

Community Health Centers

Policy

AllWays Health Partners reimburses participating Community Health Centers (CHC) and Federally Qualified Health Centers (FQHC) for the provision of medically necessary administration, professional, and related supporting services associated with member care as set forth in the policy.

Membership Limitations

- This policy applies to all Medicaid insured members only.

Authorization, Notification and Referral

Service	Requirement
Specialty Visits	<ul style="list-style-type: none"> • Referral is required for AllWays Health Partners contracted specialists • Non-Contracted specialists must have a referral from the member's PCP and must obtain Prior Authorization from AllWays Health Partners.
OB/GYN services including: routine services, preventive services, acute and emergency services, maternity services, and subsequent care when rendered in an outpatient setting, excluding Observation	<ul style="list-style-type: none"> • No referral, authorization, or notification required. • Please refer to the Observation Services Provider Payment Guideline for additional information

Policy Limitations

- This policy applies to places of service in accordance with the National POS code set.

Member Cost Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any. AllWays Health Partners suggests that providers do not bill the member for services prior to adjudication of claim(s) in order for the accurate member responsibility to be calculated. Any member responsibility for copayments, coinsurance and/or deductible will be reflected on the Explanation of Payment (EOP) and the member's Explanation of Benefits (EOB).

Provider Limitations

Reimbursement is limited to E/M services rendered by physicians and qualified non-physician practitioners who are legally authorized to perform these medical services in compliance with the Commonwealth of Massachusetts laws and any limitations set forth in this policy.

Service Limitations

The codes in the table below are subject to the requirements set forth in this policy, in conjunction with AllWays Health Partners Provider Manual and Subchapters 1 through 6 of the Mass Health Community Health Center Provider Manual.

CHC/FQHC must bill using current industry standard CPT/HCPCS established for all outpatient E/M visits. Any visit in which a member is seen by more than one healthcare professional, for the same medical problem or general purpose, must be submitted as only one visit regardless of the number of clinicians seen. A CHC/FQHC may bill for a visit, a treatment, and/or a procedure, but may not bill for more than one of these services when provided to the same member, on the same date, when the services are performed in the same location. This limitation does not apply to tobacco cessation counseling services provided by a physician or other qualified staff member under the supervision of a physician on the same day as a visit.

CHC/FQHC may submit for two different E/M services on the same day, only when a provider submits a problem-focused office visit procedure code with a preventive medicine procedure code and the appropriate modifier is appended to the problem-focused service code. If the appropriate modifier is not submitted, the problem-focused visit will be denied as included in the preventive medicine visit.

The EPSDT add-on code S0302 should only be reported only when all components of an EPSDT visit have been performed. S0302 may be reported in conjunction with a problem focused E/M service (99201- 99215), only when an unrelated diagnosis or treatment service is rendered, Modifier 25 must be appended to the E/M code.

CPT 99050 should only be reported when urgent care services are provided and according to the time when the patient is rendered services. CPT 99050 can be used when urgent services are rendered; Monday through Friday, from 5:00 p.m. to 6:59 a.m., and from Saturday at 7:00 a.m. through Monday at 6:59 a.m.

Service Limitations2 (continued)

Category	CPT/HCPCS Codes	Short Descriptor	Comments
Clinic Visit	<input type="checkbox"/> T1015	Clinic visit/encounter, all-inclusive	Report one clinic visit per day, regardless of the number of clinicians seen. Cannot be billed in conjunction with an E&M, regardless of modifier 25.
EPSTD Add on	<input type="checkbox"/> S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service	Report only when all components of an EPSDT visit have been performed.
Developmental Testing	<input type="checkbox"/> 96110	Developmental testing; limited	Reporting with appropriate modifier is required .
Urgent Care	<input type="checkbox"/> 99050	Services provided in the office at times other than regularly scheduled office hours;	Can be used for urgent care rendered between 5:00 PM and 6:59 AM, Monday through Friday, and Saturday from 7:00 AM to 4:00 PM
	<input type="checkbox"/> 99050-TV		Can be used for urgent care rendered between 4:01 PM on Saturday through 6:59 AM Monday
HIV Counseling-Pre/Post Testing	<input type="checkbox"/> 99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual	Report 99402 when the sole purpose of the visit is for HIV counseling services
Smoking Cessation	<input type="checkbox"/> 99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Report with appropriate modifier

Vaccine and Vaccine Administration

Vaccine(s) and vaccine administration will be reimbursed when rendered as the only service or when performed in conjunction with an E/M. If the only service being rendered is the vaccine administration, CHC/FQHC should not submit for an outpatient E/M service. When the vaccine is administered in conjunction with an E/M visit provider must append Modifier-25 to receive reimbursement. Vaccine administration reimbursement is included in the reimbursement for all E/M services, except for those E/M services outlined in the following table.

Providers are to report the appropriate CPT corresponding to the vaccine(s) administered, regardless if they are state supplied or privately purchased. Vaccine(s) will only be reimbursed when they are not state supplied.

Category	CPT Codes	Short Descriptor	Comments
Vaccine Administration	<input type="checkbox"/> 90460 <input type="checkbox"/> 90461 <input type="checkbox"/> 90471 <input type="checkbox"/> 90472 <input type="checkbox"/> 90473 <input type="checkbox"/> 90474 <input type="checkbox"/> G0008 <input type="checkbox"/> G0009 <input type="checkbox"/> G0010	Immunization administration;	Vaccine administration is separately reimbursed only with the following E/M codes: <input type="checkbox"/> 99218-99226 <input type="checkbox"/> 99231-99233 <input type="checkbox"/> 99304-99310 <input type="checkbox"/> 99324-99327 <input type="checkbox"/> 99334-99337

Billing Limitations

All claims must be filed within (90) calendar days of the date of service.

Modifiers

Apply modifiers in accordance with CPT and correct coding guidelines. Modifiers and descriptors are available in current CPT/HCPCS Manuals or refer to AllWays Health Partners Modifier Provider Payment Guidelines.

AllWays Health Partners Does *Not* Reimburse

- E/M services within the global period of a procedure, as they are considered inclusive to the procedure.
- Established patient E/M services on the same day as a surgical procedure with a 0-day post op period unless there is a significant, separately identifiable E/M service, or above and beyond the usual preoperative and postoperative care associated with the procedure documented in the medical record and the appropriate modifier appended to the E/M code.
- Consultation codes (CPT 99241-99245, 99251-99255) which is no longer recognized by AllWays Health Partners Health Partners Health Partners.
- Inpatient consultations billed with 99221-99223, 99231-99233, when the consulting physician is not face-to-face with the patient in the facility, e.g. conducted via telephone, or video-conferencing.
- An emergency department E/M service billed with critical care services rendered by the same provider on the same date of service.
- Services identified by CPT as included in the descriptor of pediatric critical care services.
- Prolonged physician services (99354-99357) in the office or other outpatient setting.

AllWays Health Partners Does *Not* Reimburse (continued)

- Generic and/or special supplies are not reimbursed. (*Note:* Please submit the most specific HCPCS code for consideration.)
- Handling fees, device fees- considered part of the services/procedures rendered.
- Out-of-hospital on-call services.
- Adjunct codes reported in addition to the basic service rendered, including codes for medical services provided from 10:00 PM to 8:00 AM at a 24-hour facility (e.g. an emergency department); or out-of- the- office; or on an emergency basis out-of-the-office.
- Medical testimony, special reports or forms, or computer data analysis.
- Unusual physician travel.
- Moderate (conscious sedation)

Definitions

Consultation Service: A type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. When requested by a physician or other appropriate source, a consultation may be provided by a physician or qualified non-physician practitioner (NPP). In order to be a qualified NPP, performing a consultation service must be within the scope of practice and licensure in the state in which the NPP practices.

Evaluation and Management Service: Visits and consultations furnished by physicians and qualified Non-physician practitioners practicing within the scope of practice and licensure in the state in which the NPP practices.

Established patient: A patient who has received professional services from the provider or another provider of the same specialty who belongs to the same group practice (same tax ID number) within the past three years.

Global period: Surgical procedures are assigned a global day period of 0, 10, or 90 day(s) by CMS based on the complexity of the procedure. Services related to the surgery, rendered within the assigned specified number of global days, including E/M services are considered inclusive to the primary procedure and are not eligible for separate reimbursement.

ICF/LTCF: Intermediate care facility/Long-term care facility

Modifier-25: Defined by the American Medical Association, as an indicator of a significant, separately identifiable E/M service performed by the same provider on the same day as a procedure or other service. The significant, separately identifiable E/M service goes above and beyond the other service provided, or beyond the usual pre-operative and post-operative care associated with the primary procedure.

National Correct Coding Initiative (NCCI): National Correct Coding Initiative (NCCI) was developed by CMS to promote national correct coding methodologies. The coding policies are based on the following coding conventions, including but not limited to; the American Medical Association's (AMA) CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

New patient: A patient who has *not* received any professional services from the same provider or another provider of the same specialty who belongs to the same group practice (same tax ID number), within the past three years.

Office or other outpatient visit: An evaluation and management (E/M) service with history, examination, and medical decision making considered as the key components, provided in the physician's office or in an outpatient or other ambulatory facility.

Office or other outpatient-setting: The physician's office or in an outpatient or other ambulatory facility where the patient is considered an outpatient until inpatient admission to a health care facility occurs.

Physician Telephone Services: Non-face-to-face E/M services provided by a physician to a patient using the telephone. Codes 99441, 99442, 99443, are used to report episodes of care by the physician initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the pre-service work of the subsequent E/M service, procedure, and visit. Likewise, if the telephone call refers to an E/M service performed and reported by the physician within the previous seven days (either physician requested, or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure.

PCP: Primary care provider

Preventative medicine visit: A comprehensive, preventative medical E/M of an individual including an age appropriate history, exam, counseling, anticipatory guidance, risk factor reduction intervention(s), and the ordering of laboratory and / or diagnostic procedures.

Specimen handling: The handling and /or conveyance of a specimen/device from the physician's office, or other setting, to a laboratory.

SNF: Skilled Nursing Facility

Urgent Care provided at an AllWays Health Partners site: Circumstances when services are provided by an AllWays Health Partners PCP; in the office at times other than regularly scheduled office hours, or on days when the office is normally closed; provided in the office during regularly scheduled evening, weekend, or holiday office hours; or provided on an emergency basis in the office that disrupts other scheduled office services.

References

Current year CPT, Professional Edition published by the AMA (American Medical Association) Evaluation & Management Service Guide

CMS Documentation Guidelines for Evaluation and Management Services, available at:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html>

Mass Health Physician Manual, Transmittal Letter PHY-111, dated 07/01/06, page 4-30/31:
Tobacco Cessation Services and AllWays Health Partners Summary of Benefits for GIC HMO Plan effective 7/1/2013

Mass Health Physician Manual, Transmittal Letter PHY-30, §602, Non-payable CPT Codes, §603 Codes that Have Special Requirements or Limitations

Mass Health Community Health Center Manual; Subchapter 6
<http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/provider-manual/community-health-center-manual.html>

AllWays Health Partners [Professional Evaluation & Management](#) Payment Guideline

AllWays Health Partners [Modifier](#) Payment Guideline



Provider Payment Guidelines

Publication History

Topic: Federally Qualified & Community Health Centers	Owner: Network Management
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March 15, 2014

Original documentation

January 1, 2019

Document restructure; codes, code descriptor and references updated

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.