

June 2019

Reminder of billing requirements for claims from federally qualified health centers and rural health clinics

Background: Healthy Blue has enhanced the provider selection logic to ensure that providers with multiple locations are paid appropriately according to the location where the service is rendered. This communication outlines billing requirements for claims by federally qualified health centers (FQHC) and rural health clinics (RHCs).

Billing requirements for FQHC and RHC claims

1. The name and national provider identifier (NPI) of the servicing provider should be listed on all claims in Boxes 31 and 24J, respectively.
 - If the servicing provider's NPI number is missing, then the claim will deny.
2. If the provider has multiple locations, then in addition to the billing provider information in Box 33, the claim form should include the following:
 - The name of the servicing provider in Box 31.
 - The address of the servicing location in Box 32.
 - The NPI of the servicing location in Box 32a.
3. Providers should ensure that they maintain updated rosters. Claims received for newly added practitioners will be processed as out-of-network until the roster update is processed.
 - To add or remove staff, please email an updated roster to LAOperations@HealthyBlueLA.com.
 - If you need a roster template, please request one from your local Provider Relations representative.
4. In addition to the T1015 encounter code, it is necessary to indicate services provided by entering the individual procedure codes for the services rendered.
 - If a claim is submitted with only a T1015 encounter code, it will be denied.
5. The T1015 code must be billed on the first line of the claim.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.

<https://providers.healthybluela.com>

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