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/«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**

*Tribal health program* – 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 (25 U.S.C. 450 et seq.).»

**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 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.

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 «AND REIMBURSEMENT»**

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 «Health Tracks»/EPSDT «well-child check»
- 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.

«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/THP are matched at the state’s regular FMAP rate. The scope of service considered “received through” an IHS/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/THP facility include covered services requested in accordance with a written care coordination agreement.»
RELATED POLICIES
  • «Tribal Care Coordination Guidance»
  • Care Coordination Billing Guidelines»