There are the specific Medicare regulations governing the Rural Health Clinic program. Information found in these regulations will answer such questions as basic qualifications for becoming an RHC, a definition of what constitutes a "visit", a definition of the scope of services covered by the RHC program and much more. To obtain a copy of these regulations, click on the appropriate section highlighted below. You will be able to select each of the sections of the CFR applicable to the Rural Health Clinics program. The information will Download in a TEXT format.

Following these links to the RHC regulations, you will find the interpretive guidelines that provide additional explanations of various RHC requirements. The interpretative guidelines are used by state surveyors to ensure that Clinics are in compliance with the technical requirements of the RHC program. To find the state surveyor contact in your state, click on survey and certification and you will be taken to a listing of state survey agencies.

RHC Rules

405.2400 Basis
405.2401 Scope and Definitions
405.2402 Basic Requirements
405.2403 Terms of RHC Agreement
405.2404 Termination of Agreement
405.2410 Application of Part B Deductible and Copays
405.2411 Scope of RHC benefit
405.2412 Physician Services
405.2413 Services & Supplies incident to physician's services
405.2414 NP and PA services
405.2415 Services and Supplies incident to NP and PA services
405.2416 Visiting Nurse Services
405.2417 Visiting Nurse Services - Shortage Area
405.2460 Applicability of payment exclusions
405.2462 Payment for RHC services
405.2463 What constitutes a visit
405.2464 All-inclusive rate
405.2466 Annual Reconciliation
405.2468 Allowable costs
405.2470 Reports and Record keeping requirements
405.2472 Beneficiary Appeals