



Billing Reminders for FQHCs/RHCs

To help ensure your claims are submitted and paid correctly, please review the following reminders and instructions before submitting claims for services provided to UnitedHealthcare Community Plan members at Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs).

Reminders

Claims must be billed on a CMS-1500 form or its electronic equivalent. Please mail paper claims to:

UnitedHealthcare Community Plan
Attention: Claims
P.O. Box 5220
Kingston, NY 12402-5220

Note: When a member has primary insurance through Medicare, the claims will automatically cross over from Medicare as billed on a UB-04 form. UnitedHealthcare Community Plan will coordinate processing the claim.

Instructions for completing the CMS-1500 form

- Encounters with more than one FQHC/RHC practitioner on the same day constitute a single visit and are payable as one visit – unless it is for one of the following situations, which should be billed using modifier 59 on the subsequent claim:
 - A member is seen in the FQHC/RHC for a medical visit, leaves the clinic and subsequently suffers an illness or injury that requires additional diagnosis or treatment on the same day.
 - A member has a medical visit and a mental health visit on the same day.
 - **For RHCs only**, the member has an initial preventive physical exam and a separate medical and/or mental health visit on the same day.
- Reimbursement for vaccinations for Medicaid, Iowa Health and Wellness, and *hawk-i* members is included in the FQHC/RHC encounter rate.
- **Box 24b – Place of Service (POS):** FQHC - enter POS code 50, RHC – enter POS code 72.
- **Box 24d, line 1- Procedures, Services or Supplies:** Use T1015 CPT code – the all-inclusive visit code. Subsequent claim lines that include applicable procedure codes should be billed on a separate line for services rendered as “informational only” and billed at \$0. Claims submitted without the “informational only” procedure codes will be denied.
- **Box 24j – Rendering Provider ID#:** Enter the FQHC/RHC clinic national provider identifier (NPI) number or leave blank.
- **Box 32 – Facility Location:** Enter the service facility location information. The address must be a physical location and cannot be a P.O. Box.

- **Box 33a – Billing Provider Information:** Enter the FQHC/RHC clinic NPI number.

Third Party Liability

When a member has primary insurance, care providers must file Third Party Liability (TPL) information if the service billed is not listed on the Medicare non-covered list or defined as “Pay and Chase” per the state’s TPL policy. Care providers are encouraged to bill claims with TPL electronically or through Clearinghouse Connections, but may also bill on paper and attach a copy of the primary payer Explanation of Benefits (EOB).

Please include the following payer information in the form fields of the CMS-1500 form:

- **9 – Other Insured’s Name:** Name of the policyholder of the primary insurance
- **9a – Other Insured’s Policy or Group Number:** Policy or group number of the primary insurance
- **11d – Is There Another Benefit Plan:** Select yes if member has primary insurance.
- **29 – Amount Paid:** Amount paid by primary payer

If you have questions, please call Provider Services at **888-650-3462** or contact your Provider Advocate. Thank you.