

## Federally Qualified Health Centers Same Day Billing

**Question:** When does a Federally Qualified Health Center (FQHC) bill the Oregon Health Plan (OHP) for more than one encounter when more than one service is provided on the same date of service?

**Encounter:** Contact between a health care professional (doctor, nurse, therapist, etc.) and a patient on the same date – FQHCs bill by the encounter

**Answer:** An FQHC only bills OHP for more than one encounter if the services provided fall into more than one service category, regardless of if the service is reimbursed at a blended or separate rate.

### Service Categories

**Note:** Some behavioral health assessment and intervention procedures are for the treatment of a diagnosed physical health condition. These codes are considered within the medical service category.

- Medical (includes immunizations)
- Dental
- Mental Health
- Alcohol and Chemical Dependency
- Ophthalmologic Services
- Maternity Case Management
- Physical or Occupational Therapy (with the exception of the initial referral)

When there are multiple services provided on the same date of service:

	A Bill <b>One</b> Encounter	B Bill <b>One</b> Encounter	C Bill <b>Two</b> or more Encounters*	D Bill <b>Two</b> or more Encounters
Health care professional(s)	1	2 or more	1	2 or more
Service Category(ies)	1	1	2 or more	2

\*Except when one health care professional provides both mental health and addiction/dependency services

### One encounter

**Example A:** A physician sees a patient for diabetes, and during the visit, prescribes medication for anxiety and refers the patient to a mental health professional for a mental health evaluation. The primary diagnosis for the visit still falls within the medical service category.

*If the patient is seen by the mental health professional the same day, see example D below.*

**Example B:** A physician sees a patient for diabetes and refers the patient for behavioral health assessment to treat conditions associated with diabetes, such as obesity and swollen feet. After the visit, a licensed clinical social worker (LCSW) counsels the patient about nutrition and proper foot care. Both services are for the same diabetes diagnosis and fall within the medical service category.

*An exception exists for vision services. If an eye exam to check for retinopathy is conducted by a different health care provider on the same date of service and this treatment is covered by the patient's vision benefit, this service is a second billable encounter regardless of the same primary diagnosis, because the service falls under the Ophthalmologic Services category.*

### Two encounters

**Example C:** A physician sees a patient for diabetes, then (assuming the doctor is licensed to do so, e.g. a psychiatrist) conducts a mental health evaluation for depression. The physician made two different diagnoses falling into two separate service categories.

**Example D:** A physician sees a patient for diabetes and makes a referral to an LCSW. The LCSW has an opening that same day and conducts a mental health evaluation for depression.

# BILLING FOR BEHAVIORAL HEALTH SERVICES

## Who, what and when

### Managed care – general information

- In order to provide and be paid for services to clients enrolled in a managed care plan, providers generally must have a contract with their plan. Some plans may be willing to pay for services supplied by non-participating providers. Managed care plans include:
  - Fully capitated health plans for treatment of physical health diagnoses;
  - Mental health organizations for treatment of mental health diagnoses; and
  - Chemical dependency organizations for treatment of alcohol and/or drug diagnoses.
- Plans have the authority to choose their provider network and to certify specific practitioners employed by a facility. Prior to furnishing services to a client enrolled with a plan, providers should verify the individual practitioner is certified and recognized by the plan for providing services and, if required, seek prior authorization to provide the services.

### Physical health – health and behavior assessment/intervention

- Medical doctors and nurse practitioners can bill for certain behavior health codes or “psychiatry codes with a mental health diagnosis” even if a client is enrolled in a Mental Health Organization: Codes 90801, 90862, 90887. These codes fall within the “Psychiatry” codes for the treatment of a diagnosed mental health condition.
- If the client is enrolled in a fully capitated health plan, Medical Doctors and Nurse Practitioners should bill 90801, 90862 and 90887 to **the fully capitated health plan**, not to the mental health organization.
- Medical doctors and nurse practitioners can also bill for codes 96150-96154, which are described as “Health & Behavior Assessment/Intervention” codes and accompany a primary physical health diagnosis.
- If the client is not enrolled in a fully capitated health plan, medical doctors and nurse practitioners should bill the Division of Medical Assistance Programs.

### Alcohol and drug addiction services

- Alcohol and drug addiction services are capitated under **fully capitated health plans** with one exception (next bullet). Services for enrolled members should be billed to the appropriate fully capitated health plan.
- Deschutes County is the one exception where the Division of Medical Assistance Programs has a contract with the Deschutes County Chemical Dependency Organization. When serving enrolled clients, bill this organization for alcohol and drug addiction services.
- Primary care providers can diagnose and play an important role in treating addictions. Primary care practices can be reimbursed for Screening, Brief Intervention and Referral to Treatment (SBIRT) and a variety of pharmacy assisted treatment.
- Specialty alcohol and drug services are provided by organizations with a letter of approval as an Outpatient Chemical Dependency provider from the Addictions and Mental Health Division.

### Mental health/behavioral health services

- If a client is enrolled in a mental health organization, all services covered by the managed care contract must be billed or encountered to the mental health organization.
- Independent providers (*psychiatrists, clinical psychologists, licensed clinical social workers, psychiatric nurse practitioners, licensed professional counselors, and licensed marriage & family*) may bill the Division of Medical Assistance Programs for services on a **fee-for-service basis**. Services are described in Oregon Administrative Rule 309-016-0005 (61) – “Rehabilitative Mental Health Services.” However, eligible fee-for-service mental health providers must be under contract with either the local community mental health agency or the mental health organization for that service area.
- Qualified mental health professionals and qualified mental health associates are only recognized, and their services can only be billed to and reimbursed by the Division of Medical Assistance Programs, when working under an outpatient mental health program co-certified by the local community mental health agency and the Addictions and Mental Health Division.

### Federally qualified health centers and rural health clinics

- If a client is not enrolled in a managed care plan, federally qualified health centers and rural health clinics should bill the Division of Medical Assistance Programs at the approved encounter rate rather than fee-for-service rates.
- If a client is enrolled in a plan, clinics should bill the appropriate plan based on the services provided as described above. (See physical health – health and behavior Assessment/Intervention.)
- Plans may not reimburse contracted clinics less than what they reimburse other providers on their panels.
- The division will process a “supplemental” or “wraparound” at least every four months to clinics that contract with a plan. The payment is the difference between what the clinic would have received for payment had they billed the division directly and all payments received from the plan.