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## Demystifying Federal Regulations

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MRHA RHC Conference  
April 6, 2018  
Patty Harper, Presenter




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*"So, where does it actually say that?"*

*"Really, are you serious?"*

*"But, I need something to show my \_\_\_\_\_!"*

**"We didn't do THAT where I worked before!"**

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### What will we be discussing today?

- ★ 1) Participant will learn which major federal regulations and CMS publications apply to all provider types;
- ★ 2) Participant will learn which areas of operation are included in each publication; and
- ★ 3) Participant will learn how to find answers to everyday questions and problems.

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## Types of Guidance

### \*Regulatory

- \*Federal
- \*State
- \*Local

### \*Sub-Regulatory

- \*Paper-based Manuals
- \*Internet-only Manuals
- \*Transmittals, Program Memoranda & Change Requests
- \*MLN Matters Articles
- \*National and Local Coverage Determinations
- \*Other CMS Publications, Tools and FAQ
- \*MAC Information

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## Federal Register

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- The daily publication of the United States government.
- CMS Adopts Regulations in the Federal Register.
- First published as Proposed Rules with a comment period and then published as Final Rules.
- CMS publishes notices and links to the Federal Register on their website.
- States have a "Register" or Similar Publication.

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## Code of Federal Regulations

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- The CFR is a complete volume of all federal regulations for all sectors and is legally binding. The annual edition is updated every Oct 1<sup>st</sup>. eCF is more up-to-date.
- Title 42 applies to Public Health
  - Chapter I: Department of Health & Human Services
  - Chapter IV: Centers for Medicare & Medicaid Services, HHS
  - Chapter V: Office of Inspector General, HHS

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## Links to the Federal Register and the eCFR

Federal Register

<https://www.federalregister.gov/>

eCRF- Title 42

[https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42tab\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42tab_02.tpl)

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## Main Federal Regulations Medicare Program

[42 CFR §405](#)

Federal Healthcare for the Aged  
and Disabled

[42 CFR §420](#)

Program Integrity-Medicare

[42 CFR §455](#)

Program Integrity- Medicaid

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## Main Federal Hospital Regulations

[42 CFR §482](#)

Conditions of Participation

[42 CFR §412](#)

Inpatient PPS System

[42 CFR §419](#)

Outpatient PPS System

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**42 CFR §485**  
**Specialty Providers**

- ★ Subpart B: CORFs
- ★ Subpart F: CAHs
- ★ Subpart H: Outpatient Physical, Occupational, Speech/Language Pathology Services

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**Main Federal Regulations**  
**Critical Access Hospitals**

42 CFR §485  
 Subpart F  
 Conditions of Participation

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**Main Federal Regulations**  
**Rehabilitation Services**

42 CFR §482.56

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**Main Federal Home Health  
Regulation**

**42 CFR §484**

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**Main Federal Regulation  
Hospice Care**

**42 CFR §418**

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**Main Federal RHC/FQHC  
Regulations**

**42 CFR §405, Subpart X**

**42 CFR §413.65  
Provider Based Status**

**42 CFR §491  
Conditions for certification**

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**Subpart X—RURAL HEALTH CLINIC AND FEDERALLY QUALIFIED HEALTH CENTER SERVICES**

§405.2400	Basis.
§405.2401	Scope and definitions.
§405.2402	Rural health clinic basic requirements.
§405.2403	Rural health clinic content and terms of the agreement with the Secretary.
§405.2404	Termination of rural health clinic agreements.
§405.2410	Application of Part B deductible and coinsurance.
§405.2411	Scope of benefits.
§405.2412	Physicians' services.
§405.2413	Services and supplies incident to a physician's services.
§405.2414	Nurse practitioner, physician assistant, and certified nurse midwife services.
§405.2415	Incident to services and direct supervision.
§405.2416	Visiting nurse services.

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## 42 CFR §413.65

- ★ RHCs as Provider-Based Facilities
- ★ Less than 50 Beds
- ★ Relationship Between the Parent Hospital and RHC




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<https://www.ecfr.gov/cgi-bin/retrieveCFR?gp=1&SID=a30aed5635d2946975504b896a8cc3f1&ty=HTML&h=L&mc=true&...>

**e-CFR data is current as of September 21, 2017**

[Return to Search Results](#)

Title 42 — Chapter IV — Subchapter B — Part 413 — Subpart E — §413.65

[Browse Previous](#) | [Browse Next](#)

Title 42: Public Health

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT: PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES; PAYMENT FOR ACUTE KIDNEY INJURY DIALYSIS

Subpart E—Payments to Providers

**§413.65 Requirements for a determination that a facility or an organization has provider-based status.**

[Link to an amendment published at 82 FR 38515, Aug. 14, 2017.](#)

(a) Scope and definitions. (1) Scope. (i) This section applies to all facilities for which provider-based status is sought, including remote locations of hospitals, as defined in paragraph (a)(2) of this section and satellite facilities as defined in §§412.22(h)(1) and 412.25(e)(1) of this chapter, other than facilities described in paragraph (a)(1)(i) of this section.

(ii) The determinations of provider-based status for payment purposes described in this section are not made as to whether the following facilities are provider-based:

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## 42 CFR §491



### RHC Certification Requirements

- ★ Location
- ★ Compliance
- ★ Staffing/Personnel/HR
- ★ Physical Plant
- ★ Provision of Services
- ★ Emergency Preparedness
- ★ Medical Management
- ★ Annual Evaluation

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Title 42 — Chapter IV — Subchapter G

TITLE 42—Public Health

CHAPTER IV—CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)

SUBCHAPTER G—STANDARDS AND CERTIFICATION

Part	Table of Contents	Headings
402	402.1 to 402.104	CONDITIONS OF PARTICIPATION FOR HOSPITALS
403	403.1 to 403.400	REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES
404	404.1 to 404.335	HOME HEALTH SERVICES
405	405.50 to 405.520	CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS
406	406.1 to 406.360	CONDITIONS FOR COVERAGE OF SPECIALIZED SERVICES FURNISHED BY SUPPLIERS
408	408.1 to 408.865	SURVEY CERTIFICATION AND ENFORCEMENT PROCEDURES
409	409.1 to 409.404	PROVIDER AGREEMENTS AND SUPPLIER
491	491.1 to 491.12	CERTIFICATION OF CERTAIN HEALTH FACILITIES

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/requirements>

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### 42 CFR §491:1 THRU §491:12

These section contains all the regulations concerning the conditions of certification and recertification of Rural Health Clinics. This is where the certification and accreditation standards originate. However, the Sub-regulatory sources of information are often easier to interpret and more "user-friendly". The CFR is legally binding. Sub-regulatory guidance must be taken into consideration by Medicare Contractors and Administrative Law Judges and they must explain rulings to the contrary, but they are not obligated to uphold sub-regulatory guidance.

★ Be mindful of **published and effective dates** when referring to regulations and sub-regulatory guidance. A Google search can result in an outdated publication.

★ Text **in red** indicates the updated portions of the publications.

★ RHC and FQHC guidance are often in the same documents. Use caution.

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CROSS REFERENCE: See 42 CFR 100.209(g) (41 FR 45718, Oct. 15, 1976) and 42 CFR Part 5 (42 FR 1586, Jan. 10, 1978).

(41 FR 3275, Feb. 2, 1978. Redesignated at 50 FR 33094, Aug. 16, 1985, and amended at 57 FR 24962, June 12, 1992; 61 FR 14653, Apr. 3, 1996; 68 FR 74916, Dec. 24, 2003; 71 FR 55546, Sept. 22, 2006)

**§ 491.6 Physical plant and environment.**

(a) *Construction.* The clinic or center is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.

(b) *Maintenance.* The clinic or center has a preventive maintenance program to ensure that:

- (1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition;
- (2) Drugs and biologicals are appropriately stored; and
- (3) The premises are clean and orderly.

(c) *Emergency procedures.* The clinic or center assures the safety of patients in case of non-medical emergencies by:

(41 FR 24962, June 12, 1992)

**§ 491.8 Staffing and staff responsibilities.**

(a) *Staffing.* (1) The clinic or center has a health care staff that includes one or more physicians. Rural health clinic staffs must also include one or more physician's assistants or nurse practitioners.

(2) The physician member of the staff may be the owner of the rural health clinic, an employee of the clinic or center, or under agreement with the clinic or center to carry out the responsibilities required under this section.

(3) The physician assistant, nurse practitioner, nurse-midwife, clinical social worker, or clinical psychologist member of the staff may be the owner or an employee of the clinic or center, or may furnish services under contract to the center.

(4) The staff may also include ancillary personnel who are supervised by the professional staff.

(5) The staff is sufficient to provide the services essential to the operation of the clinic or center.

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## Internet-Only Manuals

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All CMS IOMs can be found here.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>

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Show entries: 25

Filter On:

Publication # Title

100 Introduction

100-01 Medicare General Information, Eligibility and Entitlement Manual

100-02 Medicare Benefit Policy Manual

100-03 Medicare National Coverage Determinations (NCD) Manual

100-04 Medicare Claims Processing Manual

100-05 Medicare Secondary Payer Manual

100-06 Medicare Financial Management Manual

100-07 State Operations Manual

100-08 Medicare Program Integrity Manual

100-09 Medicare Contractor Beneficiary and Provider Communications Manual

100-10 Quality Improvement Organization Manual

100-11 Processes of Administrative Cases for the Elderly (PACE) Manual

Internet Only Manuals

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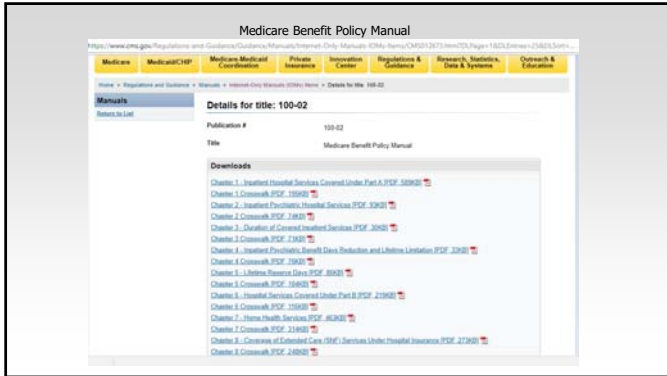
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## Internet-Only Manuals

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

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

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

Click here for update history

**Table of Contents:**  
*(Rev. 2/9, 01-09-18)*

Revised Date

[Transmittals for Chapter 13](#)

Index of Acronyms

10 - RHC and FQHC General Information

10.1 - RHC General Information

10.2 - FQHC General Information

20 - RHC and FQHC Location Requirements

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| Transmittals Issued for this Chapter |            |                                                                                                                                               |            |       |
|--------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| Rev #                                | Issue Date | Subject                                                                                                                                       | Impl Date  | CR#   |
| <a href="#">R230BP</a>               | 01/09/2018 | Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update                       | 01/22/2018 | 10350 |
| <a href="#">R230BP</a>               | 11/17/2017 | Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update                       | 02/15/2018 | 10350 |
| <a href="#">R230BP</a>               | 12/09/2016 | Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Updates                                                                | 03/09/2016 | 9864  |
| <a href="#">R230BP</a>               | 01/15/2016 | Rural Health Clinic and Federally Qualified Health Center - Medicare Benefit Policy Manual Update                                             | 02/01/2016 | 9442  |
| <a href="#">R217BP</a>               | 12/31/2015 | Rural Health Clinic and Federally Qualified Health Center - Medicare Benefit Policy Manual Update - Rescinded and replaced by Transmittal 220 | 02/01/2016 | 9442  |
| <a href="#">R201BP</a>               | 12/12/2014 | Medicare Benefit Policy Manual - RHC and FQHC Update - Chapter 13                                                                             | 01/05/2015 | 8981  |
| <a href="#">R173BP</a>               | 11/22/2013 | Medicare Benefit Policy Manual - RHC and                                                                                                      | 01/06/2014 | 8504  |

#### 40 - RHC and FQHC Visits

(Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18)

An RHC or FQHC visit is a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more RHC or FQHC services are rendered. A Transitional Care Management (TCM) service can also be an RHC or FQHC visit. Services furnished must be within the practitioner's state scope of practice, *and only services that require the skill level of the RHC or FQHC practitioner are considered RHC or FQHC visits.*

#### 100 - Commingling

(Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18)

Commingling refers to the sharing of RHC or FQHC space, staff (employed or contracted), supplies, equipment, and/or other resources with an onsite Medicare Part B or Medicaid fee-for-service practice operated by the same RHC or FQHC physician(s) and/or non-physician(s) practitioners. Commingling is prohibited in order to prevent:

## Part B, Professional and other Medical services

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

## State Operations Manuals

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State Operations Manual Appendix G - Guidance to Surveyors: Rural Health Clinics (RHCs)

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_g\\_rhc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf)

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## State Operations Manuals

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### Medicare State Operations Manual Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendix Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the EDM to display data. Click on the corresponding letter in the "Appendix Letter" column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop use the browser "Back" button. This is because closing the file usually will also close your browser.

Appendix Letter	Description
A	Hospitals
AA	Psychiatric Hospitals
B	Home Health Agencies
C	Laboratories and Laboratory Services
D	Portable X-Ray Services
E	Occupational Physical Therapy or Speech Pathology Services Integrative Guidelines

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Click here for update history

### State Operations Manual Appendix G - Guidance for Surveyors: Rural Health Clinics (RHCs)

Table of Contents  
(Rev. 177, 01-26-10)

→ Revised Date

[Transmittals for Appendix G](#)

#### Part I - Survey Protocol

Introduction

Regulatory and Policy References

Rural Health Clinic Survey Protocol

Introduction

Task 1 - Off-Site Survey Preparation

Task 2 - Entrance Activities

Task 3 - Information Gathering/Investigation

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**Interpretive Guidelines § 491.86(a)(1) & (2)**

*An RHC must, at a minimum, have a health care staff that includes one or more physicians; if the clinic has only one physician, that physician must be either an MD or a DO in order to perform the responsibilities of the clinic's medical director. The physician must hold a current license issued or recognized by the State in which the RHC is located.*

*The physician(s) may be the clinic's owner (who may also be an employee of the clinic at the same time), an employee of the clinic, or providing services to the clinic under a contractual arrangement. CMS interprets an "employee" to be an individual to whom the clinic issues an IRS Form W-2, Tax and Wage Statement (see 79 FR 23482, May 2, 2014). If the physician is not responsible for medical supervision nor the medical direction of the clinic, contractual arrangements may either be directly between the clinic and an individual physician, or between the clinic and a third-party entity that supplies the clinic with physician services, such as a locum tenens agency.*

*In all cases the RHC must have sufficient practitioners, both physician and non-physician, to furnish the volume of RHC services it provides to its patients, consistent with accepted standards of practice.*

**Survey Procedures § 491.86(a)(1) & (2)**

- Confirm that the clinic has at least one physician who is providing physician services.
- Confirm that the physician has a current license issued or recognized by the State in which the RHC is located.

**New Emergency Preparedness Interpretive Guide**

**State Operations Manual**  
**Appendix Z- Emergency Preparedness for All Provider**  
**and Certified Supplier Types**  
**Interpretive Guidance**  
**Table of Contents**  
*(Rev. XXXX, TBD)*

**Transmittals for Appendix Z**

- §403.748, Condition of Participation for Religious Nonmedical Health Care Institutions (RNRHCs)
- §416.54, Condition for Coverage for Ambulatory Surgical Centers (ASCs)
- §418.113, Condition of Participation for Hospices
- §441.184, Requirement for Psychiatric Residential Treatment Facilities (PRTFs)
- §460.84, Requirement for Programs of All-Inclusive Care for the Elderly (PACE)
- §482.15, Condition of Participation for Hospitals

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>

## Transmittals/PMs/CRs

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Transmittals, Program Memorandums, and Change Requests are CMS publications which announce changes in regulations or procedures or wording. They may be used to communicate changes to MACs and providers & suppliers, or to update manuals based on regulatory changes, changes in guidance or clarifications.

Transmittals include sections on Business Requirements for MACs, Provider Education and Supplemental Information.

<b>CMS Manual System</b> <b>Pub 100-20 One-Time Notification</b> <b>Transmittal 1637</b>	<b>Department of Health &amp; Human Services (DHHS)</b> <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> <b>Date: March 23, 2016</b> <b>Change Request 9269</b>
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Transmittal 1596, dated January 26, 2016 is being rescinded and replaced by Transmittal 1637 to add FISS to business requirement 9269.1. All other information remains the same.

**SUBJECT: Required Billing Updates for Rural Health Clinics**

**I. SUMMARY OF CHANGES:** This change request (CR) provides instructions to the Medicare Administrative Contractors (MACs) to accept Healthcare Common Procedure Coding System (HCPCS) coding on Rural Health Clinic (RHC) claims.

**EFFECTIVE DATE: April 1, 2016**  
*\*Unless otherwise specified, the effective date is the date of service.*  
**IMPLEMENTATION DATE: April 4, 2016**

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**II. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC	D ME	Shared- System E	F M	V C	M W	C S	F	Other	
9269.1	Contractors shall allow RHCs to report all valid revenue codes except the following: 002x-024x, 027x, 045x, 054x, 056x, 060x, 065x, 067x-072x, 080x-088x, 093x, or 096x-310x.	X			X						
9269.2	Contractors shall require all service lines reported on RHC claims (TOB 71X) to contain a valid HCPCS code except for revenue codes that do not require HCPCS code reporting, i.e. revenue code 023x.	X									
9269.2.1	Contractors shall return to the provider all RHC claims with service lines that do not contain a valid HCPCS code except for revenue codes that do not require HCPCS code reporting, i.e. revenue code 023x.	X									

Transmittals give instructions to the MACs for how the CR will change the business rules.

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**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility			
		A/B MAC	D ME	C E D I	
9269.10	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next	X			

A transmittal also includes information on resources that will be available to providers concerning the change.

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## MLN Matters Article

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MLN Matters Articles can either be linked to a CR# or they can be Special Editions. If a MLN is linked to a CR#, it provides a policy change in easier-to-understand language. If the MLN is a "SE", it is not linked to a specific CR. A special edition MLN provides clarification on a topic.

Special Editions are numbered by year and edition. SE1611 is the 11<sup>th</sup> SE published in 2016.

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

MLN Matters Number: MM10350 **Revised**      Related Change Request (CR) Number: 10350  
 Related CR Release Date: January 9, 2018      Effective Date: January 22, 2018  
 Related CR Transmittal Number: R239BP      Implementation Date: January 22, 2018

**Note:** This article was revised on January 10, 2018, to reflect a revised CR16360 issued on January 8. In the article, the effective and implementation dates are revised. Also, the CR release date, transmittal number and the Web address for accessing the CR are revised. All other information remains the same.

**PROVIDER TYPES AFFECTED**

This MLN Matters Article is intended for Rural Health Clinics (RHCs) and Federally Qualified

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



MLN Matters# Number: SE1611 **Revised**      Related Change Request (CR)#: N/A  
 Related CR Release Date: N/A      Effective Date: October 1, 2016  
 Related CR Transmittal #: N/A      Implementation Date: October 3, 2016

**Rural Health Clinics (RHCs) Healthcare Common Procedure Coding System (HCPCS) Reporting Requirement and Billing Updates**

**Note:** This article was revised on August 2, 2016 to show in Table 1 that codes G0436 and G0437 are replaced by 99496 and 99497, respectively, on October 1, 2016. All other information remains the same.

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## Other CMS Publications

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**FAQs:** Information provided in a question and answer format.

**Publications and Tools:** Other guides and tools with information for providers by CMS or MACs.

**National and Local Coverage Determinations:** Information on the coverage or non-coverage of services/benefits including medical necessity.

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<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FOHCPPS/Downloads/FOHC-RHC-FAQs.pdf>

February 15, 2016

### Chronic Care Management (CCM) Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

#### Frequently Asked Questions

Beginning on January 1, 2016, RHCs and FQHCs may receive payment for CCM services furnished to Medicare beneficiaries having multiple (two or more) chronic conditions that are expected to last at least 12 months or until the death of the patient, and place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

Information on program requirements can be found in:

MLN Matters MM9234 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9234.pdf>, and

Chapter 13 of the CMS Benefit Policy Manual - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>

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<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FOHCPPS/Downloads/RHC-Preventive-Services.pdf>

#### Rural Health Clinic (RHC) Preventive Services Chart

(Rev. 08-10-16)

RHCs are paid an all-inclusive rate (AIR) for qualified primary and preventive health services. Except for the initial preventive physical examination (IPPE), all preventive services furnished on the same day as another medical visit constitute a single billable visit. If an IPPE visit occurs on the same day as another billable visit, two visits may be billed. All of the preventive services listed below may be billed as a stand-alone visit if no other service is furnished on the same day. The beneficiary copayment and deductible is waived by the Affordable Care Act for the IPPE and AWV, and for Medicare-covered preventive services recommended by the United States Preventive Services Task Force with a grade of A or B.

Additional information on RHC policy for preventive services is available in the Medicare Benefit Policy Manual, Chapter 13 (<http://go.cms.gov/1d85d9N>). Additional information on payment and claims processing for RHC preventive services is available in the Medicare Claims Processing Manual, Chapter 9 (<http://go.cms.gov/1dFvltGQ>), and Chapter 18 (<http://go.cms.gov/1w2l5rXJ>). The table below lists preventive services with their associated HCPCS (Healthcare Common Procedure Coding System) code and descriptor, whether they are eligible to be paid based on the RHC's AIR when billed without another covered visit, which preventive services can be billed separately when another visit is billed on the same day, and which preventive services have the co-insurance and deductible waived.

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<https://www.cms.gov/medicare-coverage-database/>

### Local Coverage Article: Routine FOOT CARE (A52996)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

### Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico

## Types of Guidance

### \*Regulatory

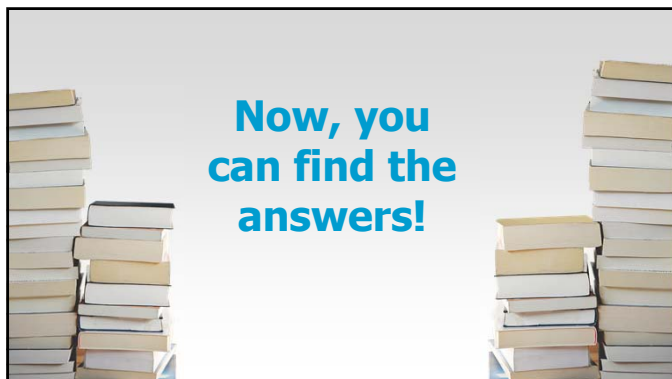
- \*Federal
- \*State
- \*Local

### \*Sub-Regulatory

- \*Paper-based Manuals
- \*Internet-only Manuals
- \*Transmittals, Program Memoranda & Change Requests
- \*MLN Matters Articles
- \*National and Local Coverage Determinations
- \*Other CMS Publications, Tools and FAQ
- \*MAC Information

★ ★ ★ ★ ★  
 “The best advice I ever  
 got was that knowledge  
 was POWER and to  
 KEEP reading.”

—David Bailey, British photographer




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**"Actually, that is found in 42 CFR § 491.6."**

**"Seriously—it was in a MLN Matters article last month."**

**"My CFO was shocked when I could show him the final rule in the Federal Register."**

**"The IOM Manuals explained why we don't bill flu shots in the RHC. Wow!"**

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Follow-up questions or comments can be directed to:

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Consulting

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