

## **RHC reporting requirement – Modifier CG**

Rural health clinics (RHCs) shall report modifier CG (policy criteria applied) on RHC claims and claim adjustments. You should report modifier CG on one line with a medical and/or a mental health HCPCS code that represents the primary reason for the medically necessary face-to-face visit. This line should have the bundled charges for all services subject to coinsurance and deductible. If only preventive services are furnished during the visit, report modifier CG with the preventive service HCPCS code that represents the primary reason for the medically necessary face-to-face visit.

- Medical and preventive services HCPCS codes are billed with revenue code 052X.
- Mental health services HCPCS codes are billed with revenue code 0900.

Claims submitted without modifier CG will process incorrectly and provider will need to adjust claim.

For additional details, please review the following:

- [Rural Health Clinics Reporting Requirements Frequently Asked Questions](#)
- [MLN Matters Article MM9269 - Required Billing Updates for Rural Health Clinics](#)
- [Rural Health Clinic Qualifying Visit List \(RHC QVL\)](#)