

# Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services (IHS) Specialty Training

Health First Colorado  
(Colorado's Medicaid Program)



# Navigating This Presentation

- Underlined words or phrases often will link viewers to more information, such as web pages. If you are viewing this presentation in normal mode (not slideshow mode), you may need to press the Ctrl key while you click on the link in order to open it.
- Use color-coded table of contents slides to navigate to specific areas of interest in the presentation.
  - Use back arrows provided in the bottom right corner of some slides to return to table of contents slides.



# Agenda

Introduction

Covered  
Services

Billing and  
Payment

Resources



# Introduction

# Introduction

**Federally Qualified Health Centers (FQHCs):** community-based healthcare organizations that receive federal funding to provide primary care services to underserved populations

- Certified by U.S. Department of Health and Human Services
- May be either freestanding or federally defined as “provider based”

**Rural Health Clinics (RHCs):** outpatient clinic located in rural, medically underserved areas that provide primary care services to patients who might otherwise have limited access to healthcare

- Certified under Medicare
- May be either freestanding or affiliated with a hospital
- Cannot be rehabilitation facilities or facilities primarily for the care and treatment of mental illness

# Introduction

**Indian Health Services (IHS):** federal agency within the U.S. Department of Health and Human Services that provides healthcare services to American Indian and Alaska Native (AI/AN) individuals

- To bill as IHS provider, facility must reside on land owned and operated by a federally recognized tribe as defined under Title IV of the Indian Health Care Improvement Act

**Urban Indian Organizations (UIOs):** non-profit healthcare providers that offer culturally appropriate healthcare and social services to AI/AN individuals living in urban areas

- Currently ineligible for IHS designation under federal law
- May apply to become Federally Qualified Health Centers (FQHCs) with Health First Colorado if they receive funds under Title V of the Indian Health Care Improvement Act

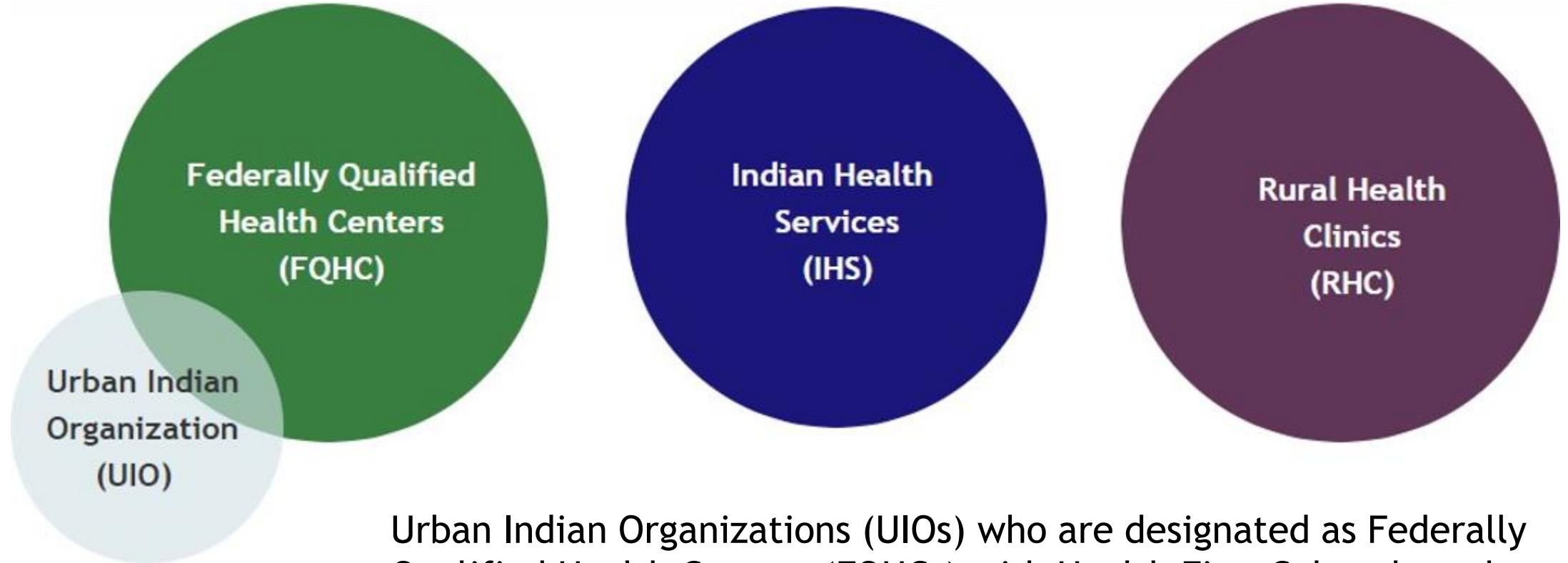
# Introduction

## Tribal Federally Qualified Health Centers (FQHCs)

**Tribal Federally Qualified Health Centers (FQHC):** facility operated by tribe or tribal organization for the provision of primary health services

- Commonly referred to as Tribal 638 facilities
- May bill Health First Colorado on per-visit basis whether services are furnished at the facility, outside the facility or provided by off-site provider under contract with tribal FQHC
- Tribal FQHCs agreeing through tribal consultation to be paid using Alternative Payment Methodology (APM) will be paid the Indian Health Service (IHS) all-inclusive rate published annually in the Federal Register
  - FQHCs operated by Urban Indian Organizations (UIOs) are ineligible for this payment

# Introduction



Urban Indian Organizations (UIOs) who are designated as Federally Qualified Health Centers (FQHCs) with Health First Colorado and use cost reports in lieu of the federal encounter rate should refer to the billing manual for FQHCs

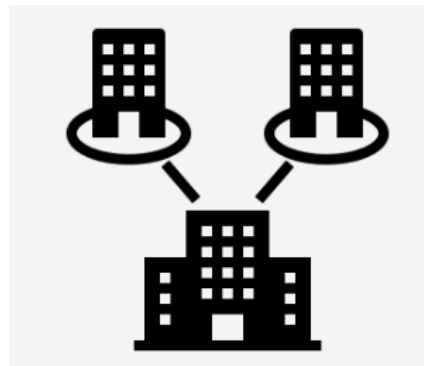
# Introduction

## Provider Enrollment

Each permanent service location needs to enroll with and bill Health First Colorado using a unique National Provider Identifier (NPI)

### Exceptions:

- Mobile units and temporary sites
- Hospital-based Federally Qualified Health Centers (FQHCs) are encouraged to obtain unique NPIs for all sites on a main campus but are not required to do so



# Covered Services

# Covered Services

## Federally Qualified Health Centers (FQHCs)

- Physician services
- Physician Assistant services
- Nurse Practitioner services
- Nurse Midwife services
- Clinical Psychologist services
- Clinical Social Worker services
- Licensed Professional Counselor services
- Licensed Marriage and Family Therapist services
- Licensed Addiction Counselor services
- Pneumococcal & influenza vaccine administration
- Services and supplies incidental to professional services
- Part-time or intermittent nursing care for homebound individuals
- Other reimbursable ambulatory services
- Dental



# Covered Services

## Imaging - FQHCs

**Professional component** (including direct visualization by a physician without the member present):

- Not billable



**Technical component:**

- Not billable when FQHC owns the equipment (costs are accounted for in the Prospective Payment System [PPS] rate)
- Not billable when FQHC orders imaging from another provider
- Billable when FQHC is based in a hospital (costs of imaging and labs are removed from cost report when determining encounter rate)



# Covered Services

## Rural Health Clinics (RHCs)

- Services provided by a physician
- Services provided by Physician Assistants, Nurse Practitioners and Nurse Midwives under the supervision of a physician
- Incidental related services and supplies, including visiting nurse care and related medical supplies
- Other ambulatory services which meet program requirements
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- Clinical Psychologist services
- Clinical Social worker services
- Licensed Professional Counselor services
- Licensed Marriage and Family Therapist services
- Licensed Addiction Counselor services



# Covered Services

## Indian Health Services (IHS)

### Outpatient services:

- Medical services
- Hospital outpatient services
- Podiatry services
- Optometry services
- Radiology services
- Laboratory services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- Behavioral health services



### Inpatient services:

- Limited to one (1) payment per date of service per member

# Covered Services

## Indian Health Services (IHS)

**Professional services** (refer to the Medical-Surgical Billing Manual):

- Medical services
  - Surgical services
  - Anesthesia services
  - Obstetrical services
  - Vaccine/immunization services
  - Psychiatric services
  - Pharmacy (refer to Pharmacy Billing Manual)
  - Dental (bill to DentaQuest)
- 
- Services must be submitted on a CMS 1500 Professional claim
  - Reimbursed at the fee schedule rate



# Covered Services

## Indian Health Services (IHS)

### Behavioral health services:

- Must be billed directly to Health First Colorado using Revenue Code 900
- Reimbursed at the IHS outpatient encounter rate



# Billing and Payment

# Billing and Payment

## Claim Types

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services (IHS) bill on either the UB-04 institutional claim or the CMS 1500 professional claim, depending on the service provided

Generally:

- Non-carved out services are billed on the institutional claim type
- Carved out services are billed on the professional claim type
  - Services billed on the professional claim reimburse at the published fee schedule amount

The image shows a UB-04 Institutional Claim Form, which is a standard form used for billing institutional services. It features a grid layout with various fields for patient information, service dates, and charges. The form is printed on a light blue background with red lines and text.The image shows a CMS 1500 Professional Claim Form, which is a standard form used for billing professional services. It features a grid layout with various fields for patient information, service dates, and charges. The form is printed on a light blue background with red lines and text.

# Billing and Payment

## Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

Services at freestanding Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are priced at an encounter rate that includes all routine services

Institutional claims must include:

- all Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for services provided during a visit
- at least one (1) claim line that identifies revenue code 0529 for FQHCs or 0521 for RHCs (for physical health) or revenue code 900 (for behavioral health)
  - can appear at any line on the claim and with any procedure code

Facility	Revenue code	Service
FQHC	529	Physical Health
RHC	521	Physical Health
FQHC/RHC	900	Behavioral Health

# Billing and Payment

## Obstetrical Care - FQHCs and RHCs

Payments for obstetrical services through Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not bundled

Prenatal and postpartum services should be billed on the UB-04 institutional claim form

- F-codes can be included as outlined in the Obstetrical Care Billing Manual

Labor and Delivery (L&D)-only services should be billed fee-for-service on the CMS 1500 professional claim form



# Billing and Payment

## Same-Day Physical Health Visits - FQHCs and RHCs

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may bill for a second physical health encounter if a member suffers illness or injury that requires separate diagnosis or treatment from first encounter

UB-04 institutional claims should include:

- Distinct diagnosis for qualifying second, same day physical health visit



# Billing and Payment

## Zero Pay Claims - FQHCs and RHCs

Federally Qualified Health Centers (FQHCs) must comply with National Correct Coding Initiative (NCCI) coding

- Claims may result in \$0 pay if two (2) procedure codes included in the NCCI Procedure-to-Procedure edits are submitted

FQHCs and Rural Health Centers (RHCs) must include all non-carved out Physician-Administered Drugs (PADs) when part of treatment

- Claims may result in \$0 pay if National Drug Codes (NDCs) are missing on claims that include PAD procedures
- PADs purchased through the 340B program should include the UD modifier on claims
- Refer to Appendix X: HCPCS/NDC Crosswalk for Billing Physician-Administered Drugs on Department website

# Billing and Payment

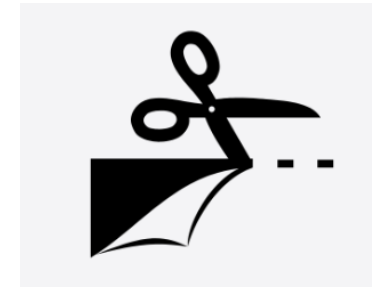
## Carve-Out Services - FQHCs and RHCs

Carve-out services are not included in the encounter rate for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

- Billed on CMS 1500 professional claim forms

### **Carve-out services include:**

- Antagonist injections for substance use disorders (FQHC only)
- Complete and partial dentures (FQHC only)
- Dental services provided in an outpatient hospital setting (FQHC only)
  - Dental claims should be submitted to DentaQuest
- Inpatient hospital services (FQHC only)
- Long-Acting Reversible Contraceptives (LARCs)
- Nurse Home Visitor Program (FQHC only)
- Prenatal Plus Program (FQHC only)



# Billing and Payment

## Group Billing and eConsults - FQHCs and RHCs

Group sessions are not a billable encounter for any Federally Qualified Health Center (FQHC) service

- Reimbursable visits must be face-to-face, one-on-one encounters

eConsult visits between primary care providers and specialty providers do not meet the definition of an FQHC or Rural Health Clinic (RHC) visit

- Costs associated with services provided as a result of eConsult visits are considered allowable costs for the cost report and will be included in the calculation of the reimbursement rate



# Billing and Payment

## Regional Accountable Entities (RAEs) - FQHCs and RHCs

Claims for behavioral health services must be billed to the appropriate Regional Accountable Entity (RAE) by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) using revenue code 900 if:

- Diagnosis and all procedures during visit are covered by Health First Colorado
- Member receiving service is enrolled in a RAE

### **Exception: Short-Term Behavioral Health Visits, July 2018-June 2025**

- FQHCs and RHCs may be reimbursed for short-term behavioral health services for up to six (6) sessions per episode of care
  - Episode of care is defined as a 12-month period
  - Does not require covered behavioral health diagnosis
  - Additional sessions require authorization from the RAE and will be reimbursed by the RAE under the capitated behavioral health benefit

# Billing and Payment

## Regional Accountable Entities (RAEs) - FQHCs and RHCs

**Short-Term Behavioral Health Visits July 2018-June 2025, continued:**

Procedure codes that may be billed fee-for-service under the short-term behavioral health services in the primary care setting: 90791, 90832, 90834, 90837, 90846, 90847

If a member receives both short-term behavioral health service and medical service on the same day, an FQHC must submit two (2) claims:

- one (1) with the short-term behavioral health service using revenue code 900
- one (1) with the medical service using revenue code 529 for two (2) encounter rate payments from Health First Colorado

If a member receives both short-term behavioral health service and other behavioral health services, an FQHC should include all behavioral health services on one (1) claim

# Billing and Payment

## Regional Accountable Entities (RAEs) - FQHCs and RHCs

### Effective July 2025:

The first six (6) short-term behavioral health visits can no longer be billed to the Department for dates of services after June 30, 2025

All of the following codes should be billed to the RAEs: 90791, 90832, 90834, 90837, 90846, 90847



# Billing and Payment

## Integrated Care - FQHCs & RHCs

**Effective July 1, 2025**, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may be reimbursed for Health Behavior Assessment & Intervention (HBAI) and Collaborative Care Model (CoCM) codes at the encounter rate

- Do not require a covered behavioral health diagnosis
- Billed to the Department using 900 revenue code

Integrated care services will follow standard reimbursement policies

- HBAI codes: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
- CoCM codes: 99484, 99492, 99493, 99494, G0323, G2214

# Billing and Payment

## Integrated Care - FQHCs & RHCs

If a member receives both an integrated care service and a medical service on the same day, a Federally Qualified Health Center (FQHC) must submit two (2) claims

- one (1) with the Health Behavior Assessment & Intervention (HBAI) or Collaborative Care Model (CoCM) service using revenue code 900
- one (1) with the medical service using revenue code 529 for two (2) encounter
- rate payments



# Billing and Payment

## Integrated Care - FQHCs & RHCs

A visit that includes an integrated care service and other behavioral health services should include all behavioral health services in the visit on the claim billed to Health First Colorado

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can receive one (1) encounter payment for a behavioral health visit for a single patient in one (1) day
- FQHCs and RHCs are not allowed to bill for a behavioral health psychotherapy visit (to the RAE) and an integrated care visit (Health Behavior Assessment & Intervention [HBAI] or Collaborative Care Model [CoCM]) for the same member on the same day
- The Department conducts ongoing retroactive review and compliance activities monitoring these policies

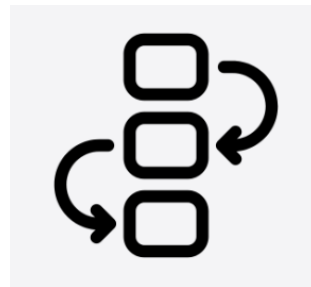
# Billing and Payment

## Indian Health Services (IHS)

Health First Colorado adheres to the “one facility, one rate” guidance outlined by Centers for Medicare & Medicaid Services (CMS) for Indian Health Services (IHS) facilities

### **IHS is the payer of last resort**

- Third-party or private insurance plans (e.g., Connect for Health) must **always** be billed first
- Medicare must be billed before Health First Colorado if an American Indian/Alaska Native (AI/AN) member is dually eligible for Medicare and Health First Colorado



# Billing and Payment

## Indian Health Services (IHS) Revenue Codes

IHS facilities are required to use revenue codes to bill Health First Colorado

Revenue Code	Type of Service
529	Physical Health (Outpatient)
900	Behavioral Health (Outpatient)
110	Physical & Behavioral Health (Inpatient)

- Keep multiple revenue codes separate if billing on the same claim
- Use revenue codes on each line of the claim regardless of the type of service identified in locator 44 for outpatient medical and outpatient behavioral health claims
- All other lines should use the revenue code appropriate for the service

# Billing and Payment

## Indian Health Services (IHS)

Encounter rates for Indian Health Services (IHS) facilities and Tribal Federally Qualified Health Centers (FQHCs) are determined by the federal Department of Health and Human Services

- Published in the Federal Register for each calendar year
- Often referred to as the All-Inclusive Rate (AIR)

Payment for inpatient stays is provided per date



# Billing and Payment

## Indian Health Services (IHS)

Payment for medical, clinical laboratory and radiology services are based on procedure code(s) used on claims

If all three (3) types of services are rendered, three (3) separate claims should be billed:

- Clinical Laboratory procedure code range 80047-89398
- Radiology procedure code range 70010-79999
- Medical services encompass any other medical procedure code not in the Clinical Laboratory or Radiology category.



# Billing and Payment

## Telemedicine

Telemedicine visits qualify as billable encounters for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services (IHS) (refer to Telemedicine and eConsult Billing Manual)

- Telephone
- Live chat
- Interactive audiovisual modality

Services provided via telemedicine must use modifier GT on CMS 1500 professional claim forms

- FQ modifier should also be used if the service was furnished using audio-only communication technology
- FR modifier should also be used if supervising practitioner was present through two-way audiovisual communication technology

# Billing and Payment

## Telemedicine

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services (IHS) providers can serve as originating sites to allow members to connect with distant providers not affiliated with the originating site



# Resources

# Resources

For Our Providers web pages: <https://hcpf.colorado.gov/our-providers>

The General Provider Information Manual is an overview of the program, including billing and policy information

- Federally Qualified Health Center and Rural Health Clinic Billing Manual
- Indian Health Services Billing Manual
- Telemedicine and eConsult Billing Manual
- Appendix R (for a detailed list of Explanation of Benefit [EOB] codes on claims)

Provider Contacts web page

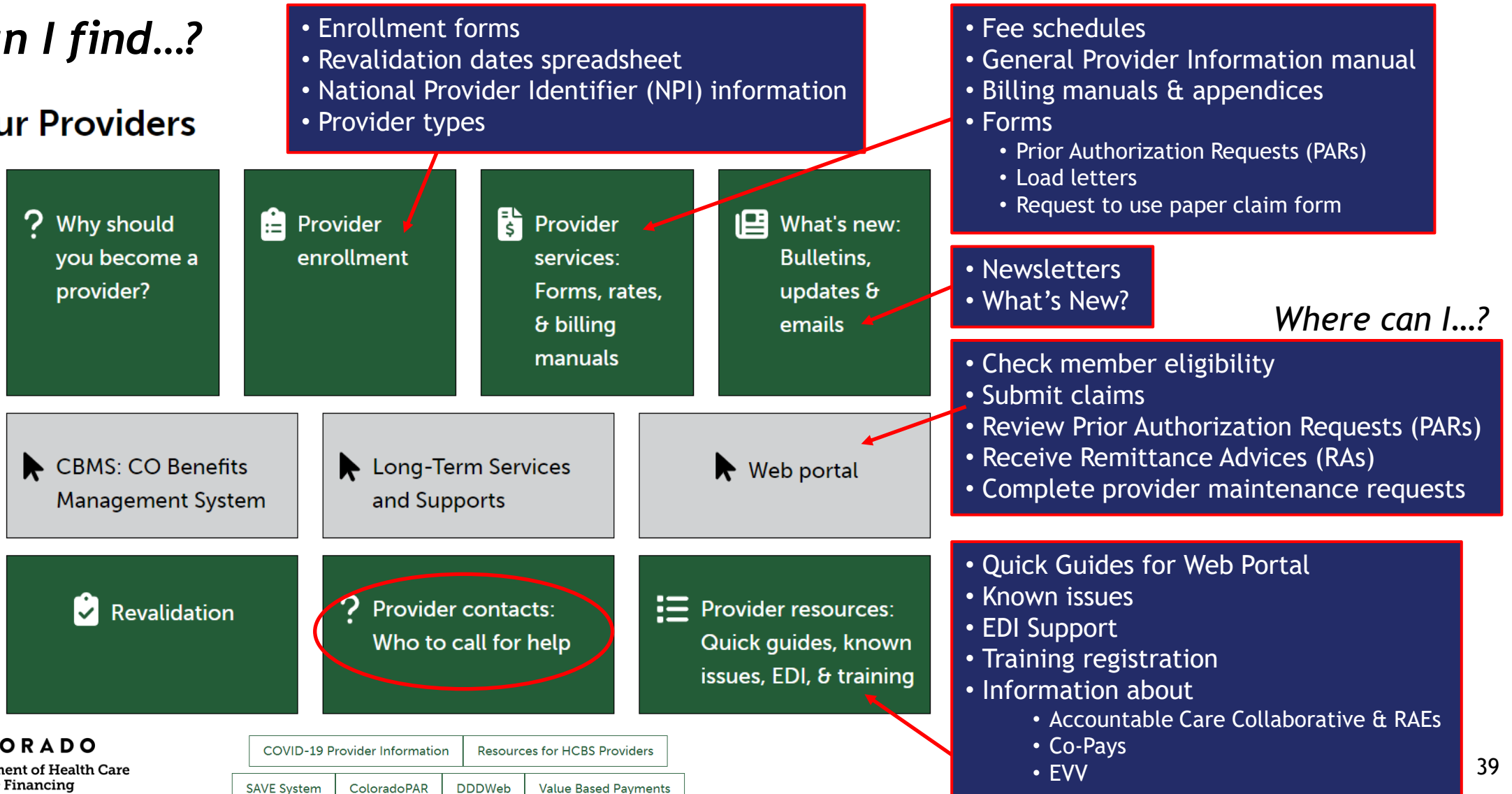
Provider Training web page

Provider Web Portal Quick Guides web page (including Read Remittance Advice [RA] and Copy, Adjust or Void a Claim)

# hcpf.colorado.gov/our-providers

*Where can I find...?*

For Our Providers



# Thank you!