



TO: Medical & Tribal Services Medical Federally Qualified Health Centers

RE: 1) Reminder: Guidance for Billing Medical Services Performed in Federally Qualified Health Centers
2) Updates to the Requirements for Performing Providers for Medical Federally Qualified Health Centers

The billing guidance for medical and tribal services rendered in federally qualified health centers (FQHCs) has been updated. This provider bulletin does not supersede nor replace Provider Bulletin (PB) 19-21 Performing Providers Required for Select Federally Qualified Health Centers (FQHCs). The information and guidance found within this provider bulletin supplements PB 19-21.

Billing Guidance for Medical Services:

FQHCs are required to list Healthcare Common Procedure Coding System (HCPCS) code T1015-Clinic visit/encounter, all-inclusive, along with a valid procedure code(s) when billing for medical services. The valid procedure code(s) listed on the encounter claims are for informational purposes only and these codes must accurately detail the medical services performed during the visit.

The Department of Social Services (DSS) advises Medical FQHCs to use a valid procedure code(s) that is listed in the HCPCS manual and/or the Current Procedural Terminology (CPT) manual to bill for medical services covered under the Connecticut Medical Assistance Program (CMAP) and that are approved under their scope of services.

Updates to the Requirements for Performing Providers:

As specified in PB 19-21, for dates of service July 1, 2019 and forward, DSS will require all claims to be submitted with a performing provider's National Provider Identifier (NPI). When nutritional services are performed by a registered dietician/certified nutritionist or

when acupuncture services are administered by a licensed acupuncturist within an FQHC setting, an enrolled provider/health professional employed by the FQHC must be listed as the "performing provider" on the encounter. Encounters that **do not** have an enrolled provider/health professional listed as the "performing provider" will deny for the following EOB code(s):

- 0231 – Performing Provider is Missing
- 1011 – Performing Provider Number Not a Valid Format
- 1010 – Performing Provider is Not a Member of the Billing Provider Group

FQHCs should refer to Section 17b-262-995(26) of the Regulations of Connecticut State Agencies for the definition of a health professional, which is eligible to be listed as the performing provider on the encounter on behalf of the non-enrollable provider. The performing provider/health professional must be enrolled as an active CMAP provider.

Documentation Requirements:

All documentation for medical encounters must be in compliance with Section 17b-262-1004 of the Regulations of Connecticut State Agencies. Also, as defined in Section 17b-262-1004(a) of the Regulations of Connecticut State Agencies, all of the required documentation for medical encounters must be retained in the member's medical file and it must be available to DSS upon request.

For questions about billing or if further assistance is needed to access a fee schedule on the CMAP Web site, please contact the

Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.



Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm
Toll free 1-800-842-8440 or write to DXC Technology, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com