



**Louisiana Department of Health  
Informational Bulletin 24-9  
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**Therapy Services in Federally Qualified Health Centers, Rural Health Clinics and American Indian Clinics**

Individual speech therapists, physical therapists and occupational therapists may enroll in Fee-for-Service (FFS) Medicaid as individual providers to deliver services to Medicaid beneficiaries.

In Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and American Indian Clinics these therapy services are considered “other ambulatory services” and are governed by Medicaid policies and procedures in the Professional Services provider manual located at [www.lamedicaid.com](http://www.lamedicaid.com). Reimbursement of these services is at the all-inclusive rate on file for the provider on the service date.

When billing therapy services in these settings, providers must submit the claim as indicated below:

- The header line must be the T1015 procedure code for the encounter.
- The detailed lines must contain the specific CPT codes for each service provided on the service date. Note: Detailed lines are billed according to the specific policy manuals located at [www.lamedicaid.com](http://www.lamedicaid.com).
- Only one encounter will be reimbursed for therapy provided on a single date of service for the same provider. If multiple therapies are provided, all must be billed on the same claim.
- The billing provider on the claim will be the provider type 72, 79, 87, or 95.
- The rendering/servicing provider will be the physical therapist (PT 35), occupational therapist (PT 37) or speech therapist (PT 39).
- The multiple encounters policy outlined in the FQHC provider manual applies to the billing of therapy services.

Managed care organizations (MCO) must make system updates and recycle any claims that were paid incorrectly according to this change within 60 days of this notice. MCOs must also notify providers of their process and timeline for implementing the changes, as well as their plan to recycle impacted claims.

Questions regarding managed care claims should be directed to the appropriate MCO.

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