

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



The "[September 2013 ICD-10-CM/PCS Billing and Payment Frequently Asked Questions](#)" Fact Sheet (ICN 908974) was released and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date and billing and payment Frequently Asked Questions.

MLN Matters® Number: MM8469

Related Change Request (CR) #: CR 8469

Related CR Release Date: December 11, 2013

Effective Date: January 1, 2014

Related CR Transmittal #: R2834CP

Implementation Date: January 6, 2014

## 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 RHCs and FQHCs submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

### What You Need to Know

This article is based on Change Request (CR) 8469, which provides instructions to Medicare contractors for the calendar year (CY) 2014 Payment Rate Increases for RHC and FQHC services. Make sure that your billing staffs are aware of these changes.

#### Disclaimer

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## Background

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CR8469 provides instructions for the calendar year (CY) 2014 Payment Rate Increases for RHC and FQHC services that can be found in “Medicare Claims Processing Manual”, Chapter 9, section 20.

**RHCs:** The RHC upper payment limit per visit is increased from 79.17 to 79.80 effective January 1, 2014, through December 31, 2014 (i.e., CY 2014). The 2014 rate reflects a 0.8 percent increase over the 2013 payment limit in accordance with the rate of increase in the Medicare Economic Index (MEI) as authorized by Section 1833(f) of the Social Security Act.

**FQHCs:** The FQHC upper payment limit per visit for urban FQHCs is increased from 128.00 to 129.02 effective January 1, 2014, through December 31, 2014 (i.e., CY 2014), and the maximum Medicare payment limit per visit for rural FQHCs is increased from 110.78 to 111.67 effective January 1, 2014, through December 31, 2014 (i.e. CY 2014). The 2014 FQHC rates reflect a 0.8 percent increase over the 2013 rates in accordance with the rate of increase in the MEI.

This effective date of January 1, 2014, is necessary in order to update RHC and FQHC payment rates in accordance with section 1833(f) of the Social Security Act. To avoid unnecessary administrative burden, MACs will not retroactively adjust individual RHC/FQHC bills paid at previous upper payment limits. The MAC does, however, retain the discretion to make adjustments to the interim payment rate or a lump sum adjustment to total payments already made to take into account any excess or deficiency in payments to date.

## Additional Information

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The official instruction, CR 8469, issued to your MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2834CP.pdf> on the CMS website.

If you have any questions, please contact your 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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