

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. RELATED TO CURRENT SERVICE TO MM DD									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) ADD XX1314630057SMITH, ROGER												\$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L) A. Z00.129 B. E. H65.90 F. I. J. Name												ORIGINAL REF. NO.									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PR (Explain Unusual Circumstances) E. CPT/HCPCS F. MODIFIER G. DIAGNOSIS POINTER H. \$ CHARGES I. DAYS OR UNITS J. ICD-9-CM ID. QUAL K. ICD-9-CM ID. QUAL L. RENDERER PROVIDER												NUMBER									
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												26. PATIENT'S ACCOUNT NO. 1185570		27. ACCEPT ASSIGNMENT? (For princ. claim, see box) 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 invoice apply to this bill and are made in accordance therewith.) SIGNED SOF DATE 2/15/16												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 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