

Chapter 8

Clinic Services

The following clinic services are included in this chapter:

- Community Health Clinic
- Public Health Clinic
- Public Health Nursing Clinic
- Federally Qualified Health Center (including FQHC dental) and Rural Health Clinic

Provider Requirements

To enroll in PrimeWest Health, a clinic must have a federal employer's identification number and must also be enrolled with DHS. Additional requirements may apply; refer to the specific clinic section in this chapter.

Covered/Non-Covered Services

For covered and non-covered services, refer to the individual services chapters, such as Physician & Professional Services chapter (Ch. 6) and Dental Services chapter (Ch. 19).

Community Health Clinic

Community Health Clinic

Community health clinics must meet the following requirements:

- Has non-profit status as specified in applicable Minnesota Statutes;
- Has tax exempt status as provided for in the Internal Revenue Code 501(c)3;
- Is established to provide health services to low income population groups; and
- Has written clinic policies as required by the applicable provisions of Minnesota Rules.

To enroll as a Community Health Clinic, the following must be documented in clinic files:

- A description of health services provided;
- Policies concerning medical management of health problems including health conditions which require referral to physicians or other health professionals and provision of emergency health services; and
- Policies for maintenance and review of health records by the physician.

Covered Services

- Physician services;
- Preventive health services;
- Family planning services;
- Early periodic screening, diagnosis, and treatment services, also known as Child and Teen Checkups or C&TC;
- Dental services; and
- Prenatal care services.

Eligible Providers

- Physicians;
- Physician assistants (PA);
- Advanced practice registered nurses (APRN). APRN may contract with, be a volunteer of, or an employee of a community health clinic;
 - Nurse practitioners (NP)
 - Certified nurse specialists (CNS)
 - Certified nurse midwives (CNM)

For physician extenders, see specific supervision and reporting requirements in the Physician & Professional Services chapter (Ch. 6), Physician Extender section.

Public Health Clinic

Public Health Clinic

Public health clinics must be a department of, or operate under the direct authority of a unit of government. Examples of a unit of government include county and city.

Covered Services

- Physician services;
- Preventive health services;
- Family planning services;
- Early periodic screening, diagnosis, and treatment services, also known as Child and Teen Checkups or C&TC;
- Dental services;
- Prenatal care services;
- Tuberculosis case management and directly observed therapy.

Eligible Providers

- Physicians;
- Physician assistants (PA);
- Advanced practice registered nurses (APRN).
 - Nurse practitioners (NP)
 - Certified nurse specialists (CNS)
 - Certified nurse midwives (CNM)

For physician extenders, see specific supervision and reporting requirements in the Physician & Professional Services chapter (Ch. 6), Physician Extender section.

Tuberculosis Case Management and Directly Observed Therapy

Effective July 1, 1995, the Minnesota legislature passed the DHS Omnibus Bill which provides for coverage of case management and directly observed therapy services for MHCP recipients infected with tuberculosis. These services must be provided by certain persons employed by a Community Health Board.

Community Health Board: A board of health established, operating and eligible for a subsidy (from the Commissioner of Health). The board has general responsibility to develop and maintain an integrated system of community health services under local administration and within a system of state guidelines and standards.

Case Management Services: Face-to-face services furnished to assist persons infected with TB in gaining access to needed medical services.

Persons Infected with TB: Individuals infected with latent or active tuberculosis who have a positive TB skin test, or have a negative tuberculin skin test, but a positive sputum culture for the TB organism; an individual whose TB test is negative, but whose physician's certification indicates the individual requires TB-related drug and/or surgical therapy can be considered TB infected.

Directly Observed Therapy: Physically watching the recipient take the drugs prescribed for TB.

Covered Services

- Case management services include, at a minimum:
 - Assessing the need for medical services to treat tuberculosis;
 - Developing a plan of care addressing those needs;
 - Assisting in accessing medical services identified in the care plan; and
 - Monitoring compliance with the care plan to ensure completion of tuberculosis therapy.
- Directly observed therapy.

Eligible Providers

- Case management services are covered if provided by a certified public health nurse employed by a community health board.
- Directly observed therapy must be provided by a public health nurse employed by a community health board, or by a community outreach worker, licensed practical nurse or registered nurse trained and supervised by a public health nurse employed by a community health board.

Drugs for Tuberculosis

PrimeWest Health covers drugs for tuberculosis and other communicable diseases if prescribed by a licensed practitioner and dispensed by a physician or certified nurse practitioner employed by, or under contract with, a community health board for purposes of communicable disease control.

Billing Requirements

Use code T1016 for case management and code H0033 for directly observed therapy. These two codes should not be billed on the same day, nor should office or home visits be billed on the same day as case management. Bill on the CMS-1500.

Public Health Nursing Clinic (PHNC)

Public health nursing clinics must meet the following requirements:

- Be department of, or operate under the direct authority of a unit of government. Examples of a unit of government include county, city, or school district.
- Be performed at a main clinic site, satellite clinics, mobile clinic sites that are open to the public, or the recipient's home.

Covered Services

- Clinic Visits – Clinic visits may include, but are not limited to, services in the following areas:
 - Health Promotion and Counseling: Education and counseling to alleviate or prevent health problems. This service does not include in-depth nutritional counseling normally performed by a licensed dietician, nor does it include structured diabetic education programs. Refer to the Physician & Professional Services chapter (Ch. 6): Nutritional Counseling and Diabetic Education sections for coverage information and requirements.
 - Medication Management: Review of current medications and adherence to the prescribed medication regime. Education on proper medication use and contact with the prescribing physician when necessary.
 - Nursing Assessment Treatment and Diagnostic Testing: A health history or examination that includes an evaluation of health behaviors and risk factors, and is performed within the scope of practice of a licensed registered nurse.
- Home Visits – PHNC services that are typically provided in the clinic setting may also be performed in the recipient's home on an intermittent basis, when necessary to ensure that the recipient receives the necessary care.

PHNC visits may not be used as a substitute for traditional home care, such as the type of home care that is reimbursable by Medicare. **If a recipient needs traditional home care, the recipient should be referred to a Medicare Certified Home Care Agency.**

Non-covered Services

- Services covered by a primary insurance;
- Services that are part of the WIC (Women, Infants & Children Food Program) clinic package, such as height, weight, B/P, and client history;
- Services provided by a school-based PHNC, which are available at no cost to a non-MA recipient student.

Billing for PHNC Services

Note: Effective April 1, 2004, HCPCS code T1015, one unit, clinic visit all-inclusive, replaced the individual X codes previously used to bill PHNC services:

New Code	Description	Qualifying Information
T1015	Clinic visit/encounter, all-inclusive	T1015 - one unit includes all clinic services, previously reported with codes X5546 through X5549, provided to a recipient in one day without regard to time. C & TC services may not be billed on the same day as a PHNC clinic visit. The administration of injections is included in the clinic visit. Bill HCPC code for drug.
S9446	Patient education, non-physician provider, group, per session.	S9446, for group education and counseling, may be reported on the same day as T1015. Bill one unit per person for each class session. A session is one encounter; a class that meets four weeks has four sessions/encounters.
S9123	Nursing care, in the home, by PHN or registered nurse. This code should be used by non-MC certified PHNC only. Medicare certified PHNC refer to PrimeWest Health Provider Manual Chapter 4 Billing Policy.	Although the S9123 code description indicates a <i>per-hour</i> service, PrimeWest Health reimbursement is limited to a <i>per-visit</i> rate. Report the number of hours/units actually spent on the home visit but report only one usual and customary visit charge. Report units in whole numbers. One unit equals one hour. C & TC services may not be billed on the same day as a PHNC home visit. The administration of injections is included in the home visit. Bill HCPC code for drug.

Eligible Providers

- Public Health Nurses (PHN);
- Licensed registered nurses, supervised by a PHN, practicing in a PHNC.

Federally Qualified Health Center and Rural Health Clinic Services

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) provide covered services to PrimeWest Health members in a manner similar to other physician clinics. However, federal mandates and guidelines apply specifically to FQHCs/RHCs. See [Billing Policy](#) (Ch. 4).

Federally Qualified Health Center: A facility that:

- Is receiving a grant under section 329, 330, or 340 of the Public Health Service (PHS) Act, or is receiving funding from such a grant under a contract with the recipient of such a grant and meets the requirements to receive a grant under section 329, 330, or 340 of the PHS Act;
- Is based on the recommendation of the PHS, determined by CMS to meet the requirements for receiving such a grant;
- Was treated by CMS, for purposes of Medicare Part B, as a comprehensive federally funded health center (FFHC) as of January 1, 1990; or
- Is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.

Rural Health Clinic: A freestanding or provider based facility certified under Code of Federal Regulations, title 42, part 491.

Provider-Based Facility: A clinic that is an integral part of a hospital, skilled nursing facility, or home health agency that is participating in Medicare and is used, governed and supervised with other departments of the facility.

Dental Encounter: Services provided during a dental visit.

Medical Encounter: Services provided during a medical visit, including but not limited to:

- Professional services;
- Supplies and pharmaceuticals incidental to professional services;
- Pharmaceuticals provided in compliance with pharmacy guidelines;
- Obstetrical and perinatal care;
- Clinic visits;
- FQHC or RHC professional services provided to FQHC or RHC patients if covering inpatient hospital visits;
- FQHC or RHC professional services provided to FQHC or RHC patients if surgical services are directly provided by the center or clinic; and
- Mental health visits provided in compliance with mental health guidelines.

Eligible Providers

Providers that meet the definition of an FQHC/RHC must enroll as an FQHC/RHC to receive consideration for payment under the Prospective Payment System (PPS) or Alternative Payment Methodology (APM). Your PrimeWest Health provider contract will determine whether you should bill for and be reimbursed at the PPS/APM rates, or if you should submit itemized charges on the CMS-1500 form and be paid at PrimeWest Health fee schedule rates, net of adjustments. Contact PrimeWest Health Provider Services if you have questions.

Covered Services for MA Recipients

MA coverage for FQHCs/RHCs has been mandated for the following:

- Physician's services and supplies furnished as incident to a physician's professional service;
- Vaccines (e.g., pneumococcal, influenza, and hepatitis B);
- Services provided by a physician assistant, nurse practitioner, clinical psychologist, or clinical social worker, and services and supplies furnished as incident to their services;
- In an area in which a shortage of home health agencies exists, part-time or intermittent nursing care by a registered nurse or licensed practical nurse to a homebound individual under a written plan of treatment, either established and reviewed by a physician every 60 days or established by a nurse practitioner or physician assistant and reviewed at least every 60 days by a supervising physician; and
- Services and supplies incident to a physician's professional services are covered if they are:
 - Of a type commonly furnished in physicians' offices;
 - Of a type commonly rendered either without charge or included in the bill;
 - Furnished as an incidental, although integral, part of a physician's professional services;
 - Furnished under the direct, personal supervision of a physician;
 - Provided by a member of the clinic's health care staff who is an employee of the clinic; and
 - Drugs and biologicals, furnished as "incidental to" a physician's professional service, only if they cannot be self-administered.

In addition, MA coverage of services furnished by an FQHC/RHC include all other ambulatory services, covered under the Minnesota State Plan, which are furnished by the FQHC/RHC. With the exception of dental services, ambulatory services are considered part of the medical encounters and are included in the development of the medical encounter payment rate for both PPS and Minnesota's APM (MAPM).

FQHC/RHC Billing Requirements

Use the following guidelines when billing PrimeWest Health for services provided by an FQHC or RHC.

- Use the NPI number assigned to the FQHC/RHC location to bill all PrimeWest Health services
- Use the NPI number of the rendering/treating provider for 837P (CMS-1500 claims)
- Follow all frequency guidelines and request for authorization requirements
- PrimeWest Health covers one medical and/or one dental encounter per day, for federally-funded MA and MinnesotaCare recipients with MA benefits

- Bill services provided to federally-funded MA recipients and MinnesotaCare recipients with MA benefits in the 837I (UB-04) format using an all-inclusive encounter revenue code (see FQHC and RHC medical revenue codes chart). Report the appropriate HCPCS/CPT procedure code with the correct medical revenue code on all claims.

Example: Recipient is eligible for major program MA. You provided clinic and lab services, and filled a prescription. Bill the clinic and lab services as one encounter using the 837I (UB-04) format. Bill the drug using POS.

- Bill services provided to state-funded GAMC recipients and MinnesotaCare recipients without MA benefits 1500) format

Example: Recipient is eligible for major program GM. You provided clinic and lab services, and filled a prescription. Bill the clinic and lab services fee-for-service using the 837P format and list each individual service provided. Bill the drug using Point of Sale (POS).

Use the chart below to determine which claim type to use when billing for services provided to MHCP recipients. Verify MHCP eligibility and determine major program by calling (651) 431-4399 or 1-800-657-3613, or use MN-ITS.

Provider Number

Use the 9-digit PrimeWest Health provider ID number assigned to the FQHC/RHC location to bill all PrimeWest Health services.

Billing

Bill services provided to PrimeWest Health members using the HCFA 1500 for all services except Medicare covered services. For dual eligible Medicare/Medicaid (MSHO) program services, refer to your PrimeWest Health contract for the payment terms. If you are reimbursed based on the CMS or DHS fee schedule, submit CMS-1500 forms and itemize all charges.

For COB crossover claims where PrimeWest Health is secondary, you may submit the claims in the same format used to bill the primary payer.

Follow any frequency guidelines or request for authorization requirements.

See the C&TC billing section of Children Services chapter (Ch. 9) for C&TC encounter billing instructions.

FQHC and RHC medical revenue codes effective July 1, 2006 (used for PPS/APM reimbursement)	
Revenue Code	Service
0521	Clinic visit by recipient to FQHC or RHC facility
0522	Home visit by FQHC or RHC practitioner
0524	Visit by FQHC or RHC practitioner to a recipient in a covered Part A stay at a

	skilled nursing facility (SNF)
0525	Visit by FQHC or RHC practitioner to a recipient in a SNF (not in a covered Part A stay), Nursing Facility (NF), ICF-MR or other residential facility
0527	FQHC or RHC Visiting Nurse Service(s) to a recipients' home when in a home health shortage area
0528	Visit by FQHC or RHC practitioner to other non-FQHC/RHC site (e.g., scene of accident)

Legal References

Minnesota Rules 9505.0250 (physician clinic)

MS 256B.0625, subd. 4 (physician clinic)

MS 256B.0625, subd. 30 (community clinic)

Minnesota Rules 9505.0255 (community clinic)

Minnesota Rules 9505.0380 (PH clinic)

MS 256B.0625, subd. 40 (TB tx in PH clinic)

42 CFR 491 (RHC)

42 USC 1396d (RHC)

MS 256B.0625, subd. 29 (FQHC)

42 CFR 491 (FQHC)

Title XIX, Section 1905(1) of the Social Security Act