

Federally qualified health center and rural health clinic billing reminder

In accordance with Louisiana Medicaid guidelines regarding federally qualified health center (FQHC) and rural health clinic (RHC) billing, please refer to the fee schedules and provider manuals for guidelines, appropriate codes and rates:

- *Federally Qualified Health Centers Provider Manual*: <https://bit.ly/32f4Pxc>
- *Rural Health Clinics Provider Manual*: <https://bit.ly/2Zr9wCq>
- Other fee schedules: <https://bit.ly/32jOyat>
- Telemedicine/telehealth billing changes for RHCs and FQHCs: <https://bit.ly/2BZExEC>
- Response to COVID-19: <https://bit.ly/3gRv2pC>

Under Louisiana Medicaid, encounters must be billed on a *CMS-1500* form with HCPCS T1015 (medical) or HCPCS H2020 (behavioral health) on the first claim line.

In addition to the encounter code (medical or behavioral health), all services provided must be billed on the subsequent claim lines to denote what services were rendered during the encounter. Those services should have a \$0 or \$0.01 line item charge.

FQHCs/RHCs are to bill with their FQHC/RHC provider identification number for encounter payment and reporting purposes. The NPI Medicaid provider number should match the specific location where services were rendered or the rendering provider is based.

Billing reminders:

- If an FQHC/RHC bills without the encounter code T1015 or H2020, the claim will be denied.
- If an FQHC/RHC bills the encounter code T1015 or H2020 without the other service codes billed on the subsequent lines, the claim will be denied. The purpose is to define what services were rendered during the encounter visit and by provider.
- Louisiana Medicaid allow FQHCs/RHCs to bill for outpatient services rendered in a specific place of service (POS): FQHC (50), RHC (72), nursing home (32) or home (12).
- The FQHC/RHC should not bill for any other POS such as outpatient hospital (22), inpatient hospital (21), office (11), emergency room (23), etc.
- If a POS is billed other than FQHC, RHC, nursing home or home, the claim will be denied. FQHCs/RHCs should use the appropriate POS 50 for FQHC setting, 72 for RHC setting, 12 for home setting, 02 with modifier 95 for telehealth, or 32 for nursing facility.

LA Medicaid FQHC and RHC provider manuals:

- **Outpatient services:** For all services rendered at the FQHC/RHC, in a nursing home or during home visits, the FQHC/RHC provider identification number must be used as the billing provider number in the appropriate place on the *CMS-1500* claim form.
- **Inpatient services:** Physician inpatient services are billed through the physician's individual provider number as the billing provider. Physicians are not allowed to bill through their FQHC/RHC group number for inpatient services.

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.healthybluel.com>

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