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

Related CR Release Date: March 20, 2025	**MLN Matters Number:** MM13946
Effective Date: January 1, 2025	**Related Change Request (CR) Number:** CR 13946
Implementation Date: April 21, 2025	**Related CR Transmittal Number:** R13133BP
Related CR Title: Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update	

Affected Providers

- Rural health clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

Action Needed

Make sure your billing staff knows about:

- The 2025 updates to the Medicare Benefit Policy Manual, Chapter 13
- All other revisions clarifying existing policy

Background

The 2025 update of the Medicare Benefit Policy Manual, Chapter 13 revises and clarifies payment policy information for RHCs and FQHCs.

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Key Updates

- An RHC must:
  - Provide outpatient health and primary care services
  - Provide on-site laboratory tests that include stick or tablet urine examine or both
  - Be capable of collecting patient specimens to send to a certified lab for culturing
- An intensive outpatient program (IOP) service or a dental visit on the same day as a medical visit with 1 or more RHC or FQHC providers may count as 2 visits.
- RHC and FQHC preventive services include Drugs Covered as Additional Preventive Services (DCAPS).
  - We pay for DCAPS drugs and related supply & administration fees at 100% of the Medicare payment amount, and we waive patient coinsurance and deductible
  - These services are separately billable, and we pay on a claim-by-claim basis so they don't affect any other claims you bill on the same day
- Starting January 1, 2025, RHCs and FQHCs must include costs for hepatitis B vaccines on their annual cost reports.
- We no longer require RHC productivity standards starting with cost reporting periods ending after December 31, 2024.
- RHCs and FQHCs can provide dental services that are inextricably linked to medical services we cover in the physician office setting. We consider these dental services as a qualifying RHC or FQHC visit and pay them at the RHC All-Inclusive-Rate or FQHC Prospective Payment System payment rate.
- RHCs and FQHCs can continue to bill for non-behavioral health telehealth services by reporting HCPCS code G2025, including services you provide using audio-only technology, through December 31, 2025.
- We include Principal Illness Navigation Peer-Support and Advanced Primary Care Management in RHC's and FQHC's care coordination services (formerly care management services).
- Starting January 1, 2025, we require RHCs and FQHCs to bill the individual CPT or HCPCS base and add-on codes for each care coordination service you provide, instead of billing HCPCS code G0511. See the Medicare Benefit Policy Manual, Chapter 13, section 230.3 for a current list of the care coordination base and add-on codes. RHCs and FQHCs have until July 1, 2025, to update their billing systems.
- Starting January 1, 2025, we pay RHCs and FQHCs for 4 or more IOP services based on the outpatient hospital rate.

More Information

We issued CR 13946 to your Medicare Administrative Contractor (MAC) as the official instruction for this change. For more information, find your MAC's website.

Document History

Date of Change	Description
March 21, 2025	Initial article released.