



# Federally Qualified Health Center

Reimbursement Policy ID: RPC.0015.7700

Recent review date: 02/2023

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*AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.*

## Policy Overview

This policy addresses covered services provided by Federally Qualified Health Centers (FQHCs) and how these services are reimbursed. Federally Qualified Health Centers are paid on a prospective payment system (PPS) as set forth in Chapter 5160-28 of the Ohio Administrative Code. Per Visit Payment Amounts (PVPAs) are effective October 1 through September 30 and are inflated by the Medicare Economic Index (MEI) in effect on October 1 of each year.

## Exceptions

N/A

## Reimbursement Guidelines

Federally Qualified Health Centers (FQHCs) are reimbursed based on encounters billed. An "encounter" is defined as face-to-face contact between a patient and provider of core or noncore services except for transportation services. Encounters and any services provided are billed on separate claim lines with appropriate modifiers. For Prospective Payment Services (PPS) other than transportation, a visit is one face-

to-face encounter between a patient and a provider. For Medicaid reimbursement purposes, a covered service rendered through telehealth by an FQHC practitioner is a face-to-face encounter. For transportation services, a visit is a one-way trip provided to or from a site where a covered service is rendered on the same date.

Multiple encounters with one health professional or encounters with multiple health professionals constitute a single visit if all of the following conditions are satisfied: all encounters take place on the same day; all contact involves a single PPS service; and the service rendered is for a single purpose, illness, injury, condition, or complaint. Multiple encounters constitute separate visits if one of the following conditions is satisfied: the encounters involve different PPS services; or the services rendered are for different purposes, illnesses, injuries, conditions, or complaints, or for additional diagnosis and treatment.

Services may be provided by a physician, physician assistant, or advanced practice registered nurse. The services provided also include dental services, physical and occupational therapy, speech therapy, audiology services, vision, behavioral health/substance abuse disorder, and podiatry.

Per CMS Medicaid FQHC guidelines, for accurate reimbursement, the encounter is billed using CPT code, T1015, with the appropriate rate on the first detail line. Providers are required to list all the CPT/HCPCS services provided during the encounter priced at zero dollars on subsequent lines. CPT codes included with the T1015 encounter code must accurately indicate the service(s) provided during the encounter and conform to National Correct Coding Initiative (NCCI) standards. Claims submitted without the corresponding CPT/HCPCS codes will be denied. Refer to:

<https://medicaid.ohio.gov/static/Providers/Billing/BillingInstructions/ModifiersODM.pdf> for valid modifiers.

AmeriHealth Caritas Ohio accepts charges from the Ohio Medicaid Appendix DD Fee Schedule. FQHC's will be paid at 100% for the applicable services in which they can provide. They may also bill the Ohio Department of Medicaid (ODM) for additional payment known as a wraparound payment to make up the difference when the AmeriHealth Caritas Ohio payment is subtracted from the per-visit payment amount for the visit.

## Definitions

### **Federally Qualified Health Center**

FQHCs are public health centers focused on serving at-risk and underserved populations.

Minimum services required include, but are not limited to, maternity and prenatal care, preventive health, dental services, emergency care, and pharmaceutical services. Other services may include vision, auditory, behavioral health, physical therapy, and speech therapy.

### **Prospective Payment System**

A bundled payment that drives efficiency, not cost-based reimbursement. Rather than being paid fee-for-service, FQHCs receive a single, bundled rate for each qualifying patient visit. This single rate pays for all covered services and supplies provided during the visit.

### **Wraparound Payment**

An amount that is paid by ODM to augment the payment made by AmeriHealth Caritas Ohio to an FQHC or Rural Health Clinic (RHC). It equals any positive difference obtained when the manage care contractor payment is subtracted from the per-visit payment amount (PVPA) for the visit.

## Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM),* and associated publications.
- II. Centers for Medicare and Medicaid Services (CMS).
- III. <https://cdn.ymaws.com/www.ohiochc.org/resource/resmgr/imported/PPSRules.pdf>
- IV. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-28-03>
- V. <https://www.medicalbillingcptmodifiers.com/2016/05/fqhc-and-ihc-cpt-codes-t1015-with-pos.ht>
- VI. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-28-06.1>

## Attachments

N/A

## Associated Policies

N/A

## Policy History

02/14/2023	Policy Implemented by AmeriHealth Caritas
02/14/2023	Reimbursement Policy Committee Approval
01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section