2900 FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHCs) are defined by the Health Resources and Services Administration (HRSA) as health centers providing comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations. Nevada Medicaid reimburses for medically-necessary services provided at FQHCs and follows State and Federal laws pertaining to them.

2901 AUTHORITY

A. Medicaid is provided in accordance with the requirements of Title 42 Code of Federal Regulation (CFR) Part 440, Subpart A – Definitions, Subpart B and sections 1929 (a), 1902 (e), 1905 (a), 1905 (p), 1915, 1920, and 1925 of the Act. Physician's services are mandated as a condition of participation in the Medicaid Program Nevada Revised Statute (NRS) 630A.220.

B. The State Legislature sets forth standards of practice for licensed professionals in the Nevada Revised Statutes (NRS) for the following Specialists:

1. Section 330 of the Public Health Service (PHS) Act;
2. NRS Chapter 630 - Physicians and Physician Assistants and Practitioners of Respiratory Care General Provisions;
3. NRS Chapter 633 - Osteopathic Medicine;
4. NRS Chapter 635 - Podiatry;
5. NRS Chapter 640E – Registered Dietitians
6. NRS Chapter 450B Emergency Medical Services;
7. Section 1861 of the Social Security Act;
8. Section 1905 of the Social Security Act;
9. Section 1461 of the Omnibus Budget Reconciliation Act of 1990.

2900 RESERVED

2903 HEALTH SERVICES

A. The DHCFP reimburses FQHCs an outpatient encounter rate.

1. Encounter: A "visit" or an "encounter" for the purposes of reimbursing FQHC/RHC services is defined as face-to- face contact with one or more qualified health professionals and multiple contacts with the same health professional that take place on the same day with the same patient for the same service type.

~~1.~~2. Any one or more of the following medical professionals are included in the all-inclusive, daily outpatient encounter:

a. Physician or Osteopath;

b. Dentist;

c. Advanced Practice Registered Nurse (APRN);

d. Physician Assistant;

e. Certified Registered Nurse Anesthetist (CRNA);

f. Certified Registered Nurse Midwife;

g. Psychologist;

h. Licensed Clinical Social Worker;

i. Registered Dental Hygienist;

j. Podiatrist;

k. Radiology;

l. Optometrist;

m. Optician;

~~m.~~n. Registered Dietitian; and

n. Clinical Laboratory

~~B.~~ FQHCs use encounters for Medicaid-covered services. These services must also align with each FQHCs HRSA project scope. The approved Medicaid-covered services include:

~~Encounters are used by FQHCs for Medicaid-covered, HRSA-approved services which include:~~

1. Primary care services: medical history, physical examination, assessment of health status, treatment of a variety of conditions amendable to medical management on an ambulatory basis by an approved provider and related supplies;

~~2.~~a. Vital signs including temperature, blood pressure, pulse, oximetry, and respiration;

~~3.~~b. Diagnostic laboratory and radiology services, including but not limited to, cholesterol screening, stool testing for occult blood, tuberculosis testing for high risk patients, dipstick urinalysis.

~~4.2. Vital signs including temperature, blood pressure, pulse, oximetry and respiration;~~

~~5.~~3. Early periodic screenings (Refer to Medicaid Services Manual (MSM) Chapter 1500, Healthy Kids), for EPSDT screening policy and periodicity recommendations;

~~6.~~4. Preventive health services recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF) and education (Refer to MSM Chapter 600, Physicians Services, Section 606~~ Attachments #6-12 through #6-14 for preventive services policy~~);

~~7.~~5. Home visits;

~~8.6. Diagnostic laboratory and radiology services, including but not limited to cholesterol screening, stool testing for occult blood, tuberculosis testing for high risk patients, dipstick urinalysis;~~

~~9.~~7. Family Planning services including contraceptives;

a. Up to two times a calendar year, the FQHC may bill for additional reimbursement for family planning education on the same date of service as the encounter.

8. For women: annual preventive gynecological examinations, prenatal and post-partum care, prenatal services, clinical breast examination, thyroid function test;

9. Vision and hearing screenings;

10. Dental office visits;
    - ~~10.~~a. Dental encounters are to be billed as applicable with the FQHC encounter reimbursement methodology.
    - b. An FQHC may bill a dental encounter for each face-to-face encounter.
    - c. Dentures provided by an FQHC are included in the daily encounter rate unlike the denture policy established in MSM Chapter 1000, Dental.
    - ~~11.~~d. Medicaid will pay for a maximum of one emergency denture reline and/or a maximum of six adjustments (dental encounters) done not more often than every six months, beginning six months after the date of partial/denture purchase. Denture/partial relines and adjustments required within the first six months are considered prepaid with the Medicaid's Dental encounter payment for the prosthetic.
    - ~~12.~~e. The FQHCs in-office records must substantially document the medical emergency need.
    - f. See MSM Chapter 1000 for all other covered and non-covered dental services.
    - ~~13.~~

~~Dental encounters are to be billed as applicable with the FQHC encounter reimbursement methodology. An FQHC may bill a dental encounter for each face-to-face encounter. Dentures provided by an FQHC are included in the daily encounter rate unlike the denture policy established in MSM Chapter 1000, Dental, for Fee-for-Service recipients who obtain dentures at non-FQHC facilities. Medicaid will pay for a maximum of one emergency denture reline and/or a maximum of six adjustments (dental encounters) done not more often than every six months, beginning six months after the date of partial/denture purchase. A prior authorization is not required for relines. The FQHCs in-office records must substantially document the medical emergency need. Denture/partial relines and adjustments required within the first six months are considered prepaid with the Medicaid's Dental encounter payment for the prosthetic. All other coverage policies (covered and non-covered for dental, MSM Chapter 1000) are still applicable.~~

11. Telehealth
    - a. An FQHC may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e. consult with specialist). If for example, the originating site and distant site are two different encounter sites, the originating encounter site must bill the telehealth originating HFCA Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code.

~~11. Service Limits: An FQHC may reimburse for up to three service specific visits per patient per day to allow for a medical, mental health, and dental visit to occur on a single day for the same patient.~~

2903.2 Non-covered services ~~under an FQHC encounter:~~

~~C.~~ A. Non-covered services under an FQHC encounter:

1. Group therapy;
2. Eyeglasses;
3. Hearing aids;
4. Durable medical equipment, prosthetics, orthotics and supplies; and
5. Ambulance services.

2903.3 ANCILLARY SERVICES

Ancillary services are those services which are an approved Nevada Medicaid State Plan service but are not included within an approved FQHC encounter. ~~All services not recognized by HRSA as approved FQHC encounter services which are an approved Nevada Medicaid State plan service.~~

A. Ancillary services may be reimbursed on the same date of service as an encounter by a qualified Medicaid provider.

B. The FQHC must enroll within the appropriate provider type and meet all MSM coverage guidelines for the specific ancillary service.

2903.4 MEDICAL NECESSITY

In order to receive reimbursement, all services provided must be medically necessary as defined in MSM Chapter 100 - Medical Program.

2903.5 SERVICE LIMITATION

An FQHC may reimburse for up to three service specific visits per patient per day to allow for a medical, mental health, and dental visit to occur on a single day for the same patient.

2903.6 PRIOR AUTHORIZATION

A. FQHC encounters do not require prior authorization.

B. Ancillary services billed outside of an encounter must follow prior authorization policy guidelines for the specific service provided.

For billing instructions for FQHCs, please refer to the Billing Manual for Provider Type 17.

For Indian Health Program (IHP) policy, please refer to MSM Chapter 3000, Indian Health.

2904 HEARINGS

A. Please reference Nevada Medicaid Services Manual (MSM) 3100 for hearings procedures.