

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.

COVERED SERVICES

Payment to FQHCs for covered services furnished to members is made by means of an all-inclusive rate for each encounter. *Encounter* in this chapter means a face-to-face visit or synchronous telehealth visit during which a qualifying encounter service is rendered. 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).

Types of Encounters

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

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.

Payment Limitations

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 chapter 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 can be billed 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.
- 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 Revenue Code 0636 (Drugs requiring detailed coding) and the appropriate CPT code.

PRIMARY CARE PROVIDER (PCP) DESIGNATION¹

A FQHC can be designated as a PCP; however, the facility 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.

For additional information on the Primary Care Case Management (PCCM) program, see the PCCM chapter.

BILLING GUIDELINES

When billing for more than one encounter for a member on the same day at a single location, 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

¹ The Primary Care Case Management (PCCM) program ended 12/31/2023. Information contained in this policy applies to dates of service prior to 01/01/2024.