



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

MLN Matters Number: MM10350 **Revised** Related Change Request (CR) Number: 10350

Related CR Release Date: January 9, 2018 Effective Date: January 22, 2018

Related CR Transmittal Number: R239BP Implementation Date: January 22, 2018

Note: This article was revised on January 10, 2018, to reflect a revised CR10350 issued on January 9. In the article, the effective and implementation dates are revised. Also, the CR release date, transmittal number and the Web address for accessing the CR are revised. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10350 notifies RHCs and FQHCs of updates to Chapter 13 of the Medicare Benefit Policy Manual (Pub. 100-02). These updates clarify payment and other policy information. Make sure your billing staffs are aware of these updates.

BACKGROUND

The 2018 update of Chapter 13 of the Medicare Benefit Policy Manual – Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services – provides information on requirements and payment policies for RHCs and FQHCs, as authorized by Section 1861(aa) of the Social Security Act. This chapter now includes payment policy for Care Management in RHCs and FQHCs as finalized in the Calendar Year (CY) 2018 Physician Fee Schedule Final Rule. All other revisions serve to clarify existing policy.

New Manual sections relevant to Care Management Services in RHCs and FQHCs include:

- Section 230 – Care Management Services

- Section 230.1 – Transitional Care Management Services
- Section 230.2 – General Care Management Services – Chronic Care Management and General Behavioral Health Integration Services
- Section 230.3 – Psychiatric Collaborative Care Model (CoCM) Services

The revised chapter is attached to CR 10350.

ADDITIONAL INFORMATION

You may view CR 10350 and the revised manual sections at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R239BP.pdf>. If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

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November 17, 2017	Initial article released

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