

## RURAL HEALTH CLINICS (RHC)

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ND Medicaid covers services provided by enrolled Rural Health Clinics (RHCs) that are certificated by the Center for Medicare and Medicaid Services (CMS).

### DEFINITIONS

*Encounter* in this policy is defined as a face-to-face or synchronous telehealth visit with the member during which a qualifying RHC service is rendered.

### COVERED SERVICES

Payment to RHCs for covered services furnished to members is an all-inclusive rate for each encounter. RHCs may furnish services that qualify as an encounter. Each encounter includes services and supplies incident to the service.

Radiology and labs performed by the RHC are part of the encounter rate. See Billing and Reimbursement section of this policy for more information.

See [Telehealth policy](#) for additional information on services rendered via telehealth. A copy of [Telehealth Approved Services](#) can be found on the website.

### Service Location

Services can be rendered at one of the following locations:

- The RHC,
- The member's residence, including skilled nursing facilities and assisted living facilities, and
- The scene of an accident.

RHC services cannot be rendered at:

- An inpatient or outpatient hospital department including a critical access hospital,
- Emergency room, and
- A facility with specific requirements precluding RHC visits.

### Incident-to Services

If the only services rendered during a visit are "incident to" services, the visit does not qualify for claiming of an encounter. Services provided "incident to" are included in the encounter and cannot be billed separately (e.g. laboratory services, x-rays, and procedures performed during the visit).

Lab or x-ray services with no face-to-face visit with a qualifying provider are not reimbursed separately from the original encounter from which these tests or services were ordered.

An **encounter** may occur with the following practitioners:

- Physician
- Physician Assistant
- Nurse Midwife
- Visiting Nurse\*
- Nurse Practitioner
- Clinical (Licensed) Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Licensed Marriage and Family Therapist
- Licensed Addiction Counselor

Visiting nurse services are skilled nursing services both reasonable and necessary to diagnose and treat a patient's medical condition per the determination of the primary care provider. The patient must be considered homebound, and services must be provided under a written treatment plan. Nursing care must be furnished by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).

## **VACCINES**

Refer to the [Immunizations policy](#) for additional information on immunizations and immunization administration.

Vaccines administered in conjunction with a medical encounter are considered incident to the medical encounter and neither the vaccine nor the vaccine administration will be reimbursed in addition to a medical encounter.

When the only service provided is a vaccine:

- The vaccine administration can be billed, but an encounter cannot be billed. The vaccine administration must be billed using Revenue Code 0771 (Vaccine administration) along with the appropriate CPT code. The claim must include Revenue Code 0636 (Drugs requiring detailed coding) and the appropriate CPT code for the vaccine.
- If the vaccine is supplied by the Vaccine for Children (VFC) program, ND Medicaid will not make payment for the vaccine. ND Medicaid will only make payment for the vaccine administration; however, the claim must include

Revenue Code 0636 (Drugs requiring detailed coding) and the appropriate CPT code for the vaccine. If the vaccine is not supplied by the VFC program and is currently covered by ND Medicaid, the vaccine will be reimbursed according to the Medicaid fee schedule using the appropriate CPT code.

**BILLING AND REIMBURSEMENT**

Effective July 1, 2024, all RHCs must report all services provided during the encounter visit on the claim. Services that do not generate an encounter payment must be submitted for quality reporting and informational purposes.

For each service, submit a separate claim line with the appropriate revenue code and procedure code along with the date of service. The provider must submit each claim line with their usual charges for the services.

Make sure to use the appropriate revenue code. For example, do not submit a vaccine administration code with revenue code 0521. Vaccine administration must be submitted with revenue code 0771.

When submitting claims for more than one encounter for a member on the same day, the RHC must bill the correct revenue code for each encounter and include the appropriate diagnosis codes (when applicable) on each claim.

When multiple encounters are rendered on the same calendar day for separate diagnoses, report the second encounter with modifier 59.

Claims must be submitted using the following Revenue Codes when billing for:

Revenue Code <b>0521</b>	Clinic Visit by Member to RHC/FQHC
Revenue Code <b>0522</b>	Home Visit by RHC/FQHC Practitioner
Revenue Code <b>0524</b>	Visit by RHC/FQHC practitioner to a member in a covered Part A stay at a skilled nursing facility (SNF)
Revenue Code <b>0525</b>	Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) of NF or ICF/MR or other residential facility

**NONCOVERED SERVICES**

Providers should refer to the Noncovered Medicaid Services [policy](#).