



FQHC Encounter Clinic Billing Quick Reference Guide

For Federally Qualified Health Centers, Rural Health Clinics, Encounter Rate Clinics.

Molina Healthcare of Illinois (Molina) has implemented billing guidelines for the following provider types: Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Encounter Rate Clinic (ERC). For consideration of payment from Molina, encounter clinic services must be provided by clinics enrolled and actively participating in the Illinois Department of Healthcare and Family Services (HFS) Medical Programs.

Clinics must fall into one of the clinic categories:

- Federally Qualified Health Center (FQHC)—HFS Provider Type 040
- Rural Health Clinic (RHC)—HFS Provider Type 048
- Encounter Rate Clinic (ERC)—HFS Provider Type 043

Encounter Service Reimbursement

Encounter services must be rendered in a clinic, patient's home, or long-term care facility if the facility is the patient's permanent place of residence, or school if the clinic has a school-based or school-linked specialty. Only one medical encounter per patient per day may be billed. If the clinic is enrolled for dental or behavioral health services, only one dental and one behavioral health encounter per patient per day is eligible for reimbursement.

Allowable places of service for all-inclusive encounter payment, per HFS guidelines:

- 03 School
- 11 Office
- 12 Home
- 31 Skilled Nursing Facility (if Member's permanent place of residence)
- 32 Nursing Facility (if Member's permanent place of residence)
- 50 Federally Qualified Health Center (FQHC)
- 72 Rural Health Center (RHC)

Encounter services will be paid at the all-inclusive encounter rate as determined by Illinois HFS when billed correctly. Correct submissions include:

- Physician services, including covered services of nurse practitioners, nurse midwives, and physician-supervised physician assistants.
- Dental services rendered by a dentist and billed to Molina's dental vendor, Avesis.

T1015 Billing (Clinic Visit/encounter All-Inclusive)

All physician services including covered services of nurse practitioners, nurse midwives, physician-supervised assistants, and behavioral health must have:

1. T1015 with Encounter Rate charge on line 1
2. T1015 must be billed with appropriate modifiers (AJ, AH, HO) for behavioral health
3. At least one additional line with supporting detail services included in the claim submission (these may be non-reimbursable services)

S5190 Billing (Wellness Assessment)

- Procedure code S5190, wellness assessment performed, is submitted for a non-physician when an office visit does not meet the requirements of a face-to-face encounter
- Line 1 must be S5190 (cannot be billed with a T1015 submission) with a zero-charged amount
- At least one additional line with supporting services must be included in the claim submission

Lab Billing

FQHC, ERC, and RHC clinics and physicians who have laboratories in their offices may bill for the Global Service only when the tests are performed by their own laboratories. Otherwise, these must be billed with the 26 (Professional Component) modifier.

Services and supplies (including drugs and biological, which are not usually self-administered by the patient) furnished as an incident to a billable medical, behavioral health or dental encounter, of kinds which are commonly furnished in the practitioners' offices and are commonly either rendered without charge or included in the practitioners' bills, are considered a component of the encounter and cannot be billed fee-for-service (FFS). Examples of these services include, but are not limited to:

- Injections (allergy, antibiotic, steroids, etc.)
- Medical case management
- Patient transportation
- Health education
- Nutrition services
- Onsite laboratory tests:
 - Chemical examination of urine by stick or tablet method or both
- Hemoglobin or hematocrit
- Blood sugar
- Examination of stool specimens for occult blood
- Pregnancy tests
- Primary culturing for transmittal to a certified laboratory

Vaccinations

Effective October 1, 2016, vaccines for children (birth through age 18) eligible under the Title XXI [21] and State-funded medical programs through the Department are not available through the Vaccines for Children (VFC) program. Clinics are allowed to bill vaccines for this population fee-for-service. Children (birth through age 18) are eligible under Title XIX[19] must receive VFC obtained vaccines when available through the VFC program.

Medicaid Encounter Submission Guidelines

Paper Claim CMS-1500	HIPPA 5010 837P Loop	HIPPA 5010 837P Segment	Encounter Reimbursement
Box 24b	2300	CLM05-1	Office (11), Home (12), School (03), Nursing Home (31, 32), Encounter Clinic (50, 71, 72)
Box 24f	2400	SV1-02	Encounter rate on initial service line billed with appropriate encounter code and amount. All subsequent service lines with zero dollars, per HFS guidelines. *See below
Box 24j	2310B	NM1-09	Registered Rendering Provider NPI
Box 31	2310B	NM1-03 Last name NM1-04 First name	Registered Rendering Provider Name
Box 32	2310C	NM1	Location where approved encounter service was provided
Box 33	2010AA	NM108=XX NM109=NPI	Registered Encounter Clinic name, billing address, NPI and applicable taxonomy
Box 33	2010AB	NM1*87	Pay To Provider Address (PO Box) must exactly match the name provided on W-9 documents

Medicaid Encounter Billing Example

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY To MM DD YY	OF SERVICE		(Explain Unusual Circumstances) CPT/HCPCS MODIFIER	POINTNER			Family Plan		
99 99 99 99 99 99			T1015		125 00	1		NPI	1193581234
99 99 99 99 99 99			99213		0 00	1		NPI	
								NPI	
								NPI	
								NPI	
								NPI	

NPI in 24j and Name in 31 must be for same provider

BOX 24j - Registered Rendering Provider

25. FEDERAL TAX I.D. NUMBER 37-1234567	SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 9999999999	27. ACCEPT ASSIGNMENT? (For gov't claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 000 00	29. AMOUNT PAID \$	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made in good faith thereof.) Smith, Joe		32. SERVICE FACILITY LOCATION INFORMATION Service Location Name Service Location Address City, State Zip a. Location NPI b.		33. BILLING PROVIDER INFO & PH # Registered Encounter Clinic Name Encounter Clinic Billing Address City, State, Zip a. 1234567890 b. Taxonomy for Provider Type		

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Box 31	Box 32	Box 33
Registered rendering provider name	Approved encounter location when billing encounter code Office (POS11), Home (12), School (03), Nursing Home (POS 31, 32), Encounter Clinic (50, 71, 72)	Registered encounter clinic name, billing address as listed on the W-9, taxonomy for provider type, and the Encounter Group NPI

Fee-For-Service Billing by Encounter Clinic

When services are rendered by clinic/center staff practitioners outside the clinic or home setting, the clinic cannot bill an encounter. An example of this would be a clinic/center staff physician seeing patients who are hospitalized. Services will be reimbursed based on the CPT/HCPCS code listed in accordance with the practitioner fee schedule for the date of service billed.

Examples of such services include:

- OB/GYN delivery services.
- Hospital inpatient professional services.
- Hospital outpatient professional services.
- Emergency room professional services.
- Ambulatory Surgery Center professional services.

The following will be reimbursed at the fee-for-service rate when billed with respective Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code even if billed with the encounter group NPI:

- Intrauterine Devices (IUDs)
- Family Planning
- J3490 Depo-SubQ Provera 104 mg Injection

Providers may use the registered encounter group NPI or separate FFS group NPI as the billing provider with the appropriate place of service outside the approved encounter locations. Providers are not to bill with Encounter Rate code T1015 when submitting claims for these services. All rendering providers who offer services outside of the FQHC, ERC, or RHC must be registered with HFS to receive reimbursement.

Paper Claim CMS-1500	HIPPA 5010 837P Loop	HIPPA 5010 837P Segment	Fee-For-Service
Box 24b	2300	CLM05-1	Inpatient (21), Outpatient (22)
Box 24f	2400	SV1-02	Standard fee-for-service billed rates per CPT/HCPS code billed on service line
Box 24j	2310B	NM1-09	Registered Rendering Provider NPI
Box 31	2310B	NM1-03 Last name NM1-04 First name	Registered Rendering Provider Name
Box 32	2310C	NM1*77	Inclusive of facility name, NPI, street address, city, state, zip
Box 33	2010AA	NM108=XX NM109=NPI	Registered Encounter Clinic name, billing address, NPI and applicable taxonomy
Box 33	2010AB	NM1*87	Must exactly match the name provided on W-9

Fee-for-Service Billing Example

1	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPCS Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From MM DD YY	To MM DD YY	MM	DD	YY	MM					DD	YY					
1	99	99	99	99	99	99			99222		000	00			NPI	1193581234	
2	99	99	99	99	99	99			99238		000	00			NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		
25. FEDERAL TAX I.D. NUMBER			SSN EIN			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov't, date, see back)			28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
371234567						999999999			YES NO			\$ 000 00		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on this bill apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()					
Smith, Joe						Facility Name Facility Location Address City, State Zip						Registered Encounter Clinic Name Encounter Clinic Billing Address City, State, Zip					
SIGNED DATE						a. Location NPI b.						a. 1234567890 b. Taxonomy for Provider Type					

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Box 31 Registered rendering provider name	Box 32 Physical service location (POS 21) inpatient, (POS 22) outpatient	Box 33 Registered encounter clinic name, billing address as listed on the W-9, taxonomy for provider type, and the Encounter Group NPI or FFS Group NPI
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Medicare-Medicaid Plan (MMP/Duals) Member Claim Submission Guidelines

Encounter reimbursement for services provided to Molina Members who qualify for both Medicare and Medicaid programs under the Medicare Medicaid Alignment Initiative (MMAI) or Duals program must be billed according to current CMS guidelines.

All claims for MMAI/MMP Members must be submitted on a **UB-04** or **837I** equivalent. Claims will be processed in accordance with the Prospective Payment System (PPS).

Medicare FQHC Billing Guidelines

cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Medicare RHC Billing Guidelines

cms.gov/center/provider-type/rural-health-clinics-center.html

Medicare-Medicaid Plan (MMP/Duals) Encounter Billing Example

42 REV. CD.	43 DESCRIPTION	44 HOPS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0521	Freestanding Clinic - Visit by member to	G0467	01/13/2021	1.00	\$196.00	\$0.00	
0521	Freestanding Clinic - Visit by member to	99214 / GC	01/13/2021	1.00	\$208.00	\$0.00	

90 PAYER NAME 1 MOLINA HEALTH CARE OF ILLINOIS		91 HEALTH PLAN ID 20934		92 SER. REG. Y	93 SER. REG. Y	94 PRIOR PAYMENTS	95 EST. AMOUNT DUE	96 NPI [REDACTED]	97 OTHER PRV ID
98 INSURED'S NAME [REDACTED]		99 REL. 18	00 INSURED'S UNIQUE ID [REDACTED]		01 GROUP NAME		02 INSURANCE GROUP NO. [REDACTED]		
03 TREATMENT AUTHORIZATION CODES				04 DOCUMENT CONTROL NUMBER			05 EMPLOYER NAME		
06 C1 R51.9	06 C2 J44.9	06 C3 Z68.34	06 C4 G43.001	06 C5	06 C6	06 C7	06 C8	06 C9	06 C10
70 ADMIT DX	71 PATIENT REASON DX	72 PRS CODE	73 ECI	74	75	76 ATTENDING NPI [REDACTED] QUAL		77 OPERATING NPI [REDACTED] QUAL	
74 PRINCIPAL PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	75 LAST [REDACTED]	75 FIRST [REDACTED]	75 LAST [REDACTED]	75 FIRST [REDACTED]
74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	74 OTHER PROCEDURE CODE DATE	75 LAST [REDACTED]	75 FIRST [REDACTED]	75 LAST [REDACTED]	75 FIRST [REDACTED]

Report one of the following G codes on line 1 per day, which includes all charges subject to coinsurance and deductible for the visit.

- G0466: Physical Health – New Patient
- G0467: Physical Health – Established Patient
- G0468: Physical Health – IPPE or AWV (new or established)
- G0469: Mental Health – New Patient
- G0470: Mental Health – Established Patient

Please note that Molina requires a current and valid Form W-9 to be on file for each billing provider. Providers who bill with different addresses than what is listed on their W-9 documents are required to submit a letter on their organization letterhead listing the W-9 address and the correct billing address for record purposes.

If a claim is received with a different address than is reported on the W-9 and a letter is not on file, the claim will be denied. Providers may resubmit a corrected claim with the correct W-9 address for payment, or a letter must be sent and the billing address updated before the provider can submit a corrected claim.

Please contact your Provider Services Representative if you have questions or need guidance. You may also contact the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com or (630) 203-3965.