

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



The ICD-10-related implementation date is now October 1, 2015. The switch to the new code set will affect every aspect of how your organization provides care, but with adequate planning and preparation, you can ensure a smooth transition for your practice. Keep Up to Date on ICD-10. Please visit the [ICD-10](#) website for the latest news and resources to help you prepare.

MLN Matters® Number: MM8119 Revised **Related Change Request (CR) #: CR 8119**

Related CR Release Date: November 23, 2012 **Effective Date: January 1, 2013**

Related CR Transmittal #: R2595CP **Implementation Date: January 7, 2013**

Announcement of Medicare Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Payment Rate Increases

Note: This article was revised on June 6, 2014, to add a link to MLN Matters® article MM8743 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8743.pdf>), which implements the Federally Qualified Health Centers (FQHC) Prospective Payment System (PPS), effective for cost reporting periods beginning October 1, 2014. All other information is unchanged.

Provider Types Affected

This MLN Matters® Article is intended for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) submitting claims to Medicare contractors (fiscal intermediaries (FIs) and A/B Medicare Administrative Contractors (A/B MACs) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8119 which informs Medicare contractors about the calendar year (CY) 2013 Payment Rate Increases for RHC and FQHC services.

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Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

CR8119 provides instructions for the CY 2013 Payment Rate Increases for RHC and FQHC services. The RHC upper payment limit per visit is increased from \$78.54 to \$79.17 effective January 1, 2013, through December 31, 2013 (i.e., CY 2013). The 2013 rate reflects a 0.8 percent increase over the 2012 payment limit in accordance with the rate of increase in the Medicare Economic Index (MEI) as authorized by §1833(f) of the Social Security Act.

The FQHC upper payment limit per visit for urban FQHCs is increased from \$126.98 to \$128.00 effective January 1, 2013, through December 31, 2013 (i.e., CY 2013), and the maximum Medicare payment limit per visit for rural FQHCs is increased from \$109.90 to \$110.78 effective January 1, 2013, through December 31, 2013 (i.e. CY 2013). The 2013 FQHC rates reflect a 0.8 percent increase over the 2012 rates in accordance with the rate of increase in the MEI.

Additional Information

The official instruction, CR 8119 issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2595CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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