

INDIAN HEALTH SERVICES AND TRIBALLY OPERATED 638 FACILITIES

Indian Health Service (IHS) facilities and tribally owned and operated 638 facilities meeting the state requirements for Medicaid participation must be accepted as a Medicaid provider on the same basis as any other qualified provider. Prior to billing for services, eligible IHS/638 service providers must enroll with North Dakota Medicaid and affiliate with an IHS or 638 facility. These providers must:

- meet eligibility requirements; and
- have a current and valid license or certification from either
 - ❖ the out-of-state licensing board where the license was issued or
 - ❖ a ND licensing board.

Note: Out-of-state licensed/certified providers may only affiliate with IHS or 638 facilities. ND licensed/certified providers may affiliate with non-IHS and non-638 facilities.

COVERED SERVICES

ND Medicaid covers the same services for members who are enrolled in Medicaid and receiving services at IHS as those members who are enrolled in Medicaid only.

Coverage and payment of services provided through telehealth is on the same basis as those provided through face-to-face contact.

Payment to IHS facilities and tribally operated 638 facilities will be on an encounter basis using approved all-inclusive rates published each year in the Federal Register by the Department of Health and Human Services.

Each encounter includes covered services by a health professional and related services and supplies.

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:

- Multiple visits for different services on the same day with different diagnosis. After the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment.
- Multiple visits for different services on the same day with the same diagnosis. The diagnosis code may be the same on the claims, but the services provided must be distinctly different and occur within different units of the facility.
- Multiple visits for the same type of service on the same day with different diagnosis.

BILLING GUIDELINES

IHS claims must be submitted to ND Medicaid using the following Revenue Codes when billing for:

Revenue Code 0100	In-House Medicaid Days
Revenue Code 0250	Pharmacy
Revenue Code 0490	Ambulatory Surgical Center
Revenue Code 0500	Outpatient
Revenue Code 0510	Vision
Revenue Code 0512	Dental
Revenue Code 0513	Mental Health (Psychiatrist/Psychologist)
Revenue Code 0519	EPSDT Screening
Revenue Code 0900	Behavioral Health
Revenue Code 0987	Physician Inpatient Services

Reference the Telehealth policy for specific billing instruction related to services rendered via telehealth.

A procedure code must be billed with revenue codes that require a CPT/HCPC code according to NUBC guidelines.