Federally Qualified Health Center

Reimbursement Policy ID: RPC.0015.0900

Recent review date: 01/2025

Next review date: 01/2026

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses covered services provided by Federally Qualified Health Centers (FQHC's) and how these services are reimbursed. Federally Qualified Health Centers are paid on a prospective payment system (PPS).

Exceptions

N/A

Reimbursement Guidelines

Per New Hampshire Medicaid, Federally Qualified Health Centers (FQHC's) are reimbursed on a bundled rate based on the encounter and services provided during that encounter. An "encounter" is defined as face-to-face contact between a patient and provider of core or noncore services. Encounters and any services provided are billed on separate claim lines with appropriate modifiers.

Multiple encounters with one health professional or encounters with multiple health professionals constitute a single visit if all of the following conditions are satisfied: all encounters take place on the same day; all contact involves a single PPS service; and the service rendered is for a single purpose, illness, injury, condition, or complaint. Multiple encounters constitute separate visits if one of the following conditions is satisfied: the encounters involve different PPS services; or the services rendered are for different purposes, illnesses, injuries, conditions, or complaints or for additional diagnosis and treatment.

Services may be provided by a physician, physician assistant, or advanced practice registered nurse. The services provided also include dental services, physical and occupational therapy, speech therapy, audiology services, vision, behavioral health/substance abuse disorder, and podiatry.

Per New Hampshire Medicaid FQHC guidelines, for accurate reimbursement, the encounter is billed using CPT code, T1015. Providers are required to list all the CPT/HCPCS services provided during the encounter on subsequent lines. CPT codes included with the T1015 encounter code must accurately indicate the service(s) provided during the encounter and conform to National Correct Coding Initiative (NCCI) standards. Claims submitted without the corresponding CPT/HCPCS codes will be denied. Services will be bundled per New Hampshire Medicaid directives for reimbursement purposes.

Services and supplies "incident to" the professional services of health care practitioners are those commonly furnished in connection with these professional services, generally furnished in a practitioner's office, and ordinarily rendered without charge, or included in the practice bill such as ordinary medications, and other services and supplies used in patient primary care services. "Incident to" services must be furnished by a clinic employee and must be furnished under the direct, personal supervision of the health care practitioner, meaning that the health care practitioner must be physically present in the building and immediately available for consultation.

Definitions

Federally Qualified Health Center (FQHC)
Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. An FQHC is a community-based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse.

Incident To
"Incident to" a physician's professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.

Prospective payment system (PPS)
FQHC PPS consisted of bundled payments that drives efficiency, not cost-based reimbursement. The PPS base rate is calculated for each FQHC, derived from the historical costs of providing comprehensive care to

Medicaid patients to ensure each rate is appropriate and accurate. There is a single, bundled rate for each qualifying patient visit.

Edit Sources

I. Current Procedural Terminology (CPT)
II. Healthcare Common Procedure Coding System (HCPCS)
III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and associated publications.
IV. Centers for Medicare and Medicaid Services (CMS).
V. Provider Manual - Federally Qualified Health Centers (FQHC's), FQHC Look-A-Likes (LAL's), and Rural Health Clinics-Non-Hospital Based (RHC's-NHB)

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
01/2025	Annual review • No major changes
04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section