

Beginning Billing Workshop FQHC/RHC

Colorado Medical Assistance Programs
including Health First Colorado
(Colorado's Medicaid Program) and CHP+

2018



COLORADO

Department of Health Care
Policy & Financing

Type of Bill

- FQHCs must use type of bill 77X
- RHCs must use type of bill 71X
- FQHC and RHC claims submitted with type of bill 73X will be denied
- For more information refer to FQHC/RHC specialty manual on the Department's website:
 - www.Colorado.gov/hcpf/billing-manuals



Sending Physicians Off-site

Physicians providing services for patients admitted to hospitals:

- Services are billed as carved-out services on CMS 1500 or as 837P transaction
- If physician is reimbursed under their salary for off-site service, then the off-site service is to be billed by FQHC/RHC

Physicians providing services at home or nursing facility:

- Services are billed as encounters on UB-04/837I
- Physicians should not bill Fee-For-Service for services when billed by FQHC/RHC

Carve-out Services

Services billed on a 1500 and not included in the encounter rate

- Delivery codes:
 - Do not bill for rev codes 152 and 151
 - Bill CPT codes 59409, 59410, 59412, 59414, 59515
- Inpatient Hospital visits



Carve-out Services (cont.)

- Long-Acting Reversible Contraceptives are reimbursed separately from an encounter visit
- The HPV vaccine Gardasil should not be carved out for billing
- The Pre-Natal Plus program is reimbursed separately from an encounter
- The Nurse Home Visitor program is reimbursed separately from an encounter



COLORADO

Department of Health Care
Policy & Financing

Group Visits

- Group visits are not reimbursable
- A reimbursable visit must be a face-to-face one-on-one encounter with a provider type listed in rule
 - Telemedicine visits are not reimbursable



COLORADO

Department of Health Care
Policy & Financing

Revenue or Diagnosis Code

Revenue Code Use:

- All FQHCs should use 529 on at least one (1) line of the UB-04 claim
- All RHCs should use 521 on first line of UB-04 claim
- All other procedures provided during the visit should be on the claim using the appropriate revenue code for that procedure

Diagnosis Code Use:

- All vaccine administrations, including influenza, can be billed as encounters if they meet encounter criteria

Revenue or Diagnosis Code (cont.)

- Use ICD-10 Z codes to identify preventive EPSDT visits when using procedure codes **99201-99215**
- **Z76.2** (Encounter for health supervision and care of other healthy infant and child), **Z00.121** (Encounter for routine child health examination with abnormal findings), **Z00.129** (Encounter for routine child health examination without abnormal findings), **Z00.110** (Health examination for newborn under 8 days old), **Z00.111** (Health examination for newborn 8 to 28 days old)
- Other appropriate codes to identify a preventive EPSDT visit can be found at www.Medicaid.gov/Medicaid-chip-program-information/by-topics/benefits/downloads/cms-416-instructions.pdf



COLORADO

Department of Health Care
Policy & Financing

Procedures on Claims

- All services provided during a reimbursable visit should be included on the claim
- The National Correct Coding Initiative editing applies to claims submitted by FQHCs and RHCs
- Information can be found at <https://www.colorado.gov/pacific/hcpf/ncci>



EPSDT

EPSDT services by FQHC or RHC providers must be billed on the UB-04 form



COLORADO

Department of Health Care
Policy & Financing

Multiple Encounters

- Different services, same day
 - You can receive up to three (3) encounter payments when billed separately
 - Mental health services can be billed as an encounter to the Regional Accountable Entity (RAE), not to MMIS, on same date of service as Dental or Medical
 - Dental services can be billed as an encounter to DentaQuest, not to MMIS, on same date of service as a mental or Medical
 - Medical services can be billed as an encounter to MMIS
- Note: Dental Services are billed through DentaQuest



COLORADO

Department of Health Care
Policy & Financing

Dental Services

- Bill via DentaQuest
- Outpatient dental services are paid at an encounter rate
- Use dental CDT codes
- Must follow Colorado Medical Assistance Program guidelines to determine if services are a benefit
- Health First Colorado children and adult benefits are outlined in the Dental Billing Manual



Regional Accountable Entity (RAE)

- For Health First Colorado members who are:
 - Enrolled in RAE & seen at FQHC/RHC by a mental health professional
- Claims for Mental Health services must be billed to RAE by FQHC/RHC if:
 - Diagnosis & all procedures during visit are listed in Appendix T
 - Community Mental Health Services Program
 - (Covered Diagnosis and Procedures)
 - www.Colorado.gov/hcpf/billing-manuals →
Appendices



Mental Health Services

- For Health First Colorado members who are:
 - Seen at FQHC/RHC and primary diagnosis is a mental health condition
 - Condition listed in Appendix T
 - (Community Mental Health Services Program)
- If treatment includes a procedure code not listed in Appendix T:
 - FQHC/RHC may bill Health First Colorado for “Encounter Rate”



COLORADO

Department of Health Care
Policy & Financing

National Drug Code (NDC)

States must:

- Collect rebates for physician-administered drugs
 - Required by Deficit Reduction Act of 2005
 - Required for federal financial participation funds to be available for these drugs
- Collect 11-digit NDC on all outpatient claims
 - For drugs administered during course of patient's clinic visit
 - NDC located on medication's packaging
 - Must be submitted in 5-digit - 4-digit - 2-digit format (excluding dashes)



Benefit and Billing Information

For more detailed benefit and billing information, refer to:

<https://www.Colorado.gov/hcpf/Billing-Manuals>

Billing Manuals → CMS 1500 → FQHC & RHC Billing Manual

Billing Manuals → UB-04 → FQHC & RHC Billing Manual



COLORADO

Department of Health Care
Policy & Financing

Provider Services Call Center

1-844-235-2387

[Download the Call Center Queue Guide](#)

7 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday

10 a.m. - 5 p.m. MST Wednesday & Friday

The Provider Services Call Center will be utilizing the time between 7 a.m. and 10 a.m.

on Wednesdays and Fridays to return calls to providers.



COLORADO

Department of Health Care
Policy & Financing

Thank you! Please feel free to ask us any questions you may have.

