

Medicare Advantage FQHC/RHC Billing Guide

CMS 1500 Billing Guide

HCFA 1500	FQHC	RHC
<p>These services are billed as carveouts and are not included in the Clinic Visit. They are billed separately on a 1500 form.</p> <p>Modifiers:</p> <p>Modifier 25: Significant & Separately Identifiable E&M Service on the Same Day of Other Service</p> <p>Modifier 59: Distinct Procedural Service</p>	<p>DME, Labs (except 36415), Technical services (w/Mod TC), Group Services, non-face-to-face services (i.e., virtual services) and ambulance services.</p> <p>Note: FQHCs can report modifier 59 for subsequent visit on the same day for illness or injury</p>	<p>DME, Labs (except 36415), Technical services (w/Mod TC), Group Services, non-face-to-face services (i.e., virtual services).</p> <p>Note: RHCs can report modifier 25 or modifier 59 when the patient has a subsequent visit on the same day, if the conditions being treated are:</p> <ul style="list-style-type: none"> totally unrelated provided at separate times of the day the condition being treated was not present during the visit earlier in the day. <p>Modifier 59 or modifier 25 should be reported with medical services using revenue code 052x.</p>

UB 04 Billing Guide

FQHC	RHC
<p>G codes are required to be billed for an FQHC visit. Payment is only made under these codes:</p> <p>G0466 - FQHC visit, new patient G0467 - FQHC visit, established patient G0468 - FQHC visit, IPPE or AWW - <i>To be billed w/ Rev Codes: 0521, 0522, 0524, 0525, 0528</i> G0469 - FQHC visit, mental health, new patient G0470 - FQHC visit, mental health, est. patient - <i>To be billed w/ Rev Code: 0900</i></p> <ul style="list-style-type: none"> Influenza/PPV vaccines and administration must be billed with Revenue Codes 0771 and 0636 Telehealth must be billed with Revenue Code 0780 and HCPCS Q3014 	<p>Revenue Codes: 0521, 0522, 0524, 0525, 0528, 0900</p>

Bill Types and POS

Mass General Brigham Health Plan requires FQHC and RHC providers to submit the following Bill Types and POS codes when filing claims for services that have been rendered:

Code	FQHC	RHC
Bill Type	077X	071X
Place of Service	50	72

Modifiers

Modifiers	FQHC	RHC
Modifiers 25 and 59: 25: Significant & Separately Identifiable E&M Service on the Same Day of Other Service 59: Distinct Procedural Service	Note: FQHC can report modifier 59 for subsequent visit on the same day of illness or injury	RHCs can report modifier 25 or modifier 59 when the patient has a subsequent visit on the same day. Modifier 25 or modifier 59 signifies that the conditions being treated are: <ul style="list-style-type: none"> totally unrelated services are provided at separate times of the day the condition being treated was not present during the visit earlier in the day. Modifier 59 or modifier 25 should be reported with medical services using revenue code 052x.
Modifier CG: CG: Policy criteria applied Example of codes: 29065: Application Cast, Shoulder 99201: Office Outpatient, New, 10 Minute	N/A	RHC Covered Services – Mod CG – term created due to new requirements that RHCs need to bill with a CPT/HCPCS along with modifier CG in which the AIR will be paid.

Telehealth (Virtual Communication Services)

FQHC	RHC
FQHCs can receive payment for virtual communication services. FQHCs must submit UB claim with G0071, either alone or with other payable services. G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 and HCPCS code G2010, and is updated annually based on the PFS national non-facility payment rate for these codes	RHCs can receive payment for virtual communication services. RHCs must submit RHC claim with G0071, either alone or with other payable services. G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 and HCPCS code G2010 and is updated annually based on the PFS national non-facility payment rate for these codes.

Revenue Codes

- **0521** - Visit by member to RHC/FQHC
- **0522** - Home visit by RHC/FQHC practitioner
- **0524** - RHC/FQHC practitioner at a SNF - Part A covered
- **0525** - Visit by RHC/FQHC practitioner to SNF, NF, or ICF MR or other residential facility
- **0527** - Visiting Nurse Service(s) to a member's home when in a home health shortage area
- **0528** - Visit by an RHC/FQHC practitioner to a non-RHC/FQHC site
- **0900** - Behavioral Health Treatment Services

References

[Federally Qualified Health Centers \(FQHC\) Center | CMS](#)

[Medicare Claims Processing Manual, Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers](#)

Publication History

Topic: FQHC/RHC Billing Guide	Owner: Network Management
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August 1, 2023

Original documentation

January 1, 2024

Annual review, no policy change

January 1, 2025

Annual review, no policy change

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification, and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.