

Provider Tips



FQHC & RHC

* The rendering NPI must be the FQHC facility and not the individual provider

* Modifier 25 is required for multiple visits, i.e. if an EPSDT and sick visit are both completed on the same day or an EPSDT and a behavioral health visit are both completed on the same day, modifier 25 is required on the 2nd visit



TELEMEDICINE

E-visits are payable when billed with the appropriate CPT or HCPC code for the service performed and a **GT** modifier! The visit must be billed under the individual provider and not the FQHC facility and is paid fee for service vs. the PPS rate.



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FQHC/RHC

Federally Qualified Health Centers Rural Health Clinics

EXAMPLE: Meredith comes in for a visit with an earache. You notice that she is also due for her well child check-up. While she's in the office, this is a great opportunity to also complete her well (EPSDT) services.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE SMITH, ROGER										18. DATE OF REFERRAL TO CURRENT SERVICE TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCB) ADD XX1314630057SMITH, ROGER										20. CHARGES \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L) A. Z00.129 B. C. D. E. H65.90 F. G. H. I. J.										22. ORIGINAL REF. NO. NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PR (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										25. H. ID. QUAL I. ID. QUAL J. RENDERER PROVIDER									
02 01 16 02 01 16 11 T1015 229 39 NPI 174158601																			
02 01 16 02 01 16 11 99213 25 NPI 174158601																			
02 01 16 02 01 16 11 T1015 25 NPI 174158601																			
02 99392 EP NPI 174158601																			
02 99773 68 00 NPI 174158601																			
25. 123654225 X 1185570 X YES NO 28. TOTAL CHARGE \$ 789 79 29. AMOUNT PAID \$ 30. BALANCE \$																			
31. SIGNATURE OF PHYSICIAN OR OTHER PROVIDER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on this bill are true and correct and are made a part thereof.) SIGNED SOF DATE 21516										32. SERVICE FACILITY LOCATION INFORMATION HAPPY HEALTH CENTER-CENTRAL									
										33. BILLING PROVIDER INFO & PH # () HAPPY HEALTH CENTER 2500 N 88TH AVE SUITE 24 PHOENIX, AZ 85013 a. 174158601 b.									

Servicing Provider in Field 19
Formatted as follows:
XX/NPI/Provider Last Name, First Name

Rendering
FQHC NPI in
Box 24J

FQHC - SOF
(Signature on File)
in Box 31

Billing FQHC
NPI

Note: In this example the billing NPI and Rendering NPI are the same. The rendering NPI in 24J is always the rendering FQHC facility. The NPI in 33a is the billing, i.e. "pay to" provider NPI

Reminders

- Bill all services rendered AND T1015
- Bill at least the full PPS rate on T1015
- Include EP modifier on the EPSDT visit and related services
- When both an EPSDT & E&M are performed, modifier 25 is required on both the T1015 and the E&M code