

**Notice Date**  
July 1, 2016

## **AETNA BETTER HEALTH® OF PENNSYLVANIA** **AETNA BETTER HEALTH® KIDS**

### Rural Health Clinic (RHC)/Federally Qualified Health Clinic (FQHC) Frequently Asked Questions (FAQ) Billing Guide

Dear Provider:

Thank you to all of our network FQHC and RHC providers for working with us while we were in the field during the spring and summer of 2016. Our commitment to you is to continue to work face-to-face to establish communication, maintain a positive relationship, and respond to questions and concerns presented to the Aetna Better Health provider relations team.

As a result of our mutual efforts, this FAQ Billing Guide was developed to help our providers with common billing and reimbursement questions. We look forward to meeting onsite with you during our second round of visits in the fall of 2016.

- 1. How does Aetna Better Health (ABH) address payment with procedure code T1015?**  
ABH will reimburse all FQHCs and RHCs rates that are not less than the Fee-for-Service Prospective Payment System (PPS) rate as determined by DHS.
- 2. How does ABH address the clinic billed amount in comparison to our PPS Rate?**  
Regardless of line item charge or total billed amount of the claim, ABH will reimburse up to your PPS rate.
- 3. For HEDIS™ measures, does ABH require us to bill the actual services performed using CPT-HCPCS coding?**  
Yes, in an effort to reduce the requests for medical records related to HEDIS measures, you must bill the CPT-HCPCS itemization in addition to the T1015 clinic code.
- 4. For the itemized services listed on the claim form, should I list a \$0.00 charge or a dollar amount?**  
ABH will accept either a \$0.00 charge or line item billed amount.
- 5. What happens if the itemized services are not listed out on the claim form when billing the T1015 procedure code?**  
The T1015 clinic visit code does not describe the services actually performed, which results in medical record requests from the ABH Quality Management Team.

**6. What location codes should I bill on the claim forms?**

It is very important for CMS 1500 place of service codes (POS) to be coded properly for correct adjudication of payment. POS code 50 (FQHC) or POS code 72 (RHC) should always be billed for PPS Rate reimbursement.

**7. For the itemized services that I am listing on the claim form, what POS code should I use?**

ABH requires POS 50 or 72 for reporting itemized services. Billers should **not** use POS 11 (Office) for the itemized services.

**8. For procedure code modifiers with T1015, how does ABH carry out this scenario?**

The only modifier that should be billed with a T1015 is the EP Modifier for EPSDT services being billed. All other modifier combinations with the T1015 will deny as invalid modifier combinations.

**9. Should I bill modifiers on the itemized line items?**

Yes, code the itemized procedure codes with any appropriate modifiers as you normally would. For example, when billing a lab code with a QW modifier to indicate a CLIA waived test, QW would be placed on the itemized lab procedure code only and not on the T1015 clinic visit code.

**10. How does ABH handle Explanation of Benefits (EOBs) from a primary carrier to coordinate benefits?**

Since procedure code T1015 is a Medicaid only HCPCS code, ABH does not recognize a primary carrier EOB when only CPT codes are present. Provider billing offices should submit an updated claim form to ABH with the T1015 code, the itemized line items and the primary EOB.

**11. Should my total dollar charge billed to the Primary Insurance match with what is billed to ABH?**

Yes, if the total dollar billed to the primary insurance does not match with the claim billed to ABH, the claim will deny for a mismatch in total dollars billed. Keep in mind, ABH will reimburse up to the PPS rate when coordinating payment from the primary insurance even when the total dollar charge is less than the allowed PPS rate.

**12. How does ABH reimburse for Coordination of Benefits (COB)?**

ABH will factor in the primary carrier's Paid Amount and coordinate payment up to the PPS rate.

**13. When does ABH reimburse PPS vs. Fee for Service (FFS)?**

It is very important to code with appropriate Place of Service (POS) codes.

- In addition to POS 50 and 72, the following POS codes will also reimburse the defined PPS Rate: 12 (Home), 13 (Assisted Living), 31 (Skilled Nursing), 32 (Nursing Facility) and 99 (Other Place Service).
- FFS reimbursement will occur with the following POS codes: 21 (Inpatient Hospital), 22 (Outpatient Hospital), 23 (Emergency Room) and 24 (Ambulatory Surgical Center).
- All other POS codes may result in a claim denial.

**14. Are there any services payable to FQHCs/RHCs that are not considered an encounter?**

Yes. Healthy Beginnings Plus (HBP) visits and services performed in an acute care hospital setting are not considered encounters.

**15. If a service is provided but does not meet the encounter definition according to DHS guidelines and the FQHC/RHC bills for those services without the T1015 encounter code, are any of those services payable?**

No. The PPS rate is an all-inclusive rate for services provided.

**16. If an ABH member comes in to an RHC for a flu or pneumonia vaccine for that service alone, and the RHC bills the flu or pneumonia vaccine to Aetna Better Health without the T1015, is that service payable to the RHC?**

No, administration of these vaccines alone does not count as an encounter separately for RHCs.

**17. If a member comes in to an FQHC for a flu or pneumonia vaccine for that service alone, and the FQHC bills the flu or pneumonia vaccine to Aetna Better Health without the T1015, is that service payable to the FQHC?**

Yes, ABH will reimburse the vaccine and its administration for both the flu and pneumonia vaccines.

**18. Will Aetna Better Health reimburse an FQHC for pneumonia and flu vaccines with an encounter?**

Yes, ABH will reimburse the vaccine and its administration in addition to the T1015 PPS rate.

**19. For Healthy Beginnings Plus (HBP), can a DHS certified clinic bill for HBP services and be paid at the HBP fee schedule?**

Yes, any HBP enrolled provider can bill with the HBP procedure codes and modifiers for reimbursement.

**20. How should HBP services be billed?**

HBP services should be submitted on a CMS 1500 form using the DHS program fee schedule guidelines. All HBP services billed should always have an HD modifier reported and the biller should use place of service (POS) Code 11 (Office) and **not** POS 50 or 72.

**21. Does Aetna Better Health reimburse Intrauterine Devices (IUD) in a RHC-FQHC clinic setting?**

No. Implantable contraceptives fall under voluntary family planning services. Voluntary family planning services are preventive primary services as identified in 42 CFR §405.2448(b). Preventive primary services are included in an RHC-FQHC's prospective payment (encounter) rate and in the fee-for-service delivery system are not separately payable.

**22. Does Aetna Better Health reimburse Intrauterine Devices (IUD) in a hospital setting?**

Yes, RHC-FQHC physicians that have working privileges within an acute care hospital setting may bill and receive payment on IUDs. Reimbursement is based on the allowed amounts listed on the MA Fee Schedule. Billers would use place of service (POS) codes 21, 22, 23 or 24 within the CMS 1500 form.

**23. How should the provider information be listed on the CMS 1500 form?**

ABH loads the contracted rates under the physician record within our claim system. Box 33 of the claim form should list the billing provider along with the provider NPI in Box 33a. Box 32 should contain the location where services were performed or the Pay To along with the corresponding Pay To NPI in Box 32a. Do not bill with the Pay To in Box 32 or claims will not adjudicate the appropriate contracted rate or result in a claim denial.

## Questions?

We're here to help. Just contact our provider relations department at **1-866-638-1232**. Thank you for the excellent care you give our members.

Sincerely,

Scott Eagle  
Manager of Provider Relations  
Aetna Better Health