

Rural Health Clinic (RHC) Qualifying Visit List

(3-24-16)

The RHC Qualifying Visit List is updated to include additional medically-necessary billable visits, effective April 1, 2016, but not payable until October 1, 2016. RHCs should hold claims for these billable visits added to the RHC Qualifying Visit List until October 1, when RHCs can bill these claims for payment.

Beginning on April 1, 2016, RHCs are required to report the appropriate HCPCS (Healthcare Common Procedure Coding System) code for each service line along with revenue code on their Medicare claims. Services furnished through March 31, 2016, should be billed without a HCPCS code under the previous guidelines.

RHC Visits

An RHC visit is defined as 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 an RHC practitioner during which time one or more RHC services are furnished. A Transitional Care Management service can also be an RHC visit.

Qualified preventive health services include the IPPE, the AWW, and other Medicare covered preventive services recommended by the USPSTF with a grade of A or B. For a complete list of preventive services and their coinsurance and deductible requirements, see the “RHC Preventive Services Chart” on the [CMS RHC center webpage](#).

To qualify for Medicare payment, all the coverage requirements for a RHC visit must be met. A RHC visit must be furnished in accordance with the applicable regulations at 42 CFR Part 405 Subpart X, including 42 CFR 405.2463 that describes what constitutes a visit. For additional information on RHC policies and requirements, see the “Medicare Benefit Policy Manual,” [Chapter 13](#).

Qualifying Visits

A RHC visit must include one of the services listed on the *RHC Qualifying Visit List*, which is shown below. Updates to the qualifying visit list are made on a quarterly basis, if needed, and posted on the [CMS RHC center webpage](#). RHCs can subscribe to the center page for email updates.

The total charges for the encounter must be included on the qualifying visit line, minus any charge for an approved preventive service. Payment and applicable coinsurance and/or deductible shall be based upon the qualifying visit line. All other RHC services furnished during the encounter are also reported with a charge.

Medical Services

HCPCS Code	Short Descriptor
<i>10040¹</i>	<i>Acne surgery</i>
<i>10060¹</i>	<i>Drainage of skin abscess</i>
<i>10061¹</i>	<i>Drainage of skin abscess</i>
<i>10080¹</i>	<i>Drainage of pilonidal cyst</i>
<i>10081¹</i>	<i>Drainage of pilonidal cyst</i>
<i>10120¹</i>	<i>Remove foreign body</i>
<i>10121¹</i>	<i>Remove foreign body</i>
<i>10140¹</i>	<i>Drainage of hematoma/fluid</i>
<i>10160¹</i>	<i>Puncture drainage of lesion</i>
<i>11000¹</i>	<i>Debride infected skin</i>
<i>11010¹</i>	<i>Debride skin at fx site</i>
<i>11011¹</i>	<i>Debride skin musc at fx site</i>
<i>11042¹</i>	<i>Deb subq tissue 20 sq cm/<</i>
<i>11055¹</i>	<i>Trim skin lesion</i>
<i>11056¹</i>	<i>Trim skin lesions 2 to 4</i>
<i>11057¹</i>	<i>Trim skin lesions over 4</i>
<i>11100¹</i>	<i>Biopsy skin lesion</i>
<i>11200¹</i>	<i>Removal of skin tags <w/15</i>
<i>11300¹</i>	<i>Shave skin lesion 0.5 cm/<</i>
<i>11301¹</i>	<i>Shave skin lesion 0.6-1.0 cm</i>
<i>11302¹</i>	<i>Shave skin lesion 1.1-2.0 cm</i>
<i>11303¹</i>	<i>Shave skin lesion >2.0 cm</i>
<i>11305¹</i>	<i>Shave skin lesion 0.5 cm/<</i>
<i>11306¹</i>	<i>Shave skin lesion 0.6-1.0 cm</i>
<i>11307¹</i>	<i>Shave skin lesion 1.1-2.0 cm</i>
<i>11308¹</i>	<i>Shave skin lesion >2.0 cm</i>
<i>11310¹</i>	<i>Shave skin lesion 0.5 cm/<</i>
<i>11311¹</i>	<i>Shave skin lesion 0.6-1.0 cm</i>
<i>11312¹</i>	<i>Shave skin lesion 1.1-2.0 cm</i>
<i>11313¹</i>	<i>Shave skin lesion >2.0 cm</i>
<i>11400¹</i>	<i>Exc tr-ext b9+marg 0.5 cm<</i>
<i>11401¹</i>	<i>Exc tr-ext b9+marg 0.6-1 cm</i>
<i>11402¹</i>	<i>Exc tr-ext b9+marg 1.1-2 cm</i>
<i>11403¹</i>	<i>Exc tr-ext b9+marg 2.1-3cm/<</i>
<i>11404¹</i>	<i>Exc tr-ext b9+marg 3.1-4 cm</i>
<i>11406¹</i>	<i>Exc tr-ext b9+marg >4.0 cm</i>
<i>11420¹</i>	<i>Exc h-f-nk-sp b9+marg 0.5/<</i>
<i>11421¹</i>	<i>Exc h-f-nk-sp b9+marg 0.6-1</i>

HCPCS Code	Short Descriptor
11422 ¹	<i>Exc h-f-nk-sp b9+marg 1.1-2</i>
11423 ¹	<i>Exc h-f-nk-sp b9+marg 2.1-3</i>
11424 ¹	<i>Exc h-f-nk-sp b9+marg 3.1-4</i>
11426 ¹	<i>Exc h-f-nk-sp b9+marg >4 cm</i>
11440 ¹	<i>Exc face-mm b9+marg 0.5 cm/<</i>
11441 ¹	<i>Exc face-mm b9+marg 0.6-1 cm</i>
11442 ¹	<i>Exc face-mm b9+marg 1.1-2 cm</i>
11443 ¹	<i>Exc face-mm b9+marg 2.1-3 cm</i>
11444 ¹	<i>Exc face-mm b9+marg 3.1-4 cm</i>
11446 ¹	<i>Exc face-mm b9+marg >4 cm</i>
11450 ¹	<i>Removal sweat gland lesion</i>
11600 ¹	<i>Exc tr-ext mal+marg 0.5 cm/<</i>
11601 ¹	<i>Exc tr-ext mal+marg 0.6-1 cm</i>
11602 ¹	<i>Exc tr-ext mal+marg 1.1-2 cm</i>
11603 ¹	<i>Exc tr-ext mal+marg 2.1-3 cm</i>
11604 ¹	<i>Exc tr-ext mal+marg 3.1-4 cm</i>
11606 ¹	<i>Exc tr-ext mal+marg >4 cm</i>
11620 ¹	<i>Exc h-f-nk-sp mal+marg 0.5/<</i>
11621 ¹	<i>Exc s/n/h/f/g mal+mrg 0.6-1</i>
11622 ¹	<i>Exc s/n/h/f/g mal+mrg 1.1-2</i>
11623 ¹	<i>Exc s/n/h/f/g mal+mrg 2.1-3</i>
11624 ¹	<i>Exc s/n/h/f/g mal+mrg 3.1-4</i>
11626 ¹	<i>Exc s/n/h/f/g mal+mrg >4 cm</i>
11640 ¹	<i>Exc f/e/e/n/l mal+mrg 0.5cm<</i>
11641 ¹	<i>Exc f/e/e/n/l mal+mrg 0.6-1</i>
11642 ¹	<i>Exc f/e/e/n/l mal+mrg 1.1-2</i>
11643 ¹	<i>Exc f/e/e/n/l mal+mrg 2.1-3</i>
11644 ¹	<i>Exc f/e/e/n/l mal+mrg 3.1-4</i>
11646 ¹	<i>Exc f/e/e/n/l mal+mrg >4 cm</i>
11719 ¹	<i>Trim nail(s) any number</i>
11720 ¹	<i>Debride nail 1-5</i>
11721 ¹	<i>Debride nail 6 or more</i>
11730 ¹	<i>Removal of nail plate</i>
11740 ¹	<i>Drain blood from under nail</i>
11750 ¹	<i>Removal of nail bed</i>
11752 ¹	<i>Remove nail bed/tip</i>
11755 ¹	<i>Biopsy nail unit</i>
11760 ¹	<i>Repair of nail bed</i>
11762 ¹	<i>Reconstruction of nail bed</i>
11765 ¹	<i>Excision of nail fold toe</i>

HCPCS Code	Short Descriptor
12001 ¹	<i>Rpr s/n/ax/gen/trnk 2.5cm/<</i>
12002 ¹	<i>Rpr s/n/ax/gen/trnk2.6-7.5cm</i>
12004 ¹	<i>Rpr s/n/ax/gen/trk7.6-12.5cm</i>
12005 ¹	<i>Rpr s/n/a/gen/trk12.6-20.0cm</i>
12006 ¹	<i>Rpr s/n/a/gen/trk20.1-30.0cm</i>
12007 ¹	<i>Rpr s/n/ax/gen/trnk >30.0 cm</i>
12011 ¹	<i>Rpr f/e/e/n/l/m 2.5 cm/<</i>
12013 ¹	<i>Rpr f/e/e/n/l/m 2.6-5.0 cm</i>
12014 ¹	<i>Rpr f/e/e/n/l/m 5.1-7.5 cm</i>
12015 ¹	<i>Rpr f/e/e/n/l/m 7.6-12.5 cm</i>
12016 ¹	<i>Rpr fe/e/en/l/m 12.6-20.0 cm</i>
12017 ¹	<i>Rpr fe/e/en/l/m 20.1-30.0 cm</i>
12018 ¹	<i>Rpr f/e/e/n/l/m >30.0 cm</i>
12020 ¹	<i>Closure of split wound</i>
12021 ¹	<i>Closure of split wound</i>
12031 ¹	<i>Intmd rpr s/a/t/ext 2.5 cm/<</i>
12032 ¹	<i>Intmd rpr s/a/t/ext 2.6-7.5</i>
12034 ¹	<i>Intmd rpr s/tr/ext 7.6-12.5</i>
12035 ¹	<i>Intmd rpr s/a/t/ext 12.6-20</i>
12036 ¹	<i>Intmd rpr s/a/t/ext 20.1-30</i>
12037 ¹	<i>Intmd rpr s/tr/ext >30.0 cm</i>
12041 ¹	<i>Intmd rpr n-hf/genit 2.5cm/<</i>
12042 ¹	<i>Intmd rpr n-hf/genit2.6-7.5</i>
12044 ¹	<i>Intmd rpr n-hf/genit7.6-12.5</i>
12045 ¹	<i>Intmd rpr n-hf/genit12.6-20</i>
12046 ¹	<i>Intmd rpr n-hf/genit20.1-30</i>
12047 ¹	<i>Intmd rpr n-hf/genit >30.0cm</i>
12051 ¹	<i>Intmd rpr face/mm 2.5 cm/<</i>
12052 ¹	<i>Intmd rpr face/mm 2.6-5.0 cm</i>
12053 ¹	<i>Intmd rpr face/mm 5.1-7.5 cm</i>
12054 ¹	<i>Intmd rpr face/mm 7.6-12.5cm</i>
12055 ¹	<i>Intmd rpr face/mm 12.6-20 cm</i>
12056 ¹	<i>Intmd rpr face/mm 20.1-30.0</i>
12057 ¹	<i>Intmd rpr face/mm >30.0 cm</i>
17000 ¹	<i>Destruct premalg lesion</i>
17003 ¹	<i>Destruct premalg les 2-14</i>
17004 ¹	<i>Destroy premal lesions 15/></i>
17106 ¹	<i>Destruction of skin lesions</i>
17107 ¹	<i>Destruction of skin lesions</i>
17108 ¹	<i>Destruction of skin lesions</i>

HCPCS Code	Short Descriptor
17110 ¹	<i>Destruct b9 lesion 1-14</i>
17111 ¹	<i>Destruct lesion 15 or more</i>
17250 ¹	<i>Chemical cautery tissue</i>
17260 ¹	<i>Destruction of skin lesions</i>
17261 ¹	<i>Destruction of skin lesions</i>
17262 ¹	<i>Destruction of skin lesions</i>
17263 ¹	<i>Destruction of skin lesions</i>
17264 ¹	<i>Destruction of skin lesions</i>
17266 ¹	<i>Destruction of skin lesions</i>
17270 ¹	<i>Destruction of skin lesions</i>
17271 ¹	<i>Destruction of skin lesions</i>
17272 ¹	<i>Destruction of skin lesions</i>
17273 ¹	<i>Destruction of skin lesions</i>
17274 ¹	<i>Destruction of skin lesions</i>
17276 ¹	<i>Destruction of skin lesions</i>
17280 ¹	<i>Destruction of skin lesions</i>
17281 ¹	<i>Destruction of skin lesions</i>
17282 ¹	<i>Destruction of skin lesions</i>
17283 ¹	<i>Destruction of skin lesions</i>
17284 ¹	<i>Destruction of skin lesions</i>
17286 ¹	<i>Destruction of skin lesions</i>
20500 ¹	<i>Injection of sinus tract</i>
20501 ¹	<i>Inject sinus tract for x-ray</i>
20520 ¹	<i>Removal of foreign body</i>
20525 ¹	<i>Removal of foreign body</i>
20526 ¹	<i>Ther injection carp tunnel</i>
20527 ¹	<i>Inj dupuytren cord w/enzyme</i>
20550 ¹	<i>Inj tendon sheath/ligament</i>
20551 ¹	<i>Inj tendon origin/insertion</i>
20552 ¹	<i>Inj trigger point 1/2 muscl</i>
20553 ¹	<i>Inject trigger points 3/></i>
20600 ¹	<i>Drain/inj joint/bursa w/o us</i>
20604 ¹	<i>Drain/inj joint/bursa w/us</i>
20605 ¹	<i>Drain/inj joint/bursa w/o us</i>
20606 ¹	<i>Drain/inj joint/bursa w/us</i>
20610 ¹	<i>Drain/inj joint/bursa w/o us</i>
20611 ¹	<i>Drain/inj joint/bursa w/us</i>
20612 ¹	<i>Aspirate/inj ganglion cyst</i>
20615 ¹	<i>Treatment of bone cyst</i>
92002	Eye exam new patient

HCPCS Code	Short Descriptor
92004	Eye exam new patient
92012	Eye exam establish patient
92014	Eye exam&tx estab pt 1/>vst
<i>97597¹</i>	<i>Rmvl devital tis 20 cm/<</i>
<i>97602¹</i>	<i>Wound(s) care non-selective</i>
<i>98940¹</i>	<i>Chiropract manj 1-2 regions</i>
<i>98941¹</i>	<i>Chiropract manj 3-4 regions</i>
<i>98942¹</i>	<i>Chiropractic manj 5 regions</i>
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99315	Nursing fac discharge day
99316	Nursing fac discharge day
99318	Annual nursing fac assessmnt
99324	Domicil/r-home visit new pat
99325	Domicil/r-home visit new pat
99326	Domicil/r-home visit new pat
99327	Domicil/r-home visit new pat
99328	Domicil/r-home visit new pat
99334	Domicil/r-home visit est pat
99335	Domicil/r-home visit est pat
99336	Domicil/r-home visit est pat
99337	Domicil/r-home visit est pat
99341	Home visit new patient
99342	Home visit new patient
99343	Home visit new patient
99344	Home visit new patient

HCPCS Code	Short Descriptor
99345	Home visit new patient
99347	Home visit est patient
99348	Home visit est patient
99349	Home visit est patient
99350	Home visit est patient
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min

¹ This billable visit is effective on April 1, 2016, but will receive payment beginning on October 1, 2016.

Approved Preventive Health Services

HCPCS Code	Short Descriptor
G0101	Ca screen; pelvic/breast exam
G0102*	Prostate ca screening; dre
G0117*	Glaucoma scrn hgh risk direc
G0118*	Glaucoma scrn hgh risk direc
G0296	Visit to determ LDCT elig
G0402	Initial preventive exam
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel >10
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30 min
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15 min
Q0091	Obtaining screen pap smear

****Coinsurance and deductible are not waived***

Mental Health Services

HCPCS Code	Short Descriptor
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
90832	Psytx pt&/family 30 minutes
90834	Psytx pt&/family 45 minutes

HCPCS Code	Short Descriptor
90837	Psytx pt&/family 60 minutes
90839	Psytx crisis initial 60 min
90845	Psychoanalysis

Effective January 1, 2016 CPT code 99490 (chronic care management) is paid based on the Medicare Physician Fee Schedule (MPFS) national average non-facility payment rate when CPT code 99490 is billed alone or with other payable services on a RHC claim.