



FQHC/RHC Billing

Marketplace Cheat Sheet

Use this Cheat Sheet to help understand how to submit FQHC/RHC claims for Marketplace. For complete guidelines, refer to the MHIL Marketplace Provider Manual: molinamarketplace.com/Marketplace/IL/en-us/Providers/Provider-Forms.aspx. Molina's websites are best viewed using Google Chrome or Microsoft Edge.

CMS 1500 Billing Guide

HCFA 1500:

These services are billed as a carved and are not included in the Clinic Visit. They are billed separately in a 1500 form.

1500: DME, Labs (except

36415), Tech services (w/Mod TC), Group Services, non-face to face services (i.e. virtual services) and ambulance services.

1500: DME, Labs (except

36415), Tech services (w/Mod TC), Group Services, non-face to face services (i.e. virtual services).

Modifiers 25 and 59

Mod 25: Significant & Separately Identifiable E&M Service on the Same Day of Other Service

Mod 59: Distinct Procedural Service

Note: FQHCs can report modifier 59 for subsequent visit on the same day (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 totally unrelated and services are provided at separate times of the day and that 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.

UB 04 Billing Guide

Billing Guide: UB

G codes are req to be billed for an FQHC visit. Payment is only made under these codes:

G0466 - FQHC visit, new patient

G0467 - FQHC visit, established patient

G0468 - FQHC visit, IPPE or AWW

To be billed w/ Rev Codes: 0521, 0522, 0524, 0525, 0528

G0469 - FQHC visit, mental health, new patient

G0470 - FQHC visit, mental health, est. patient

To be billed w/ Rev Code: 0900

Influenza/PPV vaccines and administration must be billed w/ Rev 0771 and 0636

Telehealth: Rev 0780/HPCPS Q3014

UB: REV Codes: 0521, 0522, 0524, 0525, 0528, 0900

Bill Types and POS

Molina Healthcare of Illinois requires FQHC and RHC providers to submit the following Bill Types and POS codes when filing claims for Marketplace services that have been rendered:

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

Telehealth (Virtual Communication Services)

FQHCs can receive payment for virtual communication services. RHCs 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

Modifiers

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Mod 25: Significant & Separately Identifiable E&M Service on the Same Day of Other Service

Mod 59: Distinct Procedural Service

Note: FQHC can report mod 59 for subsequent visit on the same day (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 totally unrelated and services are provided at separate times of the day and that 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 (Policy criteria applied)

N/A

Example of codes:
29065: Application Cast Shoulder
99201: Office Outpatient New 10 Minute

RHC Covered Services – Mod CG – term created due to new requirements that RHCs need to bill with a CPT/HCPC along with mod CG in which the AIR will be paid.

References

Molina Healthcare of Illinois adheres to CMS guidelines for our Marketplace line of business. Reimbursement is based on Medicare's Fee Schedule. The instructions contained in this Cheat Sheet follow CMS billing requirements.

References:

[cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center](https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center)

[cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf)