



Rural Health Clinic & Federally Qualified Health Center Medicare Benefit Policy Manual Update

Related CR Release Date: January 26, 2023

MLN Matters Number: MM13063

Effective Date: January 1, 2023

Related Change Request (CR) Number: [CR 13063](#)

Implementation Date: February 27, 2023

Related CR Transmittal Number: R11803BP

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

Affected Providers

- RHCs
- FQHCs

Action Needed

Make sure your billing staff knows about:

- The 2022 and 2023 updates of the [Medicare Benefit Policy Manual, Chapter 13](#)
- All other revisions clarifying existing policy

Background

The 2022 and 2023 update of the Medicare Benefit Policy Manual, Chapter 13 gives information revised or clarified for RHCs and FQHCs.

Key updates are:

- Effective January 1, 2022, a mental health visit may be a face-to-face encounter or an encounter provided using interactive, real-time, audio and video telecommunications technology or audio-only interactions where the patient isn't capable of, or doesn't consent to, the use of video technology for the purposes of diagnosis, evaluation, or treatment of a mental health disorder
- Effective January 1, 2022, RHCs and FQHCs can bill Transitional Care Management and general care management services provided for the same patient during the same service period if the RHC or FQHC meets the requirements for billing each code.
- An RHC and FQHC visit may include the location of the patient during a hospice election, including a patient's residence or a Medicare-certified facility

- A physician, nurse practitioner, or physician assistant who works for an RHC or FQHC may provide hospice attending services during a time when they aren't working for the RHC or FQHC (unless prohibited by their RHC or FQHC contract or employment agreement)
- RHC and FQHC services include COVID-19 vaccinations and covered monoclonal antibody products used as pre-exposure prophylaxis prevention of COVID-19
- The in-person visit requirements for mental health telehealth services and mental health visits provided by RHCs and FQHCs start on January 1, 2025
- RHC and FQHC services include chronic pain management (CPM)
- Effective January 1, 2023, RHCs and FQHCs are paid for CPM services when a minimum of 30 minutes of qualifying non-face-to-face CPM services are provided during a calendar month
- Medicare pays Chronic Care Management (CCM), Principal Care Management (PCM), CPM, and general Behavioral Health Integration (BHI) services provided as of January 1, 2023, at the average of the national non-facility physician fee schedule payment rate for CPT codes 99490, 99487, 99484, 99491, 99424, and 99426 when general care management HCPCS code G0511 is on an RHC or FQHC claim, either alone or with other payable services
- The national statutory payment limit for RHCs in 2022 is \$113 and in 2023 is \$126 (See MLN Matters Article [MM12999](#) for more details on payments for independent and provider-based RHCs in a hospital with 50 or more beds.)

More Information

We issued CR 13063 to your MAC as the official instruction for this change. The manual Chapter 13 update is part of the CR.

For more information, [find your MACs' website](#).

Document History

Date of Change	Description
January 27, 2023	Initial article released.

[Medicare Learning Network® Content & Product Disclaimer, and Department of Health & Human Services Disclosure](#)

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

CPT only copyright 2022 American Medical Association. All rights reserved.