Billing Guidelines for FQHC/ERC/RHC Providers

FQHC/RHC/EHC providers should follow the standard HFS billing guidelines outlined below.

Medical Services Billing Guidelines:

General Claims Submission:

- ICP/ACA/FHP: encounter providers must bill on 837P (electronic) or CMS 1500 (paper)

CPT Codes:

- All-inclusive encounter procedure code **must be billed on the 1st line of the claim** with subsequent lines having the actual CPT codes of the services performed:
  - **T1015** for a medical encounter
  - **D0999** for a dental encounter
  - **T1015 with modifier AH, AJ, or HO** for a behavioral health encounter
- Only one medical encounter per patient per day can be billed. If the clinic is enrolled for dental or behavioral health services, only one dental and one behavioral health encounter per patient per day is eligible for reimbursement

POS:

- Place of Services (POS) that are eligible for the Encounter Rate are:
  - Office (11)
  - Patient's Home (12)
  - Long Term Care Facility (31, 32, 33)
  - School (03)
  - Federally Qualified Health Center (50)
- IF an FQHC (based on provider type) submits a claim without a T code at an above POS, the claim will be denied
- For all other POS for encounter clinics and Rendering providers; fee-for-service (FFS) reimbursement would be considered
  - For FFS claims, the Rendering Provider (Box 24J) NPI must be an **MUST** be registered with the Medicaid Assistance Program

Registered NPI:

- When taxonomy of the provider is an Encounter Clinic **OR** a T code is being billed on the claim, the billing provider **MUST** be registered with the Medicaid Assistance Program
  - Box 33 on the CMS 1500 form

Behavioral Health Services Billing Guidelines:

General Claims Submission:

- ICP/ACA/FHP: encounter providers must bill on 837P (electronic) or CMS 1500 (paper)

FQHC, ERC, RHC behavioral health (BH) claims must include the correct BH modifiers as noted below:

Source: http://www.illinois.gov/hfs/MedicalProviders/NonInstitutional/Pages/092414_FQHC_Billingwebinar.aspx

PROVIDER TYPE	HFS COS**	BILLING PROCEDURE CODE	MODIFIER + NOTES
Licensed Clinical Social Worker	COS 58	Bill T1015	AJ modifier plus detail code
Licensed Clinical Psychologist	COS 59	Bill T1015	AH modifier plus detail code
Licensed Clinical Professional Counselor	COS 88	Bill T1015	HO modifier plus detail code
Licensed Marriage and Family Therapist	COS 88	Bill T1015	HO modifier plus detail code

**COS indicates Category of Service. The COS for which a clinic is enrolled for behavioral health services can be found on the provider information sheet.

Common Noted Billing Issues for FQHC/ERC/RHC Claims:

Invalid or Incomplete Rendering and Billing Provider completion on HCFS 1500:

1. **BOX 33:** BILLING PROVIDER INFORMATION & PHONE: This cannot be blank.
2. **BOX 24J:** RENDERING PROVIDER INFORMATION - This cannot be blank.
3. **If either are blank the claim will be denied.** This information is required for HFS Encounter Reporting.

Billing Provider NPI is NOT registered and/or active per IL Medicaid

1. For Encounter Rate claims, Billing provider **must** a registered Medicaid provider with the Medicaid Assistance Program provided through the Illinois Department of Healthcare and Family Services (HFS) and have a Medicaid ID correlating to the applicable HFS categories of service (COS).
2. **If billing provider is NOT registered, the claim will be denied.**

Prior Authorization

At this time, prior authorizations **are not** required for FQHC/ERC/RHC services, if services are rendered by a CountyCare participating provider.

Please refer to the CountyCare Prior Authorization Resources webpage for more details, including a searchable CPT Code Lookup list: http://www.countycare.com/providers/prior-authorization-resources

If you have questions or concerns related to claims and billing, please contact your CountyCare Provider Services Representative or contact the Provider Services Department at 1-312-864-8200 (Toll Free 1-855-444-1661).