


STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Coverage Management Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

May 12, 2006

MEMORANDUM

ACS M06-07

TO: FQHC and RHC Providers

FROM: Angie Payne, Acting Med-QUEST Division Administrator 

SUBJECT: BILLING FOR PRE-NATAL SERVICES AND DELIVERIES

This memo is to clarify the billing and payment for pre-natal services and deliveries when provided by a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC). This policy is retroactive to April 1, 2005 and represents a change from the previous MQD policy. Any services that were billed inappropriately for dates of service April 1, 2005 to present should be re-billed appropriately through the Med-QUEST fiscal agent, Affiliated Computer Services (ACS).

Pre-natal Services

If a recipient receives pre-natal services at an FQHC or RHC the health center should bill the visit as regular medical visit on the UB-92 form using revenue code 520 and CPT code 99212. The health center will be paid the medical prospective payment system (PPS) rate for these visits. The health center should not bill a global fee for pre-natal care and the delivery. Each pre and post-natal visit should be billed separately as a medical visit.

Delivery Services

The Centers for Medicare and Medicaid Services (CMS) has clarified that an FQHC or RHC may not be paid directly for delivery services performed at a hospital. The delivery must be billed to Medicaid by the servicing provider, and payment must be made by Medicaid directly to the provider, not through the FQHC or RHC.

Previously, if an FQHC or RHC requested a Medicaid provider number for an individual provider, that request has been denied. However, specifically for delivery services, MQD will allow a provider that only provides services at an FQHC, to receive an individual Medicaid provider number. This provider number will only be able to bill and be paid for the following delivery codes:

| | | |
|-------------------------|-------|----------|
| Vaginal delivery only | 59409 | \$620.00 |
| C-section delivery only | 59514 | \$930.03 |

All other FQHC and RHC services must continue to be billed through the health center's Medicaid provider number and will be paid at the PPS rate.

When requesting the individual Medicaid provider number, the "Pay to" requested, where payment will be made, cannot be the FQHC or RHC. The individual provider must supply a tax identification number and business name other than the FQHC or RHC. Medicaid will allow a retroactive effective date for the individual Medicaid provider numbers for up to one year. To request a retroactive effective date, fill in the retroactive date in Section I, field 7.

Should you have any questions, please contact Ms. Leslie Tawata at 692-8083.