

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9864

Related Change Request (CR) #: CR 9864

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Effective Date: March 9, 2017

Related CR Transmittal #: R230BP

Implementation Date: March 9, 2017

Rural Health Clinic and Federally Qualified Health Center - Medicare Benefit Policy Manual Chapter 13 Update

Provider Types Affected

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

Provider Action Needed

Change Request (CR) 9864 requires Medicare Administrative Contractors to be aware of the updates to the “Medicare Benefit Policy Manual” - Chapter 13. Make sure that your billing staffs are aware of these changes.

Background

The 2017 update of the “Medicare Benefit Policy Manual,” Chapter 13 - 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. The Centers for Medicare & Medicaid Services (CMS) has revised Chapter 13 to include that beginning January 1, 2017, the FQHC PPS base rate will be updated by the FQHC Market Basket, and that services furnished by auxiliary personnel incident to a transitional care management (TCM) or chronic care management (CCM) visit may be furnished under general supervision instead of direct supervision, as finalized in the CY 2017 Physician Fee Schedule Final Rule. All other revisions serve to clarify existing policy. The key revised areas include the following sections:

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- Section 70.3 revised to include that beginning in 2017, the FQHC PPS base rate will be updated by the FQHC Market Basket.
- Section 110.3 revised to clarify information on payment for Graduate Medical Education in RHCs and FQHCs.
- Section 110.4 revised to include that services furnished by auxiliary personnel incident to a TCM visit may be furnished under general supervision.
- Section 110.5 revised to include that services furnished by auxiliary personnel incident to a CCM visit may be furnished under general supervision.
- Section 130.3 updated to remove the payment restriction for an RHC owned by a physician assistant.
- Section 160 updated to remove services furnished incident to a clinical social worker service.
- Section 180 revised to include speech-language pathology services.
- Section 220.4 revised to clarify copayment for FQHC preventive services under the FQHC Prospective Payment System (PPS).

Additional Information

The official instruction, CR 9864, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R230BP.pdf>. The revised “Medicare Benefit Policy Manual,” Chapter 13, is attached to CR9864.

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/>.

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