Reimbursement Policy

Community Health Centers and Federally Qualified Health Centers

Policy Number: 4.107
Version Number: 8
Version Effective Date: 10/01/2016

Product Applicability

☐ All Plan* Products

<table>
<thead>
<tr>
<th>Well Sense Health Plan</th>
<th>Boston Medical Center HealthNet Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New Hampshire Medicaid</td>
<td>☒ MassHealth</td>
</tr>
<tr>
<td>☐ NH Health Protection Program</td>
<td>☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct</td>
</tr>
<tr>
<td></td>
<td>☐ Senior Care Options</td>
</tr>
</tbody>
</table>

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider’s contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan’s Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

Community Health Center (CHC) – A free standing health center that is licensed in the Commonwealth of Massachusetts as a clinic by the Department of Public Health. A Community Health Center may not

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
be a part of a hospital and must possess its own legal entity, maintain its own patient records, and administer its own budget and personnel. For the purpose of reimbursement, a CHC and FQHC are the same.

Federally Qualified Health Center (FQHC) – A free standing health center that is receiving grant money under section 330 of the PHS Act, which requires that the clinic not be owned, controlled or operated by any other entity. Qualifications for an FQHC are determined by, and approved by the Centers for Medicare and Medicaid.

**Provider Reimbursement**

The rates of payment to a CHC/FQHC are based on the provider’s contractual rates with the Plan. These rates of payment include all necessary administration, professional supervision, and supporting services associated with member care. When a service is payable, the following terms of reimbursement will apply.

**Services Included in a Clinic Visit Rate**

Clinic visit fees (those codes identified below in the “Applicable Coding” Section) include the following services, subject to the limitations identified in this policy.

- All medical services rendered in a single visit, on the same date of service and at the same location regardless of the number of clinicians seen (Pediatrics, OB/GYN, Internal Medicine).
- Health education designed to prepare the member for participation in and reaction to specific medical procedures, and to teach self-management.
- Medical Social Services that assist members in their adjustment to and management of social problems resulting from medical treatment, specific disease episodes, or chronic illness.
- The professional component of laboratory services

The 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.

The Plan will apply standard CPT and HCPCS clinical edits established by Centers for Medicare and Medicaid Services (CMS) via the National Correct Coding Initiative (NCCI) to all claims submitted. More information may be found in the “Claim Submission and Reimbursement” section of the Provider Manual and the General Clinical Editing Reimbursement Policy.

**Service Exclusions under the Clinic Visit Rate**

When any of the below services are listed as the sole purpose for the visit, the provider must bill using the appropriate HCPCS/CPT coding for the specific service identified and should not report an evaluation and management (E&M) code or preventive visit code.

The Plan will not reimburse a CHC/FQHC using clinic visit coding when the sole purpose for the visit was any of the following services:
• Laboratory services
• Radiology services
• EKG services
• Audiology services
• Fluoride Varnish services
• Vaccine administration
• Optometry
• Podiatry

**Preventive Visit with Screening Services**
The Plan will not separately reimburse the following screening services when performed in conjunction with a preventive visit:

- G0101- Cervical or vaginal cancer screening; pelvic and clinical breast examination
- Q0091- Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

**New/Established Visit with Visual Acuity Screening Services**
The Plan will not separately reimburse for visual acuity screening services when performed in conjunction with new/established patient evaluation and management code such as 99201-99205 and 99211-99215, unless appended with modifier 59, XE, XP, XS, or XU to identify it as a significant and separately identifiable service.

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Add-on**
In addition to an EPSDT service, the Plan will reimburse the add-on code S0302 when all components of an EPSDT have been performed. Providers must use the EPSDT code range 99381 through 999385 or 99391 - 33395 when billing in conjunction with add-on code S0302 to ensure correct payment.

**Multiple Same Dates of Service Reduction**
When a preventive visit and a problem-focused visit reported with modifier 25 are performed on the same day, for the same member, by the same provider, the Plan will reimburse the higher allowable service 100% of the contracted rate and the lesser allowed will be reimbursed at 50% of the contracted rate.

Modifier 25 should only be reported when a significant abnormality or pre-existing condition is addressed and additional work is required to perform the key components of a problem focused E&M service. If the Problem-focused service is minor, or if the code is not submitted with modifier 25 appended, no separate reimbursement will be allowed.

---

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
Fee-for-Service Reimbursement

The Plan will reimburse CHC/FQHC’s separately from the clinic visit only for those services that are eligible for separate payment, subject to the following terms:

- Obstetric Services, Obstetrical Reimbursement Policy Number 4.105
- Family Planning Services, Family Planning, Sterilization, and Abortion Reimbursement Policy Number 4.115
- Acupuncture Treatment for Pain Services, Acupuncture Services Reimbursement Policy Number 4.4
- Dental Services, Dental Services Reimbursement Policy Number 4.15
- Vision Services, Vision Services Reimbursement Policy Number 4.38
- Tobacco Cessation – Physician and Non Physician Practitioner Services Policy Number 4.608
- Technical Component of Laboratory Services
- Surgical Pathology Services
- Global Radiology Services
- Global Electrocardiogram Services
- Global Audiology Services
- Fluoride Varnish Services

The above services will be paid separately from clinic visit services only when these are considered outside the scope of a global delivery service.

Fluoride Varnish Services

The Plan will reimburse providers for Fluoride Varnish services in accordance with the following terms:

- Members must be younger than 21 years old to be considered eligible for fluoride varnish application
- CHC/FQHCs should submit claims for the application of fluoride varnish using CPT Service Code 99188. HCPCS D1206 is no longer covered for claims submitted by CHC/FQHCs.
- The dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.

Vaccines and Vaccine Administration

Both the vaccine and vaccine administration will be reimbursed in conjunction with a clinic visit provided that the vaccine administration is a medically necessary separately identifiable service. Providers must append modifier 25 to the clinic visit to receive reimbursement. Vaccines will only be reimbursed when they are not supplied by the state.
Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

### Service Limitations

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT/HCPCS Codes</th>
<th>Summary Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Administration</td>
<td>90460 - 90461, 90471 - 90474</td>
<td>Vaccine administration is separately reimbursed only with the following E/M codes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99218-99226, 99231-99233, 99238-99239, 99234-99237, 99304-99310, 99334-99337, 99341-99350, 99460 &amp; 99462</td>
</tr>
</tbody>
</table>

### Visits: Service Limitations

The following services will be paid subject to the indicated limitations:

**Individual Medical Visits**

Clinic visit codes may not be used for family planning counseling, tobacco cessation, or HIV pre- or post-test counseling services.

**Group Clinic Visits**

All instructional group sessions for members must be carried out by a physician, nurse practitioner, registered nurse, or physician assistant. These limitations do not apply to group clinic visits for tobacco cessation.

**HIV Pre and Post Test Counseling**

The Plan will reimburse a CHC/FQHC for a maximum of two pre-test counseling sessions and two post-test counseling sessions per member per test. A maximum of four pre-test counseling sessions and four post-test counseling sessions will be paid per calendar year, per member. Submit CPT 99402 when the sole purpose for the visit is for HIV Counseling Services.

**Non-Reimbursable Services**

The following services are not reimbursable and should not be billed to the Plan:

- Performing, administering, or dispensing experimental, unproven, or otherwise medically unnecessary procedures or treatment
- Services rendered by a physician who is not legally responsible for the management of the member’s case with respect to medical, surgery, anesthesia, laboratory or radiology services
- Services that would not ordinarily be billed to a self-pay patient by the rendering physician
- Any service performed to support a non-covered procedure or item

---

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
**Applicable Coding and Billing Guidelines**

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

The below codes are used for reporting various types of clinic visits, as defined in this policy.

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT Codes</th>
<th>Summary Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office/OP visit, new patient</td>
<td>99201-99205</td>
<td><strong>Problem-focused</strong> - May be reimbursed for both a problem-focused and preventative clinic visit on the same day when modifier 25 is appended to Problem-focused visit</td>
</tr>
<tr>
<td>Office/OP visit, established patient</td>
<td>99211-99215</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Preventive E/M Services (EPSTD), new patient</td>
<td>99381-99385</td>
<td><strong>Preventative</strong> - May be reimbursed for both a Preventative and Problem-focused clinic visit on the same day when modifier 25 is appended to Problem-focused visit</td>
</tr>
<tr>
<td>Comprehensive Preventive E/M Services (EPSTD), established patient</td>
<td>99391-99395</td>
<td></td>
</tr>
<tr>
<td>EPSTD Add on</td>
<td>S0302</td>
<td>Bill only when all components of an EPSDT (99381-99385 and 99391-99395) visit have been performed.</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>99050</td>
<td>Billed in addition to the clinic visit. Urgent care rendered between 5:00 PM and 6:59 AM, Monday through Friday, and Saturday from 7:00 AM to 4:00 PM.</td>
</tr>
<tr>
<td></td>
<td>99050-TV</td>
<td>Billed in addition to the clinic visit. Urgent Care rendered between 4:01 PM on Saturday through 6:59 AM Sunday</td>
</tr>
<tr>
<td>HIV Pre- and Post-Test Counseling</td>
<td>99402</td>
<td>Bill when the sole purpose of the clinic visit is for HIV Counseling Services</td>
</tr>
<tr>
<td>Tobacco Cessation Counseling</td>
<td>99407</td>
<td>Bill with appropriate modifier</td>
</tr>
</tbody>
</table>

The Plan does not allow the use of HCPCS code T1015 for reporting of any clinic visits. When billed, this code will be denied as a non-contracted service. Providers should bill using an appropriate time based E/M code or age-based EPSDT code.

**Family Planning Counseling**

When the only service performed is family planning counseling, H1010 should be billed. If a family planning service other than counseling is performed, the FP modifier must be
Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Modifiers
The following terms of reimbursement apply to codes billed with specific modifiers. Failure to adhere to these requirements will result in claim denial.

- Modifier Restrictions
  The Plan will not accept the modifier TH – Obstetrical treatment/services, prenatal or postpartum. When reporting obstetrical services rendered by a midwife, the CHC/FQHC should report modifier “SB” with the applicable code describing the services rendered.

- Modifier Reimbursement
  The Plan does not reduce payment for clinic visits services rendered by a mid-level clinician when performed in a CHC/FQHC. Other modifiers that impact reimbursement, such as multiple procedures, discontinued procedure, etc. will be reduced by the Plan’s standard percentage for each modifier.

Policy History

<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date</th>
<th>Policy Owner</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/2006</td>
<td>11/01/2006</td>
<td>Payment Policy</td>
<td>Payment Policy Committee</td>
</tr>
</tbody>
</table>

Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/15/2008</td>
<td>Formatting changes and modification to Responsibilities to include member, provider, and Plan. Added references to family planning counseling services.</td>
<td>1/15/2008</td>
<td>Payment Policy Committee</td>
</tr>
<tr>
<td>09/23/2010</td>
<td>Removed reference to payment at the lesser of charges and updated formatting; added distinction between non-covered and non-reimbursable services; changed mental health section to reference Beacon billing requirement; added family planning modifier</td>
<td>09/23/2010</td>
<td>Payment Policy Committee</td>
</tr>
</tbody>
</table>

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

### Policy Revisions History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Description</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/05/2011</td>
<td>Removed definitions, responsibility and accountability, and mental health</td>
<td>10/05/2011 Payment Policy Committee</td>
</tr>
<tr>
<td>03/29/2013</td>
<td>Policy update to same day preventive visit and a problem oriented visit and preventive visit with screening.</td>
<td>03/29/2013 Payment Policy Committee</td>
</tr>
<tr>
<td>05/17/2013</td>
<td>Policy revision to New/Est. Visit with preventative screening</td>
<td>05/17/2013 Payment Policy Committee</td>
</tr>
<tr>
<td>12/02/2013</td>
<td>Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare</td>
<td>12/02/2013 Payment Policy Committee</td>
</tr>
<tr>
<td>08/23/2016</td>
<td>New template, annual review, added applicable policies</td>
<td>10/1/2016 Payment Policy Committee</td>
</tr>
</tbody>
</table>

### Next Review Date

2018

### Other Applicable Policies

- Acupuncture Services, 4.4
- Dental Services, 4.15
- Drug Screening/Testing (DS/T): Drugs of Abuse, 4.94
- Family Planning, Sterilization, and Abortion, 4.115
- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Immunization Services, 4.117
- Obstetrical, 4.105
- Physician and Non-Physician Practitioner Services, 4.608
- Urgent Care, 4.96
- Vision Services, 4.38

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
References

- 130 CMR 405 – Community Health Center Regulations, Subchapter 1 through 6
- 114.3 CMR 4.00 – Rates for Community Health Centers
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Evidence of Coverage, Form No. BMCHP-CC-8
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- Evidence of Coverage, Form No. BMCHP CCChoice-1
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Disclaimer Information

This Policy provides information about the Plan’s reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member’s benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan’s discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan’s audit policies, refer to the Provider Manual.

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*