

inQuiseek Consulting

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Demystifying Federal Regulations

MRHA RHC Conference
April 6, 2018
Patty Harper, Presenter



"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!"

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.

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

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.

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 1st. 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

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

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

Main Federal Hospital Regulations

42 CFR §482

Conditions of Participation

42 CFR §412

Inpatient PPS System

42 CFR §419

42 CFR §419 Outpatient PPS System





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.

42 CFR §413.65	
* RHCs as Provider-Based Facilities	
* Less than 50 Beds	
* Relationship Between the Parent Hospital and RHC	

http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=a30aed5635d2946975504b896a8cc3f1&tty=HTML&h=1&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.
<small>Link to an amendment published at 82 FR 38515, Aug. 14, 2017.</small>
(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)(ii) 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.

42 CFR §491

RHC Certification Requirements

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



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
482	482.1 to 482.104	CONDITIONS OF PARTICIPATION FOR HOSPITALS
483	483.1 to 483.104	REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES
484	484.1 to 484.335	HOME HEALTH SERVICES
485	485.50 to 485.920	CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS
486	486.1 to 486.360	CONDITIONS FOR COVERAGE OF SPECIALIZED SERVICES FURNISHED BY SUPPLIERS
488	488.1 to 488.665	SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES
489	489.1 to 489.10	PROVIDER AGREEMENTS AND SUPPLIER AGREEMENTS
491	491.1 to 491.11	CERTIFICATION OF CERTAIN HEALTH FACILITIES

REGULATIONS ARE IN EFFECT UNTIL APRIL 1, 2018, EXCEPT AS PROVIDED IN THE APPENDIX.

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.

CROSS REFERENCE: See 42 CFR 110.209(g) (41 FR 45718, Oct. 15, 1976) and 42 CFR Part 5 (42 FR 1586, Jan. 10, 1978).

[43 FR 5375, Feb. 8, 1978. Redesignated at 50 FR 33034, Aug. 16, 1985, and amended at 57 FR 24962, June 12, 1992; 61 FR 14658, Apr. 3, 1996; 68 FR 76816, Dec. 24, 2003; 71 FR 55346, 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 or-

(c) *Emergency procedures.* The clinic or center assures the safety of patients

or center assures the safety of patients in case of non-medical emergencies by:

§ 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

(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

(3) The physician assistant, nurse

(c) The physician, registered nurse practitioner, nurse-midwife, clinical social worker, or clinical psychologist member of the staff may be the owner

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

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>

Medicare Benefit Policy Manual

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals/ICM012673.htm#T0_LPage+1&T2_LItem+2+T3_LItem+2+T4_LItem+2

Home > Regulations and Guidance > Manuals > Internet-Only Manuals (ICM) Home > Details for ICM-100-02

Details for title: 100-02

Publication # 100-02

Title Medicare Benefit Policy Manual

Downloads

Chapter 1 - Inpatient Hospital Services Covered Under Part A (PDF, 549KB)

Chapter 1 Crosswalk (PDF, 156KB)

Chapter 2 - Inpatient Psychiatric Hospital Services (PDF, 30KB)

Chapter 2 Crosswalk (PDF, 7KB)

Chapter 3 - Outpatient Hospital Services (PDF, 30KB)

Chapter 3 Crosswalk (PDF, 1KB)

Chapter 4 - Inpatient Psychiatric Benefit Days Reduction and Lifetime Limitation (PDF, 12KB)

Chapter 4 Crosswalk (PDF, 10KB)

Chapter 5 - Lifetime Payment Days (PDF, 6KB)

Chapter 6 - Hospital Care Covered Under Part B (PDF, 23KB)

Chapter 6 Crosswalk (PDF, 156KB)

Chapter 7 - Home Health Services (PDF, 40KB)

Chapter 7 Crosswalk (PDF, 31KB)

Chapter 8 - Coverage of Extended Care (EV) Services Under Hospital Insurance (PDF, 27KB)

Chapter 8 Crosswalk (PDF, 24KB)

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>

Click here for update history

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

Table of Contents
(Rev. 239, 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

Transmittals Issued for this Chapter			
Rev #	Issue Date	Subject	Impl Date
R1229BP	01/09/2018	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update	01/22/2018 10350
R1238BP	11/17/2017	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update	02/15/2018 10350
R1239BP	12/09/2016	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Update	03/09/2016 9864
R1239BP	01/15/2016	Rural Health Clinic and Federally Qualified Health Center - Medicare Benefit Policy Manual Update	02/01/2016 9442
R217BP	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
R201BP	12/32/2014	Medicare Benefit Policy Manual - RHC and FQHC Update - Chapter 13	01/05/2015 8983
R172BP	11/22/2013	Medicare Benefit Policy Manual - RHC and FQHC	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

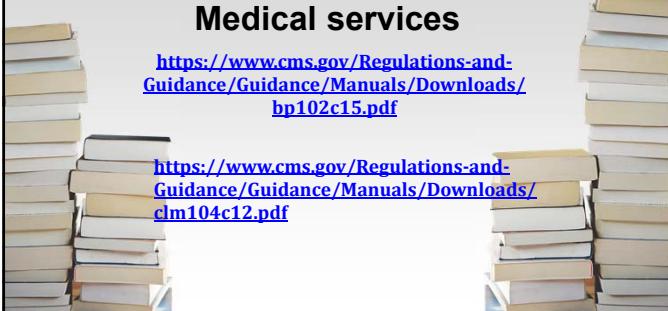
(Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18)

Commingling refers to the sharing of RHC or FQHC space, staff (employed or contracted), supplies, equipment, and/or other resources with an outsite 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



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

State Operations Manuals



Medicare State Operations Manual
Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM.
- The appendices are in PDF format, which is the format generally used in the RGM to display files. 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 most browsers.

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

State Operations Manual

Appendix G - Guidance *for* Surveyors: Rural Health Clinics (RHCs)

Table of Contents
(Rev. 177, 01-26-18)

Revised Date

Transmittals for Appendix G

Part I – Survey Protocol

Introduction

Regulatory and Policy References

Rural Health Clinic Survey Protocol

Introduction
Task 1 – Office/Site Survey Preparation
Task 2 – Entrance Activities
Task 3 – Information Gathering/Investigation

Click here for update history

Interpretive Guidelines § 491.8(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/physician, 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 25482, May 2, 2014). If the physician is not responsible for medical treatment, the medical director should be a physician. The physician 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 § 491.8(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, TBDB)

Transmittals for Appendix Z

§403.748, Condition of Participation for Religious Nonmedical Health Care Institutions (RNHCs)
§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.

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| <b>CMS Manual System</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Department of Health & Human Services (DHHS)   |
| Pub 100-20 One-Time Notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Centers for Medicare & Medicaid Services (CMS) |
| <b>Transmittal 1637</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date: March 23, 2016                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Change Request 9269                            |
| <p>Transmittal 1596, dated January 26, 2016 is being rescinded and replaced by Transmittal 1637 to add FESS to business requirement 9269.1. All other information remains the same.</p> <p><b>SUBJECT: Required Billing Updates for Rural Health Clinics</b></p> <p><b>I. SUMMARY OF CHANGES:</b> 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.</p> <p><b>EFFECTIVE DATE:</b> April 1, 2016<br/> <i>*Unless otherwise specified, the effective date is the date of service.</i></p> <p><b>IMPLEMENTATION DATE:</b> April 4, 2016</p> |  |                                                |

| <b>II. BUSINESS REQUIREMENTS TABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                              |            |                                            |                |   |   |   |   |   |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
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| <p><i>"Shall"</i> denotes a mandatory requirement, and <i>"should"</i> denotes an optional requirement.</p> <table border="1"> <thead> <tr> <th rowspan="2">Number</th> <th rowspan="2">Requirement</th> <th colspan="9">Responsibility</th> </tr> <tr> <th>A/B<br/>MAC</th> <th>D<br/>Shared-<br/>System<br/>E<br/>Maintainers</th> <th colspan="7">Other</th> </tr> <tr> <th>A</th> <th>B</th> <th>H</th> <th>F</th> <th>M</th> <th>V</th> <th>C</th> <th>I</th> <th>M</th> <th>W</th> </tr> <tr> <th>H</th> <th>M</th> <th>I</th> <th>C</th> <th>M</th> <th>V</th> <th>C</th> <th>S</th> <th>S</th> <th>F</th> </tr> <tr> <th>H</th> <th>S</th> <th>S</th> <th>S</th> <th>S</th> <th>S</th> <th>S</th> <th>S</th> <th>S</th> <th>F</th> </tr> <tr> <th>C</th> </tr> </thead> <tbody> <tr> <td>9269.1</td> <td>Contractors shall allow RHCs to report all valid revenue codes except the following:<br/><br/>002z-024z, 029z, 045z, 054z, 056z, 060z, 065z, 067z-072z, 080z-088z, 093z, or 096z-110z.</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9269.2</td> <td>Contractors shall require all service lines reported on RHC claims (other than 71X) to contain a valid HCPCS code except for revenue codes that do not require HCPCS code reporting, i.e. revenue code 025z.</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9269.2.1</td> <td>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 025z.</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                              | Number     | Requirement                                | Responsibility |   |   |   |   |   |  |  |  | A/B<br>MAC | D<br>Shared-<br>System<br>E<br>Maintainers | Other |  |  |  |  |  |  | A | B | H | F | M | V | C | I | M | W | H | M | I | C | M | V | C | S | S | F | H | S | S | S | S | S | S | S | S | F | C | C | C | C | C | C | C | C | C | C | 9269.1 | Contractors shall allow RHCs to report all valid revenue codes except the following:<br><br>002z-024z, 029z, 045z, 054z, 056z, 060z, 065z, 067z-072z, 080z-088z, 093z, or 096z-110z. | X | X |  |  |  |  |  |  | 9269.2 | Contractors shall require all service lines reported on RHC claims (other than 71X) to contain a valid HCPCS code except for revenue codes that do not require HCPCS code reporting, i.e. revenue code 025z. | 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 025z. | X |  |  |  |  |  |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Requirement                                                                                                                                                                                                  |            |                                            | Responsibility |   |   |   |   |   |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
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| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B                                                                                                                                                                                                            | H          | F                                          | M              | V | C | I | M | W |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M                                                                                                                                                                                                            | I          | C                                          | M              | V | C | S | S | F |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S                                                                                                                                                                                                            | S          | S                                          | S              | S | S | S | S | F |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                                                                                                                                                                                                            | C          | C                                          | C              | C | C | C | C | C |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
| 9269.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contractors shall allow RHCs to report all valid revenue codes except the following:<br><br>002z-024z, 029z, 045z, 054z, 056z, 060z, 065z, 067z-072z, 080z-088z, 093z, or 096z-110z.                         | X          | X                                          |                |   |   |   |   |   |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
| 9269.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contractors shall require all service lines reported on RHC claims (other than 71X) to contain a valid HCPCS code except for revenue codes that do not require HCPCS code reporting, i.e. revenue code 025z. | 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 025z. | X          |                                            |                |   |   |   |   |   |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |
| <p>Transmittals give instructions to the MACs for how the CR will change the business rules.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                              |            |                                            |                |   |   |   |   |   |  |  |  |            |                                            |       |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |                                                                                                                                                                                      |   |   |  |  |  |  |  |  |        |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |          |                                                                                                                                                                                                              |   |  |  |  |  |  |  |  |

| <b>III. PROVIDER EDUCATION TABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |                  |   |        |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|------------------|---|--------|--|--|------------|-------------|------------------|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|--|--|
| <p>A transmittal also includes information on resources that will be available to providers concerning the change.</p> <table border="1"> <thead> <tr> <th rowspan="2">Number</th> <th rowspan="2">Requirement</th> <th colspan="5">Responsibility</th> </tr> <tr> <th>A/B<br/>MAC</th> <th>D<br/>M<br/>E</th> <th>C<br/>E<br/>D<br/>I</th> <th>M</th> <th>A<br/>C</th> </tr> <tr> <th>A</th> <th>B</th> <th>H</th> <th>M</th> <th>A</th> <th>C</th> </tr> <tr> <th>H</th> <th>H</th> <th>H</th> <th>H</th> <th>H</th> <th>H</th> </tr> <tr> <th>H</th> <th>H</th> <th>H</th> <th>H</th> <th>H</th> <th>H</th> </tr> </thead> <tbody> <tr> <td>9269.10</td> <td>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/MLN Matters/Articles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN Matters/Articles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listerv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listerv 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</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Number     | Requirement | Responsibility   |   |        |  |  | A/B<br>MAC | D<br>M<br>E | C<br>E<br>D<br>I | M | A<br>C | A | B | H | M | A | C | H | H | H | H | H | H | H | H | H | H | H | H | 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/MLN Matters/Articles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN Matters/Articles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listerv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listerv 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 |  |  |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             | Responsibility   |   |        |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A/B<br>MAC | D<br>M<br>E | C<br>E<br>D<br>I | M | A<br>C |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H          | M           | A                | C |        |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H          | H           | H                | H |        |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H          | H           | H                | H |        |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |
| 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/MLN Matters/Articles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN Matters/Articles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listerv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listerv 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          |             |                  |   |        |  |  |            |             |                  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |  |

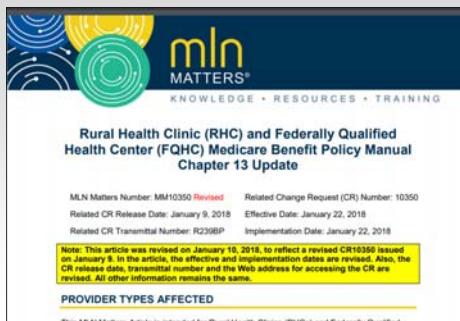
## MLN Matters Article

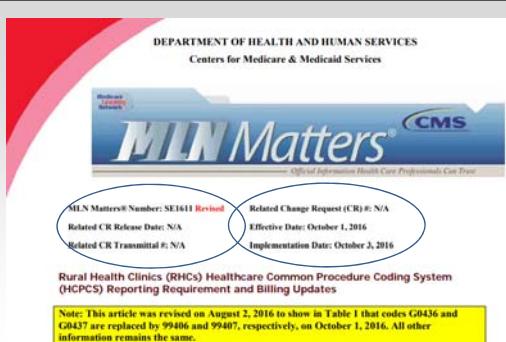
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MLN Matters Articles can either be linked to a CR# or they can be Special Editions. If a MLN is linked to a CR#, it provides a policy change in easier-to-understand language. If the MLN is a "SE", it is not linked to a specific CR. A special edition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



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.

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

February 19, 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>

<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/14B5dPN>). 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/1Df6vQ>), and Chapter 18 (<http://go.cms.gov/1w5I6cQ>). 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.

<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

