

INDIAN HEALTH SERVICE AND TRIBAL HEALTH PROGRAMS

Indian Health Service (IHS) facilities and Tribal health programs (THP) 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 and THP service providers must enroll with North Dakota Medicaid and affiliate with an IHS or THP 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 THP facilities. ND licensed/certified providers may affiliate with non-IHS and non-THP facilities.

DEFINITIONS

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

Tribal health program (THP) – means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with IHS under the Indian Self-Determination and Education Assistance Act (ISDEAA) (25 U.S.C. 5301 et seq.). Tribal health programs in this policy means a 638 facility that has not elected to be a Tribal FQHC.

Tribal FQHC

Operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA) or as an urban Indian organization getting funds under Title V of the Indian Health Care Improvement Act as of October 1991. Tribal health programs/638 facilities can elect to be Tribal FQHCs.

ENROLLMENT

Tribal Health Programs operating under an ISDEAA contract or compact may enroll in North Dakota Medicaid as a Tribal FQHC. A copy of the ISDEAA contract or compact must be provided at the time of enrollment and as enrollment is renewed.

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 synchronous telehealth is on the same basis as those provided through face-to-face contact.

Payment to IHS and tribal health program 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.

Types of Encounters

An **outpatient encounter** can only be claimed for services rendered face-to-face (including synchronous telehealth) by one of the following practitioners compensated by an IHS facility/THP for the services provided:

- Physician
- Physician Assistant
- Clinical Nurse Specialist
- Licensed Registered Dietitian
- Podiatrist

Vision encounters can only be claimed for services rendered face-to-face (including synchronous telehealth). Eligible providers include:

- Optometrists
- Ophthalmologist

Dental encounters include covered services and supplies. Eligible providers include:

- Dentists

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.

A **mental health encounter** can only be claimed for services separate and distinct from another encounter type which are rendered face-to-face (including synchronous telehealth¹) by a qualified mental health professional which includes:

- Physician
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Licensed Marriage and Family Therapist
- Licensed Psychologist
- Psychiatrist
- Clinical Nurse Specialist

An **EPSDT encounter** can only be claimed for services rendered face-to-face in compliance with the [Preventive Chronic Disease Management and Health Tracks Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) policy](#).

A **substance use disorder encounter** can only be claimed for services rendered face-to-face (including synchronous telehealth) by a qualified behavioral health professional which includes:

- Licensed SUD agency
- Licensed Addiction Counselor

A substance use disorder encounter is one during which services contained within the [Substance Use Disorder Treatment Services policy](#) is rendered. If multiple SUD based services are delivered in the same day, such as group therapy and individual therapy, only one encounter will be reimbursed. If SUD services and MH services are provided during the same encounter, the provider should bill the appropriate revenue, procedure, and primary diagnosis codes for the predominant focus of the visit.

- SUD revenue code – 0900
- Mental Health code _ 0513

¹ Psychotherapy is currently covered for face-to-face, synchronous telehealth, and telephone-only.

Included Services

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

Listed below are services included as part of an encounter. These services are not separately billable or eligible for an encounter rate without meeting the above-listed criteria of an encounter:

- Radiology services including professional and technical component,
- Diagnostic services, including professional and technical component,
- Laboratory services including specimen collection and professional and technical component,
- Medical supplies used in conjunction with an encounter,
- Physician administered drugs and other drugs or medications used in conjunction with an encounter including drugs or medications provided as part of an inpatient encounter.

VACCINES

Refer to the [Immunizations \(Vaccines/Toxoids\) 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.

TELEHEALTH

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

Synchronous Telehealth is two-way, real-time interactive communication between a patient and their health care provider using technology such as interactive video/television, audio/visual secure online digital portals, and videoconferencing. Synchronous telehealth involves two collaborating sites: an “originating site” and a “distant site.” The patient is located at the originating site and the health care professional is located at the distant site.

Audio-Only Telephone Services can be delivered by using older-style “flip” phones or a traditional “land-line” phones that only support audio-based communication. Only certain services are covered using audio-only telephone services. See [Telehealth Approved Services](#) document.

BILLING AND REIMBURSEMENT**Payment Limitations**

Tribal Health Programs can only bill North Dakota Medicaid for services contained within the scope of their ISDEAA contract or compact.

Pharmacy Encounters

Prescriptions dispensed by the pharmacy via point of sale are reimbursed as follows: the first prescription is reimbursed at the encounter rate and any subsequent prescriptions dispensed on the same date of service are reimbursed at zero, regardless of the number of visits to the pharmacy.

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.
- 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. An example of this is when a member sees a medication prescriber for a prescription and then sees a mental health professional for the same diagnosis.
- Multiple visits for the same type of service on the same day with different diagnosis. For example, after the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment (excluding prescriptions).

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.

NOTES:

- ASAM Level 3.1 must be received concurrently with Level 2.1 or 2.5. These concurrent services only qualify for one encounter billing for the two services.

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

Revenue Code 0100	Inpatient In-House Medicaid Days
Revenue Code 0490	Ambulatory Surgical Center
Revenue Code 0500	Outpatient
Revenue Code 0509	Vision
Revenue Code 0512	Dental
Revenue Code 0513	Mental Health
Revenue Code 0519	Health Tracks /EPSDT well-child check
Revenue Code 0900	Substance Use Disorder
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.

Services outside of an encounter

The following services occur outside of an encounter and must be billed pursuant to the appropriate fee-for-service fee schedule:

- [Ambulance services](#)
- [Non-Emergency Medical Transportation](#)
- [Targeted Case Management](#)
- Home and Community-Based Waiver Services
- [1915\(i\) Behavioral Health Supports & Services](#)
- Home Health Visits
- Nursing Facility Visits

NOTE: The above-listed services must be billed through a separate Medicaid provider enrollment and cannot be billed through an IHS or Tribal Health Program or Tribal FQHC enrollment.

NONCOVERED SERVICES

Providers should refer to the [Noncovered Medicaid Services Policy](#).

Services provided under a Care Coordination Agreement

The federal government matches state expenditures for covered services “received through” and IHS facility or tribal health program as defined in this policy at 100% Federal Medical Assistance Percentage (FMAP) rate. Services not “received through” an IHS or THP are matched at the state’s regular FMAP rate. The scope of service considered “received through” an IHS or THP facility includes any services that the facility is authorized to provide according to IHS rules and that are also covered under the North Dakota Medicaid state plan.

Services “received through” an IHS or THP facility include covered services requested in accordance with a written care coordination agreement.

See [Care Coordination Billing Guidelines](#) and [Tribal Care Coordination Guidance](#) for more information.

SUMMARY OF POLICY UPDATES

January 2025

Section	Update
Covered Services	Added clarifying language to SUD services and billing