



RURAL HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by Rural Health Clinics (RHC) or Federally Qualified Health Centers (FQHC) that are certificated from the Center for Medicare and Medicaid Services and enrolled with ND Medicaid.

COVERED SERVICES

Reimbursement to RHCs and FQHCs for covered services furnished to ND Medicaid members is made by means of an all-inclusive rate for each encounter. Each encounter includes covered services by a medical professional and related services and supplies.

For RHCs and FQHCs, the term “encounter” is defined as a face-to-face visit between the member and one or more of the following medical professionals during which an RHC/FQHC service is rendered:

- Physician
- Physician Assistant
- Nurse Midwife
- Visiting Nurse
- Nurse Practitioner

For FQHCs only, a visit may also include a separately billable medical nutrition therapy visit or a diabetes outpatient self-management training visit.

An encounter for other health reasons is a face-to-face visit between a member and a qualified mental health professional such as a Clinical Psychologist or Clinical Social Worker.

Dental services may also be provided at an FQHC. Dental visits are reimbursed by means of an all-inclusive rate for each encounter. Each encounter includes covered services and supplies.

Behavioral health services may also be provided at an FQHC. Behavioral health visits are reimbursed by means of an all-inclusive rate for each encounter.

Encounters with more than one health professional and/or multiple encounters with the same health professionals on the same day and at a single location constitute a single visit, except when one of the following conditions exist:

- After the first encounter, the member suffers an illness or injury requiring additional diagnosis or treatment; or
- The member has more than one type of visit: a medical visit, other health visit or a dental visit.

When submitting claims for more than one encounter on the same day at a single location, the facility must bill the correct revenue code for each encounter and include the appropriate diagnosis codes (when applicable) on each claim.

VACCINES

ND Medicaid will cover injections and/or the administration of the injection if these services are billed alone using revenue code 771 (immunization alone) with an appropriate CPT code. These services cannot be billed with the revenue codes below or ND Medicaid will reimburse only the visit as the injection services are considered as part of the visit.

ND Medicaid will cover the immunization administration of vaccines within the scope of the Vaccine for Children (VFC) program. ND Medicaid will not cover the cost of pediatric vaccine materials.

Other vaccines currently covered by ND Medicaid, but outside the scope of the VFC program, will continue to be reimbursed according to the Medicaid fee schedule using the appropriate CPT codes. For further information, refer to the Immunizations guidelines.

PRIMARY CARE PROVIDER (PCP) DESIGNATION

While RHC and FQHC can be designated as a PCP these facilities cannot be used as a referring physician on claims. Referrals from these clinics must contain an authorization of the referral (signature, initials) from a physician associated with the clinic or a supervising physician of the clinic.

Primary care provided by a colleague of the designated PCP (same clinic and same specialty) does not require a referral from the PCP. Services that require a referral, even in the same clinic as the PCP, must have a referral from the PCP if reimbursement is expected.

BILLING GUIDELINES

RHCs and FQHCs must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.

Claims must be submitted to ND Medicaid using the applicable *Bill Type 711-718*.

The bill type frequency must coincide with the status code billed.

Claims must be submitted using the following *Revenue Codes* when billing for:

Revenue Code 512	Dental Clinic (FQHC only)
Revenue Code 521	Clinic Visit by Member to RHC/FQHC
Revenue Code 522	Home Visit by RHC/FQHC Practitioner
Revenue Code 524	Visit by RHC/FQHC practitioner to a member in a covered Part A stay at a skilled nursing facility (SNF)
Revenue Code 525	Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) of NF or ICF MR or other residential facility
Revenue Code 529	Behavioral Health (FQHC only)