



TO: Federally Qualified Health Centers (FQHCs)

RE: 1. Carve Out of Medical Federally Qualified Health Centers from Managed Care

2. Routine Laboratory Services

### 1. Carve Out of Medical Federally Qualified Health Centers from Managed Care

This provider bulletin notifies Medical Federally Qualified Health Centers (provider type 08 / specialty 521) that effective with dates of service of November 1, 2009 forward, services provided to HUSKY A and HUSKY B clients should be billed to EDS.

Managed Care Organizations (MCOs) will no longer be responsible for reimbursement of services provided to HUSKY A and HUSKY B clients for dates of service on and after November 1, 2009. *Claims for dates of service prior to November 1, 2009 should be submitted to the client's respective MCO within the MCO's timely filing guidelines.*

#### ***New Claim Submission Requirements***

Effective with dates of service November 1, 2009 and forward, all claims for HUSKY A and HUSKY B clients submitted by Medical, Dental or Mental Health FQHC's will need to submit the rendering provider's National Provider Identifier (NPI) or the claim will deny.

#### ***Medical FQHC Behavioral Health Prior Authorization Requirement***

Effective with dates of service November 1, 2009 and forward, Medical FQHC claims submitted for HUSKY A and HUSKY B clients with a primary diagnosis code of 291 through 316, with the encounter procedure code T1015 and another HCPC beginning with 908XX, will be considered a behavioral health claim. These claims will only pay if there is a Connecticut Behavioral Health Partnership (CTBHP) prior authorization (PA) on file. Claims with this diagnosis and coding will be paid under the provider's behavioral health medical FQHC encounter rate.

Effective with dates of service January 1, 2010 and forward, the primary diagnosis code, V62.5 (Legal Circumstances – Imprisonment, Legal Investigation, Litigation, Prosecution) with the encounter code T1015 and another HCPC beginning with 908XX will be considered a behavioral health claim and require prior authorization from CTBHP.

#### ***Copays for HUSKY B Clients***

HUSKY B clients are required to pay a \$5 copayment for each T1015 encounter procedure code billed. EDS will forward Medical FQHC claims data to the clients respective MCO. The MCO will determine when a member has exceeded the out of pocket maximum. If the member has exceeded their out of pocket maximum and if the service has already been rendered and a copayment collected, the MCO will notify the FQHC and the FQHC will be responsible for reimbursing the member.

#### ***Timely Filing***

Timely filing for HUSKY A and HUSKY B Medical FQHC claims will be 180 days from the date of service. All claims that require a behavioral health prior authorization will follow CTBHP timely filing guidelines, 120 days from the date of service. Refer to Chapter 5 of the provider manual for more detailed information. [www.ctdssmap.com](http://www.ctdssmap.com) > Information > Publications > Provider Manual > Chapter 5.

### 2. Routine Laboratory Services Clarification

This bulletin also clarifies payment for routine laboratory services. Routine laboratory services are those services expected to be included in most patient encounters. It has come to the Department's attention that some FQHC providers, who also operate independent clinical laboratories, are billing for routine laboratory services via their independent laboratories, on the same date of service as the clinic visit, T1015 (clinic visit / encounter, all-inclusive). The Department considers the following laboratory services as routine:

- Urinalysis without microscopy
- Hemoglobin determination
- Urine glucose determination

