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# Medicare Rural Health Clinic and Federally Qualified Health Centers

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
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## **NEW/REVISED MATERIAL--*EFFECTIVE DATE: Not Applicable***

Chapter III, Agreements and Terminations; Chapter IV, Coverage and Exclusions; Chapter V, Payment; and Chapter VI, Identifying Medicare Beneficiaries are being deleted and the related instructions are issued in the CMS Manual System in the Medicare Claims Processing Manual, CMS Pub. 100-4. The tables of contents are replaced with a crosswalk from the old RHC/FQHC Manual to the related instruction in the Internet-only manual (IOM). If the material from the old RHC/FQHC Manual is no longer applicable, we indicate that it was not moved to the IOM by entering “deleted” in the crosswalk. For each included cross-reference, we provide the old manual number and the IOM number (e.g., CMS Pub. 100-4 for the Medicare Claims Processing Manual), and the IOM chapter and section (§) numbers.

The CMS Manual System can be found at <http://www.cms.hhs.gov/manuals>

**These instructions should be implemented within your current operating budget.**

## CHAPTER III - AGREEMENTS AND TERMINATIONS

**NOTE:** Chapter III has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Filing and Duration of Agreements		
Filing Procedures	RHC-310	100-4, 9-§200-200.1
Duration of RHC/FQHC Agreement	RHC-311	100-4, 9-§200.2
Appeals by Entities With Respect to Agreements (Certification)	RHC-313	100-4, 9-§200.3
Content and Terms of Agreement		
Maintenance of Compliance	RHC-320	100-4, 9-§210
Charges to Beneficiaries	RHC-321	100-4, 9-§210.1
Refunds to Beneficiaries	RHC-322	100-4, 9-§210.2
Treatment of Beneficiaries	RHC-323	100-4, 9-§210.3
Termination of Agreement		
Termination by Clinic or Center	RHC-330	100-4, 9-§220.1
Termination by HCFA	RHC-331	100-4, 9-§220.2
Effect of Termination	RHC-332	100-4, 9-§220.3
Notice to the Public	RHC-333	100-4, 9-§220.4
Conditions for Reinstatement of Clinic or Center Terminated by HCFA	RHC-334	100-4, 9-§220.5

## CHAPTER IV - COVERAGE AND EXCLUSIONS

**NOTE:** Chapter IV has been moved to the new CMS Manual System, in the Medicare Benefit Policy Manual (CMS Pub. 100-2) and the Medicare Secondary Payer Manual (CMS Pub. 100-5). The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Covered Services		
Rural Health Clinic (RHC) and Federally Qualified Health Center Services (FQHC) Defined	RHC-400	100-2, 13-§10, 20, 30.1, 30.2
Payment	RHC-401	
Services Furnished by RHCs and FQHCs Which Are Not RHC/FQHC Services	RHC-402	100-2, 13-§30.3
Preventive Primary Services Which Are Federally Qualified Health Center Services	RHC-404	100-2, 13-§40
Primary Preventive Services Defined	RHC-404.1	100-2, 13-§40.1
Preventive Services Excluded Under FQHC Benefit	RHC-404.2	100-2, 13-§40.2
Physician Services	RHC-405	100-2, 13-§50
Definition	RHC-405.1	100-2, 13-§50.1
Telephone Services	RHC-405.2	100-2, 13-§50.2
Prescription Service	RHC-405.3	100-2, 13-§50.3
Physician Services as Rural Health Clinic Services	RHC-405.6	100-2, 13-§50.4
Consultations	RHC-405.7	100-2, 13-§50.5
Concurrent Care	RHC-405.8	100-2, 13-§50.6
Services and Supplies Furnished Incident to Physicians' Services	RHC-406	100-2, 13-§60
Incidental and Integral Part of Physicians' Professional Services	RHC-406.1	100-2, 13-§60.1
Commonly Furnished in Physician's Offices	RHC-406.2	100-2, 13-§60.2
Direct Personal Supervision	RHC-406.3	100-2, 13-§60.3
Clinic or Center Employee	RHC-406.4	100-2, 13-§60.4
Clinic or Center Expense	RHC-406.5	100-2, 13-§60.5
Incident to a Physician's Service in Physician-Directed RHC or FQHC	RHC-406.6	100-2, 13-§60.6
Coverage of Services and Supplies	RHC-406.7	100-2, 13-§60.7
Nurse Practitioner and Physician Assistant Services	RHC-408	100-2, 13-§70

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Basic Requirements	RHC-408.1	100-2, 13-§70.1
Services Covered	RHC-408.2	100-2, 13-§70.2
Services by Nurse Practitioners, Physician Assistants, and Nurse Midwives as RHC/FQHC Services	RHC-408.3	100-2, 13-§70.3
Effect of State Law	RHC-408.4	100-2, 13-§70.4
Effect of Clinic or Center Policies	RHC-408.5	100-2, 13-§70.5
Physician Supervision	RHC-408.6	100-2, 13-§70.6
Services and Supplies Incident to Nurse Practitioner's or Physician Assistant's Services	RHC-410	100-2, 13-§80
Basic Requirements	RHC-410.1	100-2, 13-§80.1
General - Scope of Coverage	RHC-410.2	100-2, 13-§80.2
Direct, Personal Supervision	RHC-410.3	100-2, 13-§80.3
Conditions for Coverage of Visiting Nurse Services	RHC-412	100-2, 13-§90
General Requirements	RHC-412.1	100-2, 13-§90.1
Shortage of Home Health Agencies	RHC-412.2	100-2, 13-§90.2
Services Are Furnished to Homebound Patients	RHC-412.3	100-2, 13-§90.3
Patient's Place of Residence	RHC-412.4	100-2, 13-§90.4
Services Furnished by Licensed Nurse	RHC-412.5	100-2, 13-§90.5
Services Furnished Under Plan of Treatment	RHC-412.6	100-2, 13-§90.6
Clinical Psychologist and Clinical Social Worker Services	RHC-419	100-2, 13-§100
Clinical Psychologist Services	RHC-419.1	100-2, 13-§100.1
Clinical Social Worker (CSW) Services	RHC-419.2	100-2, 13-§100.2
<b>General Exclusions From Coverage</b>		
General Exclusions	RHC-430	100-2, 16-§10
Services Not Reasonable and Necessary	RHC-431	100-2, 16-§20
No Legal Obligation to Pay for or Provide	RHC-432	100-2, 16-§40
Items and Services Furnished or Paid for by Government Instrumentalities	RHC-433	100-2, 16-§50
Payment to a Federal Provider of Services or Other Federal Agency	RHC-433.1	100-2, 16-§50.2
Items and Services Which Provider or Supplier is Obligated to Furnish Under Federal Government Contract or Law	RHC-433.2	100-2, 16-§50.1

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Items and Services Which are Paid for Directly or Indirectly by Government Entity	RHC-433.3	100-2, 16-§50.3
Services Received by Medicare Beneficiaries Outside the United States	RHC-434	100-2, 16-§60
Physician and Ambulance Services Furnished in Connection with Covered Foreign Inpatient Hospital Services	RHC-434.1	100-2, 16-§60
Services Resulting from War	RHC-435	100-2, 16-§70
Personal Comfort Items	RHC-436	100-2, 16-§80
Routine Services and Appliances	RHC-437	100-2, 16-§90
Foot Care and Supportive Devices for the Feet	RHC-438	100-2, 16-§100
Custodial Care	RHC-439	100-2, 16-§110
Cosmetic Surgery	RHC-440	100-2, 16-§120
Charges Imposed by Immediate Relatives of Patient or Members of Patient's Household	RHC-441	100-2, 16-§130
Dental Services Exclusion	RHC-442	100-2, 16-§140
Items and Services under Workers' Compensation Plan	RHC-443	100-5, 1-§10.4, 2-§§50, 50.1
Characteristics of Workers' Compensation Program	RHC-443.1	100-5, 1-§10.4, 2-§§50, 50.1
Effect of Payments Under Workers' Compensation	RHC-443.2	100-5, 2-§50.1
Private Right of Action	RHC-443.3	100-5, 1-§30
Partial Payments Under Workers' Compensation	RHC-443.4	
Workers' Compensation Cases Involving Liability Claims	RHC-443.5	100-5, 2-§50.1D
Provider Handling of Cases Involving Work-Related Conditions	RHC-443.6	100-5, 2-§50.1E
Conditional Primary Medicare Benefits	RHC-443.7	100-5, 1-§10.7, 7-§40.1
You Receive Duplicate Payments	RHC-443.8	100-5, 7-§40.2.2
Effect of Lump-Sum Compromise Settlement	RHC-443.9	100-5, 1-§20, 7-§40.3.4
Apportionment of Lump-Sum Compromise Settlement of Workers' Compensation Claim	RHC-443.10	100-5, 1-§20, 7-§40.3.4
Lump-Sum Settlement -- Effect on Payment for Services Furnished After Date of Settlement	RHC-443.11	100-5, 1-§20, 7-§40.3.4
Action by Provider When Benefits May Be Payable Under Federal Black Lung Program	RHC-443.12	100-5, 3-§30..2.3
Special DOL Coverage Rules	RHC-443.13	100-5, 4-§70.5.1

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Medicare Payment	RHC-443.14	100-5, 4-§70.5.1A
Questionable Cases	RHC-443.15	100-5, 4-§70.5.1B
DOL Does Not Make Payment in Full	RHC-443.16	
Overpayment Due to Workers' Compensation Payments	RHC-443.17	100-5, 7-§40
<b>Other Limitations on Payment</b>		
Services Reimbursable Under No Fault Insurance	RHC-445	100-5, 1-§10.6, 40, 2-§60, 3-§30.2.1, 5-§20.1
Definitions	RHC-445.1	100-5, 1-§20
Provider Actions	RHC-445.2	100-5, 3-§20, 3-§30, 3-§30.2, 3-§30.2.1.2, 3-§30,2.1.3, 10.4, 10.5
No Fault Insurance Does Not Pay in Full	RHC-445.3	
No Fault Insurance Does Not Make Full Payments Because of Deductible or Coinsurance Provision in Policy	RHC-445.4	100-5, 5-§30.5.2, 7-§50.3.2
State Law or Contract Provides That No Fault Insurance is Secondary to Other Insurance	RHC-445.5	100-5, 5-§30.5.3
Provider and Beneficiary's Responsibility With Respect to No Fault Insurance	RHC-445.6	100-5, 1-§30, 5-§40.6.2, 7-§50.2
Private Right of Action	RHC-445.7	100-5, 1-§30.2, 7-§50.2.1
<b>Liability Insurance</b>		
Services Reimbursable Under Liability Insurance	RHC-446	100-5, 1-§10.6, 2-§40, 40.2, 4-§70.3.2
General	RHC-446.1	100-5, 1-§10.6, 2-§40, 40.2
Definitions	RHC-446.2	100-5, 1-§10.1, 20
Provider Actions	RHC-446.3	100-5, 3-§10.4, 10.5, 20, 30.1, 30.2
Automobile or Liability Insurer Pays in Part for Services	RHC-446.4	100-5, 2-§50.1
Limitation on Payment for Services to Individuals Entitled To Benefits Solely on Basis of End Stage Renal Disease Who Are Covered by Employer Group Health Plans	RHC-447	100-5, 1-§10.2, 2-§20, 3-§30.1, 7-§30.2
General	RHC-447.1	100-5, 1-§10, 10.1,

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
		10.7.2, 20, 70.2, 2-§10, 3-§30.1, 5-§30.3, 7-§30.2
Definitions	RHC-447.2	100-5, 1-§20
Retroactive Application	RHC-447.3	100-5, 7-§30.1.1
Determining the Months During Which Medicare May Be Secondary Payer	RHC-447.4	100-5, 2-§20.1
Effect of Changed Basis for Medicare Entitlement	RHC-447.5	100-5, 2-§20.2
Subsequent Periods of ESRD Entitlement	RHC-447.6	100-5, 2-§20.1.2
Identification of Cases in Which Medicare May Be Secondary to Employer Group Health Plans	RHC-447.7	100-5, 2-§20.1.1
Billing	RHC-447.8	100-5, 3-§10.3
Amount of Secondary Medicare Payments Where Employer Group Health Plan Pays in Part For Items and Services	RHC-447.9	100-5, 3-§30.3, 5-§40.5.3
Employer Group Health Plan Pays in Full	RHC-447.10	100-5, 5-§40.4.1
Effect of EGHP Payments on Deductible and Coinsurance	RHC-447.11	100-5, 5-§40.3.2
Limitation on Right of Rural Health Clinic or Federally Qualified Health Center to Charge Beneficiary	RHC-447.12	100-5, 5-§40.7.4
EGHP Erroneously Pays Primary Benefits	RHC-447.13	100-5, 7-§10.6
Claimant's Right to Take Legal Action Against EGHP	RHC-447.14	100-5, 2-§40.1
You Receive Duplicate Payments	RHC-447.15	100-5, 3§10.5
<b>Limitation on Payment for Services to Employed Aged Beneficiaries and Spouses</b>		
Limitation on Payment for Services to Employed Aged and Aged Spouses of Employees Covered By Employer Group Health Plans	RHC-448	100-5, 1-§10, 10.1, 10.7.2, 20, 70.2, 2-§10, 3-§30.1, 5-§30.3, 7-§30.2
General	RHC-448.1	100-5, 1-§10.1, 2-§10, 3-§30.1
Definitions	RHC-448.2	100-5, 1-§20, 50, 50.1, 70.4
Individuals Subject to Limitation on Payment	RHC-448.3	100-5, 1-§50.1, 2-§10.1
Individuals Not Subject to Limitation on Payment	RHC-448.4	100-5, 2-§10.2

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Identification of Individuals Subject to Limitation on Payment	RHC-448.5	100-5, 3-§20
Identification of Prior Claims that May Involve Employer Plan Payment	RHC-448.6	100-5, 5-§30.8
Action by RHC/FQHC Where Employer Group Health Plan Is Primary Payer	RHC-448.7	100-5, 1-§10.9, 3-§30.1, 7-§10.1.3
Limitation on Right of RHC/FQHC to Charge Beneficiary	RHC-448.8	100-5, 3-§10.2
Crediting Expenses Toward Deductible and Coinsurance Amounts	RHC-448.9	100-5, 1-§40
Employer Plan Denies Claim for Primary Benefits	RHC-448.10	100-5, 1-§10.7, 10.7.1, 3-§40.3, 5-§40.3.1, 7-§30.3
Amount of Secondary Medicare Payments Where EGHP Pays in Part for Items and Services	RHC-448.11	100-5, 2-§50.1A
Action by Intermediary to Recover Incorrect Payments	RHC-448.12	100-5, 7-§10.1
Advice to Physicians and Beneficiaries	RHC-448.13	100-5, 3-§10
Incorrect EGHP Primary Payments	RHC-448.14	100-5, 5-§40.4.3
Claimant's Right to Take Legal Action Against EGHP	RHC-448.15	100-5, 1-§30
You Receive Duplicate Payments	RHC-448.16	100-5, 3-§10.5



## CHAPTER V - PAYMENT

**NOTE:** Chapter V has been moved to the new CMS Manual System, mainly in the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Method of Medicare Payment for Rural Health Clinic and Federally Qualified Health Center Services	RHC-500	100-4, 9 - §20, 20.2, 20.3, 20.4, 20.5, 20.6.2
Allowable Costs	RHC-501	100-4, 9 - §40
Costs Excluded from Allowable Costs	RHC-501.1	100-4, 9 - §40.1
Allowable Costs Subject to Tests of Reasonableness	RHC-502	100-4, 9 - §40.2
Screening Guidelines of Clinic/Center Health Care Staff Productivity	RHC-503	100-4, 9 - §40.3
All Inclusive Rate of Payment	RHC-504	100-4, 9 - §40.4
Determination of Rate	RHC-504.1	100-4, 9 - §20.4
Adjustment of Rate	RHC-504.2	100-4, 9 - §20.5
Maximum Payment Per Visit	RHC-505	100-4, 9 - §20.6.3
Rural Health Clinics	RHC-505.1	100-4, 9 - §20
Federally Qualified Health Centers	RHC-505.2	100-4, 9 - §20
Federally Qualified Health Center Networks	RHC-505.3	100-4, 9 - §20.7-20.7.3
Audit	RHC-506	100-4, 9 - §30, 30.1
Payment Reconciliation	RHC-506.1	100-4, 9 - §30.2
Notice of Program Reimbursement	RHC-506.2	100-4, 9 - §30.3
Recovery of Overpayments	RHC-506.3	100-4, 9 - §30.4
Reporting Requirements	RHC-507	100-4, 9 - §30.5, 30.5.1
Submission of Cost Reports	RHC-508	100-4, 9 - §30.6-30.8
Exception Option for Federally Funded Health Centers as of 9/30/91	RHC-509	Deleted-obsolete
Audit	RHC-510	100-4, 9 - §30

## CHAPTER VI - IDENTIFYING MEDICARE BENEFICIARIES

**NOTE:** Chapter VI has been moved to the new CMS Manual System, in the General Information, Eligibility, and Entitlement Manual, CMS Pub. 100-1, the Medicare Claims Processing Manual, CMS Pub. 100-4, the Medicare Secondary Payer Manual, CMS Pub. 100-5, and the Medicare Financial Management Manual, CMS Pub. 100-6. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Health Insurance Card and Other Evidence of Medicare Entitlement	RHC-600	100-4, 2-§30
Identifying Health Insurance (HI) Claim Numbers	RHC-604	100-4, 2-§10.1
HICNs Assigned by the RRB	RHC-604.1	100-1, 2-§50.4
All-Inclusive List of Potentially Valid RRB HICNs	RHC-604.2	100-1, 2-§50.4.2
Change in HICN	RHC-604.3	100-4, 2-§10.1.1
Reduction in Reimbursement Due to P.L. 99-177	RHC-605	Deleted, obsolete
Part B Deductible	RHC-606	100-1, 3-§20.2
Part B Coinsurance	RHC-607	100-1, 3-§20.3
Determining How Much to Charge Patient Before Billing Is Submitted for Part B Payment	RHC-608	100-4, 9-§70, 10-§10-40.4
Claims Processing Jurisdiction for Rural Health Clinics and Federally Qualified Health Centers	RHC-609	100-4, 1-§10.2, 20
Filing a Request for Payment	RHC-610	100-4, 1-§50
Billing Forms as Request for Payment	RHC-610.1	100-4, 1-§50.1.1
Time Limitation for Filing Claims	RHC-610.2	100-4, 1-§70
Beneficiary Request for Payment		
Execution of the Request for Payment	RHC-611	To be added to 100-4, 2§§90
Request for Payment	RHC-611.1	To be added to 100-4, 2§§90
Frequency of Billing	RHC-611.2	To be added to 100-4, 2§§90
Mental Health Services Limitation-Expenses Incurred for Physician's, Clinical Psychologists' and Clinical Social Workers' Services Rendered in a Rural Health Clinic or Federally Qualified Health Center	RHC-612	100-4, 9-§60

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Psychiatric Services Limitation Computation for Independent Rural Health Clinics and Federally Qualified Health Centers	RHC-613	100-4, 9-§60.2
Billing of Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines by Rural Health Clinics and Federally Qualified Health Centers	RHC-614	100-4, 9-§120
Completion of the HCFA-1450 by Rural Health Clinics and Federally Qualified Health Centers	RHC-620	100-4, 9-§100
Special Billing Instructions for Federally Qualified Health Centers (FQHCs)	RHC-621	100-4, 9-§110
Billing for Mammography Screening by Rural Health Clinics and Federally Qualified Health Centers	RHC-623	100-4, 18-§20.4.1
Refunds		
Refund of Moneys Incorrectly Collected	RHC-624	100-4, 9-§210.2
Return or Other Disposition of Moneys Incorrectly Collected	RHC-624.1	100-4, 1-§30.1.2
Appropriate Time Limits Within Which Clinic/Center Must Dispose of Sums Incorrectly Collected	RHC-624.2	100-4, 1-§30.1.2
Former Clinic/Center	RHC-624.3	100-6, 3-§80.6
Credit Balance Reporting Requirements-General	RHC-625	To be added after adjustments in 100-4, c1 §140
Submitting the HCFA-838	RHC-625.1	To be added after adjustments in 100-4, c1 §140
Completing the HCFA-838	RHC-625.2	To be added after adjustments in 100-4, c1 §140
Payment of Amounts Owed Medicare	RHC-625.3	To be added after adjustments in 100-4, c1 §140
Records Supporting HCFA-838	RHC-625.4	To be added after adjustments in 100-4, c1 §140
Provider-Based Home Health Agencies (HHAs)	RHC-625.5	Deleted - Not applicable to RHCs or FQHCs
Exception for Low Utilization Providers	RHC-625.6	To be added after adjustments in 100-4, c1 §140

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Compliance with MSP Regulations	RHC-625.7	To be added after adjustments in 100-4, c1 §140
Exhibit I-Medicare Credit Balance Report Certification		To be added after adjustments in 100-4, c1 §140
Exhibit II-Medicare Credit Balance Report (Form HCFA-838)		To be added after adjustments in 100-4, c1 §140
<b>Protests and Appeals</b>		
Clinic/Center Protests of Payment Determination	RHC-626	100-4, 29-§30.2.2
Beneficiary Appeals	RHC-628	100-4, 29-§20
Reopening and Revision of Medicare Claims Decisions	RHC-630	100-4, 29-§60.27
<b>Retention of Records</b>		
Retention of Health Insurance Records	RHC-632	100-4, 1-§110
Destruction of Health Insurance Records	RHC-632.1	100-4, 1-§110.4
<b>Billing Where Medicare Is Secondary Payer</b>		
Bill Preparation Where Services Are Payable Under Workers' Compensation	RHC-634	100-5, 3-§30
Bill Preparation Where Services Are Payable Under No-Fault Insurance or Any Liability Insurance	RHC-635	100-5, 3-§20, 3-§30, 3-§30.2, 3-§30.2.1.2, 3-§30.2.1.3, 10.4, 10.5
Bill Preparation Where Medicare Benefits Are Secondary to Employer Group Health Plans When Individuals Are Entitled to Benefits Solely on the Basis of ESRD	RHC-636	100-5, 5-§30.8, 40.1, 40.8, 40.3.1, 40.6, 40.6.2, 7-§10, 10.1.1, 10.2.3, 30.1, 30.3, 30.4
Bill Preparation Where Medicare Benefits Are Secondary to Employer Group Health Plans for Employed Beneficiaries/Spouses and the Disabled	RHC-637	100-5, 1-§10.9, 3-§30.1, 7-§10.1.3
How to Determine Current Medicare Interim Payment Amount	RHC-638	100-5, 3-§40.8.3
<b>Claims Processing Timeliness Requirements</b>		
Claims Processing Timeliness	RHC-639	100-4, 1-§80
Clinical Laboratory Improvement Amendments (CLIA)	RHC-640	100-4, 16-§70