



Louisiana Department of Health and Hospitals Health Plan Advisory 13-16 October 24, 2013

FQHC/RHC Crossover and Third Party Billing

This advisory is being issued to provide instruction to Shared Savings Health Plans on processes required when submitting 837s to Molina for Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) claims that include Third Party Liability (TPL) information on the Coordination of Benefits (COB).

Medicaid payments to FQHCs and RHCs are made at an all-inclusive encounter rate when billed with Procedure Code T1015.

When submitting electronic claims (837s) to Molina for adjudication, Health Plans must apply all payments and/or patient responsibility on the COB as a total to the T1015 encounter line of the claim. Private insurance companies do not pay providers based on Procedure Code T1015. Since Medicaid payments are only made on the T1015 line, it is necessary for providers, when billing Medicaid secondary, to add this code to their claim. Therefore, the COB from the primary and the provider's Medicaid claim will not match due to Medicaid requirements.

Providers must submit the primary COB along with their claim to Medicaid. Medicaid billing requires all services performed during the visit be included on the claim form as detail lines. All charges for the visit must be billed on the T1015 line, and all detail lines following the T1015 should be billed at \$0. The encounter rate will pay at the T1015 line based on the provider's encounter rate, and the detail lines will be paid (approved) at zero (\$0).

EXCEPTIONS:

PAYMENT OF ADJUNCT SERVICES (99050-99051):

Reimbursement will be made for adjunct services **in addition to the encounter rate paid** for professional services **when these services are rendered during the evening, weekend or holiday hours** as outlined in the *Current Procedural Terminology* (CPT) manual under "Special Services, Procedures and Reports".

To facilitate recipient access to services during non-typical hours and to reduce the inappropriate use of the hospital emergency department, the reimbursement provided by use of the adjunct codes is intended to assist with covering the additional administrative costs associated with staffing during these times. Providers are not to alter their existing business hours for the purpose of maximizing reimbursement.

The reimbursement is a flat fee in addition to the reimbursement for the associated encounter.

Reimbursement is limited to services on weekends, state legal holidays, and between the hours of 5 p.m. and 8 a.m., Monday through Friday. Documentation must include the time the services were rendered.

FAMILY PLANNING WAIVER (TAKE CHARGE):

Providers of Family Planning Waiver -TAKE CHARGE services, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and American Indian 638 Clinics **will be reimbursed at the Medicaid fee-for-service rates.** TAKE CHARGE offers a limited benefit package of services which includes professional services, outpatient services and laboratory/radiology and pharmaceutical services.

NOTE: It is not considered altering the claim to apply the total TPL amount to the T1015 claim line rather than the other detail lines as the provider(s) have already been instructed to submit the claims to Medicaid differently than the process utilized for claims already submitted to the Third Party Carrier or Medicare.