FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

North Dakota Medicaid covers services provided by Federally Qualified Health Centers (FQHC) that are enrolled with Medicare and ND Medicaid.

DEFINITIONS
Encounter - means a face-to-face visit or synchronous telehealth visit during which a qualifying encounter service is rendered.

COVERED SERVICES
Payment to FQHCs for covered services furnished to members is made by means of an all-inclusive rate for each encounter. FQHCs may furnish services that qualify as a medical, dental, or behavior health encounter. Each encounter includes services and supplies incident to the service.

Service Location
Services can be rendered at one of the following locations:
- The FQHC,
- The member's residence, including skilled nursing facilities and assisted living facilities,
- Community-based locations that include homeless shelters, low-income housing units, and schools, and
- The scene of an accident.

FQHC services cannot be rendered at:
- An inpatient or outpatient hospital department, including a critical access hospital and
- A facility with specific requirements precluding FQHC visits.

Incident-to Services
If the only services rendered during a visit are "incident to" services, the visit does not qualify for claiming of an encounter. Services provided "incident to" are included in the encounter and cannot be billed separately (e.g. laboratory services, x-rays, and procedures performed during the visit).

«Lab or x-ray services with no face-to-face visit with a qualifying provider are not reimbursed separately from the original encounter from which these tests or services were ordered.»

<u>Types of Encounters</u>
A **medical encounter** can only be claimed for services rendered face-to-face by one of the following practitioners compensated by a FQHC for the services provided:
- Physician
- Physician Assistant
- Nurse Practitioner
- Certified Nurse-Midwife
- Visiting Nurse«*»
- Licensed Registered Dietitian
- Podiatrist
- Optometrist

«*Visiting nurse services are skilled nursing services both reasonable and necessary to diagnose and treat a patient's medical condition per the determination of the primary care provider. The patient must be considered homebound, and services must be provided under a written treatment plan. Nursing care must be furnished by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).»

A **behavioral health encounter** can only be claimed for services rendered face-to-face by a qualified behavioral health professional, which includes:
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Licensed Marriage and Family Therapist
- Licensed Psychologist
- Nurse Practitioner
- Licensed Addiction Counselor

Dental encounters are reimbursed at an all-inclusive rate. The dental encounter includes covered services and supplies. Eligible providers include:
- Dentist

Dental hygienist services rendered by hygienists working within their scope as allowed under North Dakota law, regulations, and practice guidelines, and under the appropriate level of dental supervision must be billed under the supervising dentist.

Encounter rates may be generated by a hygienist for the following services:

- Dental prophylaxis (full mouth),
- Periodontal maintenance services (full mouth),
- Scaling and root planning (minimum of one quadrant),
- Dental screening and assessment if provided in addition to another qualifying service,
- Sealants, if provided with another qualifying service, as part of the school-based sealant program.

Encounter rates cannot be generated when the only service rendered by a hygienist is:

- Impressions,
- Application of fluoride varnish,
- Denture cleanings,
- Suture removal,
- Dental case management, and/or
- Any type of oral hygiene instruction or education, including nutritional counseling and smoking cessation.

<u>Payment Limitations</u>
Face-to-face services with more than one health professional and/or multiple services with the same health professionals on the same day and at a single location constitute a single encounter.

Payment is limited to one medical visit, one dental visit, and one mental health visit a day except when a member suffers an illness or injury requiring additional diagnosis or treatment after the member's first encounter.

Medical nutritional therapy or a diabetes self-management training provided on the same day as a medical encounter is not eligible for a separate encounter. If medical nutritional therapy or diabetes self-management training is the only medical service provided, a medical encounter may be claimed. Diabetes self-management training may be provided by a credentialed registered nurse under supervision of a licensed practitioner. Bill diabetes self-management training rendered by a registered nurse under the supervising licensed practitioner's NPI.

TELEHEALTH
See the [Telehealth policy](#) for additional information on services rendered via telehealth.

VACCINES
Refer to the [Immunizations policy](#) for additional information on immunizations and immunization administration.

Vaccines administered in conjunction with a medical encounter are considered incident to the medical encounter and neither the vaccine nor the vaccine administration will be reimbursed in addition to a medical encounter.

When the only service provided is a vaccine:
- The vaccine administration can be billed, but an encounter cannot be billed. The vaccine administration must be billed using Revenue Code 0771 (Vaccine administration) along with the appropriate CPT code. «The claim must include Revenue Code 0636 (Drugs requiring detailed coding) and the appropriate CPT code for the vaccine.»
- If the vaccine is supplied by the Vaccine for Children (VFC) program, ND Medicaid will not make payment for the vaccine. ND Medicaid will only make payment for the vaccine administration; however, the claim must include Revenue Code 0636 (Drugs requiring detailed coding) and the appropriate CPT code for the vaccine. If the vaccine is not supplied by the VFC program and is currently covered by ND Medicaid, the vaccine will be reimbursed according to the Medicaid fee schedule using the appropriate CPT code.

BILLING AND REIMBURSEMENT
Effective July 1, 2024, all FQHCs must report all services provided during the encounter visit on the claim. Services that do not generate an encounter payment must be submitted for quality reporting and informational purposes.

For each service, submit a separate claim line with the appropriate revenue code and procedure code along with the date of service. The provider must submit each claim line with their usual charges for the services.

Make sure to use the appropriate revenue code. For example, do not submit a vaccine administration code with revenue code 0521. Vaccine administration must be submitted with revenue code 0771.

«When multiple encounters of the same encounter type – i.e. medical, behavioral health, dental are rendered on the same calendar day for separate diagnoses, report the second encounter with modifier 59.»
Do not submit modifier 59 when the member
- has a medical visit and «dental or» a behavioral health visit on the same day.

All dental encounter services must be submitted with revenue code 0512. Dental Case Management must be billed in addition to another qualifying dental service to receive reimbursement for the encounter.

When billing for more than one encounter «type» for a member on the same day, the facility must bill each encounter separately using the correct revenue code and the appropriate diagnosis codes on each claim.

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

Revenue Code **0512**   Dental Clinic
Revenue Code **0521**   Clinic Visit by Member to RHC/FQHC
Revenue Code **0522**   Home Visit by RHC/FQHC Practitioner
Revenue Code **0524**   Visit by RHC/FQHC practitioner to a member in a covered
                             Part A stay at a skilled nursing facility (SNF)
Revenue Code **0525**   Visit by 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 **0529**   Behavioral Health

RELATED POLICIES
- Telehealth
- Immunizations