



Medicare Rural Health Clinic Version

Agenda

Module 1: Designation as a Rural Health Clinic, including Required Practitioners and Services

- Definition and purpose of an RHC
- Certification criteria, including location, staffing, and required services
- Basic requirements for services furnished by RHC practitioners or incident to an RHC practitioner, including requirements for direct supervision
- Services that are excluded from the RHC benefit
- Distinguish between an independent and provider-based RHC

Module 2: Medicare Claims Fundamentals

- Claims processing requirements, including type of bill, revenue codes, HCPCS codes, modifiers, and charge reporting
- RHC practitioners and Appropriate Use Criteria (AUC)
- Three day window applicability

Module 3: The Qualifying Visit and Related Services

- Qualifying visit definition
- Coding and charging for the qualifying visit, including proper use of modifier -CG
- Mental health qualifying visits by telecommunication technology
- Preventative services provided with or as a qualifying visit, including vaccines
- Incident to services, including drugs and drug administration services
- Global Surgery Concepts for RHCs

Module 4: Special RHC Billing Issues

- Transitional Care Management (TCM)
- General Care Management (GCM), including Chronic Care Management (CCM), Principal Care Management (PCM) and General Behavioral Health Integration (BHI) services
- Psychiatric Collaborative Care Model (CoCM)
- Telehealth, including originating and distant site services
- Virtual Communication Services
- Services for hospice patients
- Visiting Nurse services
- Laboratory services and technical components of diagnostic services

Module 5: Reimbursement for Rural Health Clinic Services

- Identification of a qualifying visit for payment purposes
- Basic all-inclusive rate reimbursement methodology for provider-based and independent RHCs
- Application of upper payment limit
- Application of Part B deductible and coinsurance

Module 6: Supplemental Review of Medicare Contractors, Research, and Resources

- Overview of Medicare Parts A, B, C, and D
- Role of Medicare contractors
- Medicare source laws, including statutes and regulations
- Medicare sub-regulatory guidance, including manuals and transmittals
- Links to Medicare information and resources for staying current

Module 7: Supplemental Review of Medicare Coverage Guidance and the Advance Beneficiary Notice

- Medicare Coverage Center, including NCDs, LCDs, and Laboratory Manual
- Coverage of drugs, including self-administered drugs
- Limitations of liability statute and notice requirements
- Advance Beneficiary Notice (ABN) and instructions

Resources

Module 8: Appendices of Source Authority

- Regulations for Conditions for Certification (CfC) for RHC
- Regulations with requirements for provider-based departments
- Regulations defining RHC services and payment
- Medicare Benefit Policy Manual, Chapter 13 for RHCs
- Medicare Claims Processing Manual, Chapter 9 for RHCs
- Medicare State Operations Manual, Appendix G, RHC CfC survey standards
- RHC MLN Booklet
- Integrated Outpatient Code Editor, RHC excerpts
- RHC Flexibilities During the COVID PHE, Updated for Post-PHE