

MARKETPLACE RHC/FQHC BILLING TIPS FOR UB-04

When preparing claims for reimbursement, providers must be mindful of the following requirements when submitting claims for RHC/FQHC facilities to avoid rejections, denials, and/or delays in processing.

- CMS Processing Manual for RHC/FQHC:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf>
- CMS Benefit Policy Manual for RHC/FQHC:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>
- CMS MLN Fact Sheet for FQHC:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/fqhcfactsheet.pdf>
- CMS FQHC Home page:
<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center>

Example for FQHC visit, chapter 9:

“Payment for a FQHC encounter requires a medically necessary face-to-face visit. Each FQHC specific payment code (G0466-G0470) must have a corresponding service line with a HCPCS code that describes the qualifying visit.”

For example:

Revenue Code	HCPCS code	Service Date
0521	G0467-FQHC Payment Code	10/01
0521	99213- Qualifying visit	10/01