

# National RHC Updates – How the CMS Final Rules Impact RHCs February 2024 – Michigan



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# The National Association of Rural Health Clinics (NARHC)

- The National Association of Rural Health Clinics mission is to educate and advocate for Rural Health Clinics, enhancing their ability to deliver cost-effective, quality health care to patients in rural, underserved communities.
- **Education:** Technical Assistance, Conferences, NARHC Academy (Intro to RHCs, Certified Rural Health Clinic Professionals (CRHCP))
- **Advocacy:** Regulatory and Legislative; Fellowship



# 2024 Special Payment Codes and Rates

Code	Description	2023	2024
G0511	General Care Management	\$77.94	\$71.71
G0512	Psychiatric Care Management	\$146.73	\$144.07
G0071	Digital E-Visit	\$23.72	\$13.10
G2025	Telehealth Visit	\$98.27	\$95.29
Q3014	Originating Site	\$28.64	\$29.96

<https://www.cms.gov/center/provider-type/rural-health-clinics-center>



# New Medicare Billable Providers in RHCs

- Marriage and Family Therapist (MFT)
  - An individual who:
    - Possesses a master's or doctor's degree which qualifies for licensure or certification as a MFT pursuant to State law of the State in which such individual furnishes marriage and family therapist services;
    - Is licensed or certified as a MFT by the State in which such individual furnishes such services;
    - After obtaining such degree has performed at least 2 years (or 3,000 hours) of clinical supervised experience in marriage and family therapy; and
    - Meets such other requirements as specified by the Secretary.
- Mental Health Counselor (MHC)\*
  - An individual who:
    - Possesses a master's or doctor's degree which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, or professional counselor under State law of the State in which such individual furnishes MHC services;
    - Is licensed or certified as a mental health counselor, clinical professional counselor, or professional counselor by the State in which the services are furnished;
    - After obtaining such degree has performed at least 2 years (or 3,000 hours) of clinical supervised experience in mental health counseling; and
    - Meets such other requirements as specified by the Secretary.

**\*Addiction counselors who meet all applicable requirements can also enroll as Medicare providers under MHC category.**

# New Medicare Billable Providers in RHCs – Marriage and Family Therapists/Mental Health Counselors

[§405.2401](#) Scope and definitions

§405.2411 Scope of benefits

§405.2415 Incident to services and direct supervision

§405.2463 What constitutes a visit

§405.2468 Allowable costs

§491.8 Staffing and staff responsibilities



MFTs and MHCs can generate a Medicare encounter, reimbursable at the RHC's All-Inclusive Rate (AIR). They will be subject to the same policies as a PA, NP, CNM, CP, and CSW in the RHC. These provider types may serve as the RHC owner or an employee, or be under contract. Additionally, MFTs and MHCs can fulfill the requirement that a provider must be available to furnish care at all times the clinic is open. Enrollment details can be found [here](#).



# Intensive Outpatient Program (IOP) Services

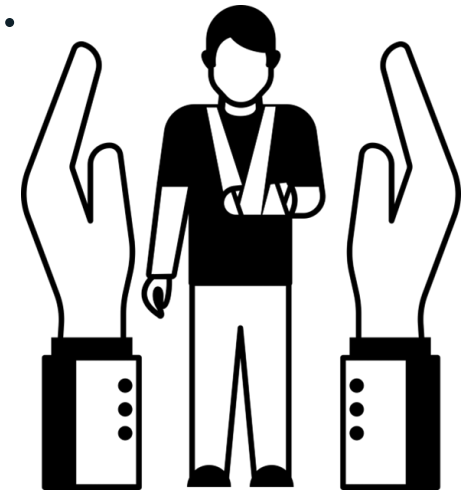
## Quick Details:

- New behavioral health treatment category billable in RHCs beginning January 1, 2024
- Intended for patients with an acute mental illness (including depression, schizophrenia, substance use disorders, etc.) that need between 9-19 hours of care per week
  - Higher level of care than occasional outpatient visit; less intensive than partial hospitalization programs
  - These services are to be provided in person
- Reimburses through a "special payment rule," not the AIR/encounter rate
  - \$259.40 per patient per day
  - Reimbursement corresponds to 3\* distinct, qualifying services per day
  - Costs associated with IOP services must be carved out of RHC cost report
- An IOP service and a separate mental health encounter would not be eligible for same day billing (RHC All-Inclusive Rate reimbursement plus \$259.40). However, RHCs could bill for IOP services and a separate medical visit for the same patient on the same day when appropriate

**Three (or fewer services per day) would accommodate occasional instances when a patient is unable to complete a full day of PHP or IOP. CMS expects that days with fewer than three services would be very infrequent and intends to monitor the provision of these days among providers and individual patients. More information can be found [here](#).**

# Major Changes to Care Management Services (G0511)

- Adding in four new buckets of care management:
  - Remote Physiologic Monitoring (RPM)
  - Remote Therapeutic Monitoring (RTM)
  - Community Health Integration (CHI)
  - Principal Illness Navigation (PIN)
- Allowing multiple G0511s per patient per month
  - **Still waiting additional guidance from CMS**



# 2023 Care Management (G0511) Codes

Physician Fee Schedule Code	Description
G0323	General Behavioral Health Integration (BHI)
99487	Complex CCM (over 60 minutes of care management per month)
99490	Basic CCM (20 minutes of care management)
99491	30 minutes or more of CCM furnished by a physician or other qualified health professional
99424	30 minutes or more of Principal Care Management furnished by physicians or non-physician practitioners
99426	30 minutes or more of PCM services furnished by clinical staff under the supervision of a physician or non-physician practitioner
G3002	Chronic Pain Management and treatment first 30 minutes
G3003	Chronic Pain Management (each additional 15 minutes)





# 2024 Care Management Codes:

- **BOLD** = New for 2024

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99424	30 minutes or more of Principal Care Management furnished by physicians or non-physician practitioners
99426	30 minutes or more of PCM services furnished by clinical staff under the supervision of a physician or non-physician practitioner
G3002	Chronic pain management first 30 minutes
G3003	Chronic Pain Management (each additional 15 minutes)
<b>99453</b>	<b>Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment</b>
<b>99454</b>	<b>Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days</b>
<b>99457</b>	<b>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes</b>
<b>99458</b>	<b>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes</b>
<b>99091</b>	<b>Collection and interpretation of physiologic data (e.g. Blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days</b>
<b>98975</b>	<b>Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment</b>
<b>98976</b>	<b>Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days</b>
<b>98977</b>	<b>Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days</b>
<b>98980</b>	<b>Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes</b>
<b>98981</b>	<b>Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes</b>
<b>G0019</b>	<b>Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting ability to diagnose or treat problem(s) addressed in an initiating E/M visit</b>
<b>G0022</b>	<b>Community health integration services, each additional 30 minutes per calendar month</b>
<b>G0023</b>	<b>Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist; 60 minutes per calendar month,</b>
<b>G0024</b>	<b>Principal Illness Navigation services, additional 30 minutes per calendar month</b>



# NARHC 2024 Policy Survey

- One of the best ways to help NARHC and the RHC program
- Data is a tool that we need to make smart policy
- RHCs have less data than other programs
- This survey will help us answer key questions such as:
  - What is the scale of the RHC program?
  - What is the status of telehealth adoption in RHCs?
  - What is the RHC payer mix and is it shifting?
  - How is the growth of Medicare Advantage impacting RHCs?



# 2024 NARHC Policy Summit

- **Learn how to be an effective advocate from:**
  - NARHC D.C. staff
  - Administration officials, and
  - Congressional staff
- **Network with other RHC advocates**
- **Use your voice on Capitol Hill during meetings with your Senators and Representatives:**
  - Educate on the RHC program and the 37 million patients it serves
  - Advance NARHC's priorities while telling your clinic's story

**June 25-26, 2024  
Washington, D.C.**



# Policy Summit Schedule of Events

**June 25, 2024**  
**3:00PM – 9:00PM**

Policy Summit Conference / Evening Reception and Dinner

**June 26, 2024**  
**Meeting Times will Vary**

"Day on the Hill" Congressional Meetings



**Registration is open now for the first 50 attendees:**

<https://www.eventcreate.com/e/narhcsummit>

No registration fee; attendees are responsible for travel and lodging costs.



# Stay “In the Know” on RHC Issues

- [NARHC.org](https://www.narhc.org)
  - Email Listserv
  - Discussion Forum
  - News Tab
  - Resources Tab
    - TA Webinars
    - Policy and Advocacy
- [State rural health organizations & offices of rural health](#)
- [Federal Office of Rural Health Policy \(FORHP\) Weekly Updates](#)
- [RHlhub](#)
- [CMS RHC Center](#)





Questions?

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