Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
FQHC Transmittal No. 19
RHC Transmittal No. 1
March 21, 2022

To:	Federally Qualified Health Centers Rural Health Clinics
From:	Tricia Roddy, Deputy Medicaid Director *Tricia Roddy* Maryland Medicaid
Subject:	Claims and Encounter Submissions
Note:	Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The purpose of this transmittal is to remind Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) of the following claims and encounter submission requirements for both Fee-for-Service (FFS) Medicaid participants and HealthChoice enrollees.

Somatic, Behavioral Health, and Dental Services

FQHCs and RHCs may be reimbursed for multiple encounters per day, for each Medicaid participant, by billing one encounter for each of the following services provided: somatic services, mental health services, substance use disorder (SUD) services, and dental services.

Somatic services must be billed to the participant's Managed Care Organization (MCO) or to FFS Medicaid, depending on the participant's eligibility. However, all behavioral health, SUD services, and dental services are carved out of the HealthChoice Program and must be billed through the Department's Administrative Services Organizations (ASO) regardless of whether the participant is enrolled in an MCO or FFS Medicaid. Optum Maryland is the ASO for behavioral health and SUD services, and SKYGEN USA is the ASO for dental services.

FQHCs and RHCs seeking reimbursement for somatic services are required to use the procedure codes included on the *Encounter Data Trigger Code* for HealthChoice enrollees or *Fee-for-Service Trigger Code* lists attached, and will be reimbursed at the established all-inclusive cost-based rate. When somatic services are rendered to participants enrolled in an MCO, encounter

data must be submitted to the participant's MCO to receive reimbursement. FFS claims must be submitted directly to Maryland Medicaid.

Behavioral health services must be submitted using CPT code T1015. Behavioral health services provided via telehealth must be submitted using one of the appropriate procedure codes, as instructed, on the *Fee-for-Service Trigger Code* list.

Dental claims must be submitted using CDT code D0999 along with the dental all-inclusive cost-based rate. Individual services that are rendered during the dental visit should be identified on the claim with a $0.00 charge.

Long Acting Reversable Contraceptives (LARCs)

In addition to the cost-based rate, FQHCs and RHCs may also bill for LARCs using the following procedure codes: J7296, J7297, J7298, J7300, J7301, and J7307. Reimbursement for these procedures is listed in the Professional Services Fee Schedule found at https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx.

Medicare Secondary Claims

When submitting Medicare secondary claims, FQHCs and RHCs must indicate procedure T1015 and the amount charged on the CMS-1500 form must match the total charge that is indicated on the Explanation of Medicare Benefits (EOMB). Failure to do so will result in claims not being processed.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

FQHCs and RHCs may also bill separately for SBIRT procedures in accordance with the guidelines set forth in PT 45-16. Reimbursement rates for these procedures can be found in the Professional Services Provider Manual found at https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx.

Services Rendered in a Hospital Setting

When a provider renders services in a hospital setting, these services should be billed by the individual rendering provider on a professional claim (CMS-1500) using the appropriate HCPCS/CPT codes for the service(s) rendered. FQHCs and RHCs should not submit a bill for these services.

Providers must use the rendering provider's individual or physician's group Maryland Medicaid/NPI number when seeking reimbursement. When using a physician's group Maryland Medicaid/NPI number for billing, the rendering provider's Maryland Medicaid/NPI number must also be indicated on the claim. Reimbursement will be made according to the Professional Services Fee Schedule, which can be found at https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx.

Note: Please do not submit claims for services rendered in an inpatient setting using your organization's FQHC or RHC Maryland Medicaid/NPI number.

If you have any questions, please contact Earl Tucker at earl.tucker@maryland.gov.