



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
FQHC Transmittal No. 33
RHC Transmittal No. 5
MCO Transmittal No. 266
March 3, 2026

TO: Federally Qualified Health Centers
Rural Health Clinics
Managed Care Organizations

FROM: Lorena De Leon, Director *Lorena de Leon*
Office of Medical Benefits Management

RE: Federally Qualified Health Center and Rural Health Center Coding Guidelines

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

This transmittal reminds providers of the claim submission guidelines for Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) to facilitate appropriate reimbursement.

FQHCs and RHCs may receive reimbursement for multiple encounters per recipient, per day, as follows:

- (1) One encounter for somatic services;
- (2) One for mental health services;
- (3) One for substance abuse disorder services; and
- (4) One for dental services.

FQHCs and RHCs may submit somatic services to MCOs or Medicaid FFS contingent upon the participant's eligibility.

All rendered services must be detailed on the claim form. The "trigger code" line should reflect the organization's cost per visit rate as the charged amount. All other services performed during that same visit should be listed on the claim with a charge of \$0.00. This methodology enables MCOs, Medicaid FFS, and the dental and behavioral health Administrative Service Organizations (ASOs) to comprehensively document all services provided during each encounter.

MCO Guidelines

To receive proper reimbursement for somatic services provided to participants enrolled in an MCO, FQHCs and RHCs must submit claims to the MCOs using one of the procedure codes listed on the attached Encounter Data Trigger Code list. The MCO will reimburse the FQHC or RHC at the established all-inclusive cost-per-visit rate. Subsequently, the MCO will submit encounter data to the Maryland Department of Health and receive reimbursement via a reconciliation process.

Medicaid FFS Guidelines

To receive proper reimbursement for somatic services provided to participants enrolled in FFS, FQHCs and RHCs must submit all claims directly to Maryland Medicaid. These claims must utilize one of the procedure codes listed on the attached FFS Trigger Code list. The FQHC or RHC will be reimbursed at their established all-inclusive cost-per-visit rate.

For Medicaid FFS, FQHCs and RHCs may bill separately for the following services:

- (1) Long-Acting Reversible Contraception procedures ([PT 59-24 Fiscal Year 2024 Long-Acting Reversible Contraception Rate Increases](#));
- (2) Screening, Brief Intervention and Referral to Treatment ([PT-45-16 Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#)); and
- (3) Collaborative Care Services ([PT 71-24 Superseding Guidance - Medicaid Coverage of Collaborative Care Model Services: HealthChoice and Fee-for-Service](#)).

Medicare Secondary Claims

For the submission of Medicare secondary claims to Medicaid FFS, FQHCs and RHCs must indicate procedure code T1015. Furthermore, the amount charged on the CMS-1500 form must precisely match the total charge detailed on the Explanation of Medicare Benefits. Non-compliance with these requirements may result in claim processing delays or rejections.

Behavioral Health Services

All specialty mental health and substance use disorder services billed by FQHCs and RHCs require pre-authorization and must be billed to [Carelon](#), the current Administrative Services Organization (ASO) for behavioral health services.

To receive proper reimbursement for rendered Behavioral Health services, all claims must utilize one of the appropriate procedure codes listed on the FFS Trigger Code list, as specified.

For individuals enrolled in MCOs, any claims for primary mental health and substance use disorder services rendered by primary care practitioners or OB/GYNs in the FQHC and RHC must be submitted to the MCO.

Dental Services

FQHCs and RHCs must submit all dental claims to [SKYGEN](#), the current ASO for dental services.

To receive proper reimbursement for rendered dental services, all claims must utilize the dental trigger procedure code "D0999," as specified on the FFS Trigger Code list.

FQHC Providers Rendering Services in Inpatient Hospital Settings

FQHC providers may render inpatient hospital services, however, the rendering provider must submit claims with the appropriate HCPCS or CPT code, the physician's individual or group NPI, and the Medicaid provider number. Providers must not submit claims for services rendered in an inpatient setting using the FQHC or RHC Maryland Medicaid or NPI number.

When enrolled in a physician group, the rendering provider's Maryland Medicaid number and NPI number must be indicated on the claim. Maryland Medicaid will reimburse these individual physicians or physician groups in accordance with the most current Professional Services Fee Schedule on the [Medicaid Provider Information website](#).

For any question regarding this transmittal, please contact Earl Tucker, Division of Dental, Clinics and Laboratory Services Supervisor, at earl.tucker@maryland.gov.

Attachments: 2

ENCOUNTER DATA TRIGGER CODES

Medical Visits	
Code	Description
T1015	Use this code if your center does not use CPT/HCPCS codes.
92002, 92004, 92012, 92014	Routine Vision Care
99201-99205	New Patient Office Visit
99211-99215	Established Patient Office Visit
99241-99245	New or Established Patient Office Consultation
99304-99318	Nursing Facility Services
99324-99328	New Patient Domiciliary, Rest Home or Custodial Care
99334-99340	Established Patient Domiciliary, Rest Home or Custodial Care/Assisted Living
99341-99350	New and Established Patient Home Services
99381-99387	New Patient Preventive Medicine Services
99391-99397	Established Patient Preventive Medicine Services
10040-69990	Surgical Procedures (use office POS only) except 36415
97802-97804	Medical Nutritional Therapy (MNT) for patients with diabetes or kidney disease.
G0108	Diabetes self-management training (DSMT) for patients with diabetes. Group sessions are not covered (G0109).

Notes:

- (1) FQHCs can get credit for up to 4 procedure codes per recipient on a given day:
 - (a) A somatic visit which is submitted to the Managed Care Organization (MCO);
 - (b) A dental visit which is submitted to SKYGEN Dental, Inc;
 - (c) A mental health visit which is submitted to Optum; and
 - (d) A substance abuse visit that will be submitted to Optum.
- (2) Use office medical procedure codes (99201-99215) when reporting prenatal (antepartum visits). Do not use 59425 and 59426.

Revised 07/01/2025

FEE-FOR-SERVICE TRIGGER CODES

The following CPT codes are the only procedure codes that may be submitted for reimbursement for Fee-For-Service recipients:

Medical Visits	
Code	Description
T1015	Use this code for all other covered services rendered.
11975	Insert contraceptive capsules
11976	Remove contraceptive capsules
11981	Insert Drug Implant Device
11982	Remove Drug Implant Device
11983	Remove and Insert Drug Implant
59430	Care after delivery
90791, 90832-90836	Telemental Health ONLY - Use modifier GT. (Use 90791, 90832-90836 to bill Telemental health services only. Use T1015 when billing regular Mental Health Services)
99381-99387	EPSDT New Patient
99391-99397	EPSDT Established Patient
H0001	Alcohol and/or drug assessment
H0004	Individual Counseling, per 15 minute session
H0015	Intensive Outpatient, per diem (min 2 hours of service per session with a maximum of 4 days per week)
H0016	Buprenorphine Induction
H0020	Methadone Administration
H0047	Buprenorphine Maintenance

Dental	
Code	Description
D0999	Bill the dental procedure listed with the FQHC dental per visit reimbursement rate and all other dental procedures should be listed and billed with the 0.00 charged amount. These claims must be submitted to the Administrating Service Organization for dental services.

Note: All claims must be submitted with the appropriate FQHC National Provider Identifier (NPI) to ensure proper reimbursement.

Revised 08/16/2021