaborations

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Did You Know? – Rural Health Clinic

Click on an item to expand *or* Show All / Close All

1. I do not understand RTP Reason Code 39910. Have there been recent changes to RHC billing requirements?

The following are the current guidelines:

- Required HCPCS reporting from the RHC Qualifying Visit List
- Changes to reporting specific codes, and
- The submission of the CG modifier to the line with all the charges subject to coinsurance and deductible.

References:

- MLN Matters[®] article MM9269 [PDF](#)
- MLN Matters[®] article SE1611 [PDF](#)
- Rural Health Clinics (RHCs) Reporting Requirements Frequently Asked Questions (FAQs) [PDF](#) (Revised 10-14-16)
- CMS Rural Health Clinic Center [PDF](#) Website - Spotlights

2. Do rural health clinics bill the Part A for influenza and PPV vaccinations?
3. Does CMS conduct Open Door Forums regarding RHCs?
4. Can RHCs bill for Chronic Care Management (CPT 99490)?
5. Where can I find RHC information on the CMS website? Is there a dedicated website?
6. Are there new billing instructions for RHCs in 2016?
7. Do rural health clinics bill the Part A for influenza and PPV vaccinations?
8. I received a remit for a negative amount. What does this mean? Do I owe Medicare for some reason?

<https://cgsmedicare.com/parta/dyk/rhc.html>

Other MACs can help you understand Medicare Billing

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

RHC Billing Guide

Requirement	Description
RHC Provider Number Ranges CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 10.1	Third - Sixth digits: <ul style="list-style-type: none"> • 3400-3499 • 3800-3974 • 3975-3999 • 8500-8999 <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>
RHC Bill Type CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 50	<ul style="list-style-type: none"> • 0711 - Admit to discharge • 0717 - Adjustment • 0718 - Cancel • 0710 - No payment
Billable Visit CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 9, Section 100 CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 110.1	<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>
RHC Practitioners and Staffing CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 10.1 and 30.1	<ul style="list-style-type: none"> • Physicians • NP • PA • CNM • CP • CSW • Register professional nurse (RN) - homebound services • Licensed professional nurse (LPN) - homebound services <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>

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

Be Careful 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>

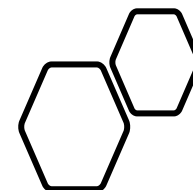
<https://chat.openai.com/chat>



Thank You!

Mark Lynn, Healthcare Business Specialists

marklynnrhc@gmail.com



MEET OUR TEAM

Healthcare Business Specialists offers a variety of services designed to assist physician practices and RHCs in providing better primary medical services to underserved, rural residents by enhancing Medicare and Medicaid Reimbursement and staying compliant with Rural Health Clinic program requirements.

Through cost reporting preparation, program evaluations, RHC startups and conversions, Emergency Preparedness Compliance, CHOWs, RHC terminations, and feasibility studies, Healthcare Business Specialists is equipped to serve all your RHC needs.



**Mark Lynn, CPA
(Inactive), CRHCP, CCRS**

President, RHC Consultant

Phone: (423) 243-6185
Email: marklynnrhc@gmail.com



**Dani Gilbert, CPA,
CRHCP**

Vice President, RHC Consultant

Phone: (833) 787-2542 ext. 1
Email: dani.gilbert@outlook.com



**Page Chambers, CIA
CRHCP**

RHC Consultant

Phone: (833) 787-2542 ext. 3
Email: page.chambers@outlook.com



Trent Jackson, CCRS

RHC Consultant

Phone: (833) 787-2542 ext. 4
Email: thomastrenton.jackson@outlook.com

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Healthcare Business Specialists