Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

CSHCN Services Program Provider Manual

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TEXAS
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FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND RURAL HEALTH CLINICS (RHC)

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19.1 Enrollment

Rural health clinics (RHCs), federally qualified health centers (FQHCs), federally qualified look-alikes (FQL), federally qualified satellites (FQS) and rural health clinics can enroll as providers for the Children with Special Health Care Needs (CSHCN) Services Program.

To enroll in the CSHCN Services Program, FQHC and RHC providers must be actively enrolled in Texas Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the TMHP-CSHCN Services Program enrollment process through the Provider Enrollment and Management System (PEMS), and comply with all applicable state laws and requirements.

Out-of-state FQHC and RHC providers must meet all these conditions and be located in the United States within 50 miles of the Texas state border.

Important: *CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.*

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 26 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions or to their facilities. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 26 TAC §351.6(b)(1).

Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to deliver, at all times, health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his or her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

Refer to: Section 2.1, "Provider Enrollment" in Chapter 2, "Provider Enrollment and Responsibilities" for more detailed information about CSHCN Services Program enrollment procedures.

19.2 Benefits, Limitations and Authorization Requirements

19.2.1 General Medical Services

The procedure codes in the following table are a benefit of the CSHCN Services Program when they are provided by FQHC providers and billed with a general services modifier:

General Medical Services									
T1015	96160	96161	99381	99382	99383	99384	99385	99386	99387
99391	99392	99393	99394	99395	99396	99397			

General medical services must be billed with one of the appropriate modifiers: AH, AJ, AM, SA, TD, TE, or U7. Procedure code T1015 may also be billed with modifiers U1 or U2.

Note: *Procedure codes 96160 and 96161 are benefits of the CSHCN Services Program for clients who are 12 through 18 years of age and are limited to once per calendar year, any provider.*

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Refer to: Section 31.2.18.10, "Preventive Care Medical Checkup Components" in Chapter 31, "Physician" in the Physician chapter for more specific information about guidelines and requirements for procedure codes 96160 and 96161.

The general medical services modifiers are defined as follows:

Modifier	Services Performed
AH	Services performed by psychologist
AJ	Services performed by social worker
AM	Services performed by physician, team member services
SA	Services performed by nurse practitioner in collaboration with physician
TD	Services performed by registered nurse
TE	Services performed by LPN or LVN
U1	Services performed by licensed professional counselor (LPC)
U2	Services performed by licensed marriage and family therapist (LMFT)
U7	Services performed by physician assistant other than for assistant at surgery

All services provided during an RHC encounter must be submitted using procedure code T1015. The total submitted amount should be the combined charges for all services provided during that encounter.

One of the following modifiers must be reported with procedure code T1015 to designate the health-care professional providing the services: AH, AJ, AM, SA, TD, TE, U1, U2, or U7.

19.2.2 Preventive Care Medical Checkups

The procedure codes in the following table are a benefit of the CSHCN Services Program when they are provided by FQHC providers and billed with one of the general services modifiers above:

Preventive Care Medical Checkups									
96160	96161	99381	99382	99383	99384	99385	99386	99387	99391
99395	99396	99397							

Note: *Procedure codes 96160 and 96161 are benefits of the CSHCN Services Program for clients who are 12 through 18 years of age and are limited to once per calendar year, any provider.*

Refer to: Section 31.2.18.10, "Preventive Care Medical Checkup Components" in Chapter 31, "Physician" in the Physician chapter for more specific information about guidelines and requirements for procedure codes 96160 and 96161.

Adult preventive care must be billed with diagnosis code Z0000 or Z0001. Pediatric preventive care must be billed with diagnosis code Z00121 or Z00129. The provider cannot submit modifier EP for pediatric services.

19.2.3 Telecommunication Services

The procedure codes in the following table are a benefit of the CSHCN Services Program when they are provided by FQHC providers for telemedicine services at a distant site location:

Procedure Codes								
99202	99203	99204	99205	99211	99212	99213	99214	99215

Refer to: Section 38.2.2, "Telemedicine Services" in Chapter 38, "Telecommunication Services" for more detailed information about telemedicine services.

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19.2.4 Behavioral Health Services

The procedure codes in the following table are a benefit of the CSHCN Services Program when they are provided by FQHC or RHC providers are billed with a general services modifier:

Behavioral Health Services					
90847	90853	90865	96130	96132	96136

Mental health services must be billed using one of the appropriate general services modifiers as listed and defined below:

Modifier	Services Performed
AH	Services performed by psychologist
AJ	Services performed by social worker
AM	Services performed by physician, team member services
U1	Services performed by LPC
U2	Services performed by LMFT
U7	Services performed by physician assistant other than for assistant at surgery

19.2.5 Dental Services

The procedure codes in the following table are a benefit of the CSHCN Services Program when they are provided by FQHC or RHC providers:

Procedure Codes									
D0120	D0140	D0145	D0150	D0160	D0170	D0180	D0330	D0340	D0350
D0470	D1110	D1120	D1206	D1208	D1351	D1510	D1516	D1517	D1520
D1526	D1527	D1551	D1552	D1553	D1575	D2140	D2150	D2160	D2161
D2330	D2331	D2332	D2335	D2390	D2391	D2392	D2393	D2394	D2750
D2751	D2791	D2792	D2930	D2931	D2932	D2933	D2934	D2940	D2950
D2954	D2971	D3220	D3230	D3240	D3310	D3320	D3330	D3346	D3347
D3348	D3351	D3352	D3353	D4341	D4355	D5211	D5212	D5611	D5612
D5630	D5640	D5650	D5660	D5670	D5671	D5720	D5721	D5740	D5741
D5760	D5761	D6549	D7140	D7210	D7220	D7230	D7250	D7270	D7286
D7510	D7550	D7910	D7970	D7971	D7997	D7999	D8010	D8020	D8080
D8210	D8220	D8660	D8670	D8680	D9110	D9211	D9212	D9215	D9224
D9225	D9230	D9244	D9245	D9246	D9247	D9330	D9974	D9999	

Procedure codes D8210, D8220, and D8080 must be billed with the appropriate Diagnostic Procedure Code (DPC) remarks codes for correct claims processing:

Procedure Codes									
1000D	1001D	1002D	1003D	1004D	1005D	1006D	1007D	1008D	1010D
1011D	1012D	1013D	1014D	1015D	1016D	1017D	1018D	1019D	1020D
1021D	1022D	1023D	1024D	1025D	1026D	1027D	1028D	1029D	1030D
1031D	1032D	1045D	1046D	1047D	1048D	1049D	1050D	1051D	1052D
1053D	1054D	1055D	1056D	1057D	1058D	1059D	1060D	1061D	1062D
1063D	1064D	1065D	1066D	1067D	1068D	1069D	1070D	1071D	1072D

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Procedure Codes								
1073D	1074D	1075D	1076D	1077D	1078D	Z2009	Z2011	Z2012

19.2.6 Vision Services

The procedure codes in the following table are a benefit of the CSHCN Services Program when they are provided by FQHC or RHC providers:

Procedure Codes									
92002	92004	92012	92014	92015	92020	92025	92060	92065	92081
92082	92083	92100	92201	92202	92230	92235	92240	92242	92250
92260	92265	92270	92273	92274	92285	92286	92287	95930	95933
S0620	S0621								

19.3 Claims Filing

All services require documentation to support the medical necessity of the service rendered. All services provided are subject to retrospective review and recoupment if documentation does not support the service that was submitted for reimbursement.

FQHC and RHC services must be submitted to TMHP in an approved electronic format or on the following paper claim forms:

For FQHC:

Services	Claim Form
Medical services	UB-04 CMS-1450 or CMS-1500 paper claim form
Dental services	American Dental Association (ADA) Dental Claim Form

For RHC:

Services	Claim Form
Medical services	UB-04 CMS-1450 paper claim form

When completing a paper claim form, the provider must include all required information on the claim because information is not keyed from attachments. Super bills or itemized statements are not accepted as claim supplements.

19.4 Reimbursement

CSHCN FQHCs are reimbursed the lower of the billed amount or the Texas Medicaid provider-specific prospective payment system encounter rates.

CSHCN freestanding and hospital-based RHCs are reimbursed the lower of the billed amount or the Texas Medicaid provider-specific per visit rates.

19.5 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.

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