Federally Qualified Health Center/Rural Health Center Provider Training

The following table contains frequently asked questions that relate to the FQHC RHC Provider Training. Click on the topic to view the answer.

**Encounter Data**
- Can the UB form accept encounter data as well as the roll up?
- Will there be claim samples available that include encounter data?
- What happens if the encounter detail lines have charges on them instead of "0"?

**Medicare Crossover Claims**
- Could you clarify the language related to FQHC/RHCs needing to bill the same as they bill Medicare? Some FQHC/RHC’s are currently billing Medicare without the details and when billing MaineCare the detail is required.
- We are being asked to use the 0521 psych code for MaineCare and are using billing code 0900 on Medicare claims, how will this work?
- Is it necessary to use the Medicare TO/FROM date field?
- Medicare only allows one line per claim. Will this cause a problem for crossovers?

**Medicare Non-Crossover Claims**
- How do I bill after Medicare when the claim does not crossover?

**Enrollment**
- How do FQHCs that provide other services, for example a Dental Service, enroll in MIHMS?
- How do FQHC providing school health clinic services enroll in MIHMS?
- Do FQHCs need to enroll Non-Billing Ordering, Prescribing, and Referring (NOPR) practitioners within their organization?

**Policy**
- According to policy, HCPC and CPT codes are required. However, HIPAA Compliant Crosswalk refers to revenue codes?

**Maine Breast and Cervical Health Program (MBCHP)**
- How do FQHC/RHC who are also PCPs for MBCHP bill MBCHP?

**Other**
- When using a modifier for two visits in the same day, which visit gets the modifier?
- Do we need a referral number for Primary Care Case Management (PCCM) referrals?

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**Encounter Data**

**Can the UB form accept encounter data as well as the roll up?**
Yes, the UB form does allow for this.
Will there be claim samples available that include encounter data?
Yes, the following claims samples are available.
- Secondary claim when Medicaid is retro-active (can use Direct Data Entry (DDE) or paper)
- Crossover UB Claims (to include Crossover claim if Medicare is denied)
- Dental Claims on UB
- First Core visit and Second Core visit or a Psych visit
- A UB with NDC J-Code Claim

What happens if the encounter detail lines have charges on them instead of “0”?
Charges can be entered on the encounter line(s). The system will still calculate the $0.00 allowed amount correctly based on the core visit.

Medicare Crossover Claims

Could you clarify the language related to FQHC/RHCs needing to bill the same as they bill Medicare? Some FQHC/RHC’s are currently billing Medicare without the details and when billing MaineCare the detail is required.
FQHC/RHCs will need to bill the same claim form in order for claims to crossover from COBA files. When billing Medicare, FQHC/RHCs will NOT be required to bill the encounter detail.

We are being asked to use the 0521 psych code for MaineCare and are using billing code 0900 on Medicare claims, how will this work?
This is acceptable because only the co-insurance and deductible is considered when they cross over to MaineCare.

Is it necessary to use the Medicare TO/FROM date field?
Yes.

Medicare only allows one line per claim. Will this cause a problem for crossover?
Encounter data will not be required for Medicare Crossover claims. Crossovers will price so that they are reimbursed coinsurance/deductible for QMB members and up to their provider rate for dual eligibles (non-QMB).

Medicare Non-Crossover Claims

How do I bill after Medicare when the claim does not crossover?
When billing after Medicare, bill the allowed amount using DDE or Paper with Medicare as Other Insurance, MIHMS will calculate the amount.

Enrollment

How do FQHCs that provide other services, for example a Dental Service, enroll in MIHMS?
FQHCs who also provide another service, in this case Dental services, have a choice of how they can enroll. Assuming they meet the criteria in each section of policy.

1. The FQHC may choose to have Dental Services included in their visit rates and work with Rate Setting for the change of scope of services and receive a new rate. They would then bill the ambulatory core visit for each service.
2. They may also choose to not include Dental Services in their core rate, and in those cases they would enroll and get a new provider number for the specific section of policy that covers the services they are going to add. They would then bill according to the specific policy billing instructions.

Do FQHCs need to enroll Non-Billing Ordering, Prescribing, and Referring (NOPR) practitioners within their organization?
The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll with MaineCare to order, prescribe and refer items or services for patients, even though they do not submit claims to MaineCare. Billing providers are required to submit the NPI of the ordering, prescribing, or referring provider on certain claims to receive reimbursements for the service. This includes all prescription claims as well as claims from the following providers:
- Clinical laboratories for ordered tests
- Imaging centers for ordered
- Supplies of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
NOPR providers must be enrolled with MaineCare with a Type 1 Individual NPI. NOPRs may enroll independently or be enrolled as part of a provider that is enrolled in MaineCare.

How do FQHCs providing school health clinic services enroll in MIHMS?
If you are a FQHC that provides school health clinic services you must enroll in MIHMS as an FQHC. When filing a claim, you will indicate the Place of Service as a School (POS – 03).

Policy
According to policy, HCPC and CPT codes are required. However, HIPAA Compliant Crosswalk refers to revenue codes?
Policy is being updated to include revenue codes

Maine Breast and Cervical Health Program (MBCHP)
How do FQHC/RHC who are also PCPs for MBCHP bill MBCHP?
FQHC/RHCS that are MBCHP providers should bill using the same allowable procedure codes.

Other
When using a modifier for two visits in the same day, which visit gets the modifier?
The first visit is without the modifier and the subsequent visit is assigned a modifier.

Do we need a referral number for Primary Care Case Management (PCCM) referrals?
Although you are still required to get a referral, the system looks for the referral, based on the member. You should enter nothing in 17A for the CMS 1500 or 63A for the UB 04. You are required to enter the referring NPI in the appropriate locations on the form(s).