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

MLN Matters Number: MM11575
Related Change Request (CR) Number: 11575
Related CR Release Date: December 20, 2019
Effective Date: January 1, 2020
Related CR Transmittal Number: R263BP
Implementation Date: January 23, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is 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

CR 11575 revises Medicare Benefit Policy, Chapter 13 (Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services) to clarify payment and other policy information.

BACKGROUND

The 2020 update of the Medicare Benefit Policy Manual, Chapter 13 provides information on requirements and payment policies for RHCs and FQHCs, as authorized by Section 1861(aa) of the Social Security Act. The updated manual Chapter 13 is an attachment to CR 11575. The manual changes are as follows:

Section 110.3 - Graduate Medical Education - The Centers for Medicare & Medicaid Services (CMS) revised this section to clarify that **Freestanding** RHCs and FQHCs may receive direct Graduate Medical Education (GME) payment for residents if the RHC or FQHC incurs the salaries and fringe benefits (including travel and lodging expenses where applicable) of residents training at the RHC or FQHC.

Section 120.1 - Provision of Incident to Services and Supplies - CMS clarified language in this section to show that among the services that are not considered incident to include the services provided by a third party under contract to the RHC or FQHC.

Section 180 - Physical Therapy, Occupational Therapy, and Speech Language Pathology Services - CMS amended this section to clarify that Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) services furnished by an RHC or

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FQHC practitioner or furnished incident to a visit with an RHC or FQHC practitioner are not billable visits.

Section 230.2 – General Care Management Services – Chronic Care - CMS revised this section to state that Beneficiary consent to receive care management services must be obtained either by or under the direct supervision of the RHC or FQHC primary care practitioner. The consent may be written or verbal and must be documented in the patient's medical record before furnishing Chronic Care Management or Behavioral Health Integration services.

Section 230.3 – Psychiatric Collaborative Care Model (CoCM) Services - CMS revised this section to emphasize that Beneficiary consent to receive care management services must be obtained either by or under the direct supervision of the RHC or FQHC primary care practitioner. The consent may be written or verbal and must be documented in the patient's medical record before furnishing psychiatric CoCM services.

ADDITIONAL INFORMATION

The official instruction, CR 11575, issued to your MAC regarding this change is available at https://www.cms.gov/files/document/R263BP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
December 23, 2019	Initial article released.