RHC/FQHC Providers

RHC and FQHC Place of Service Codes

Effective with dates of service on or after May 1, 2008, rural health clinics (RHCs) are required to use code 72 (rural health clinic) in the place of service code (POS) field and federally qualified health clinics (FQHCs) are required to use POS code 50 (federally qualified health center). Code 11 (physician’s office) will no longer be accepted as the POS code for RHC or FQHC services.

If the RHC or FQHC services are in a setting outside of the clinic, the appropriate POS code must be used. For example, if a RHC or FQHC service is provided in a skilled nursing facility (SNF), POS code 31 is applicable. If an RHC or FQHC service is provided in the home, POS code 12 is applicable.

POS code 99 (other) must be used for dental services provided in an FQHC. POS code 50 is not currently an option on the American Dental Association standard claim form. Dental claims must not be billed using POS code 11, since this code is discontinued for dates of service on and after May 1, 2008.

Services that are considered non-RHC and non-FQHC, such as the technical components of radiology, electrocardiogram (EKG), and clinical diagnostic lab services, must be billed as they are currently being billed (using POS code 11).

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, please view the RHC/FQHC Provider Manual, pages 8-5 and 8-6.

If you have any questions, please contact Customer Service at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.
8400. Updated 05/08

Place-of-Service Criteria

Services at the Clinic or Center
If covered services are furnished by a clinic/center practitioner at the facility, they are payable only to the clinic/center and should not be billed under any other Medicaid provider number.

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Services Away from the Clinic or Center
If the services are furnished at a location other than the facility (e.g., the patient’s place of residence, the scene of an accident), their coverage as RHC/FQHC encounters depends on whether there is an agreement that the clinic/center would compensate the practitioner for furnishing services in a location away from the clinic/center. The following criteria apply for billing for these services:

- Practitioner Compensated: The services are covered as RHC/FQHC visits and should only be billed under the RHC/FQHC provider number. It may not be billed under any other Medicaid provider number.
- Practitioner Not Compensated: The services are not covered as RHC/FQHC visits. It can be billed under a different (e.g., a professional) Medicaid provider number.

Services in a Hospital
Services provided by a clinic/center practitioner in outpatient, inpatient, or emergency room of a hospital or in swing-bed do not constitute covered RHC or FQHC services under KMAP. These services may be billed under a different Medicaid provider number.

Note: If these services are rendered during a time frame for which the practitioner is compensated by the RHC/FQHC for providing services at the clinic/center, all expenditures associated with these services must be carved out on the RHC/FQHC cost report.
Covered Services

Services and supplies necessary and reasonable for furnishing health care services to patients efficiently and in accordance with applicable rules and regulations. Coverage of a service or supply does not necessarily mean it can be billed by itself. It does mean that the related cost is allowable and can be included in determination of the payment.

Covered RHC and FQHC services are set forth in K.A.R. 30-5-82, K.A.R. 30-5-118, and 42 CFR Part 405. These are as follows:
- Professional services furnished by clinic/center practitioners
- Services and supplies “incident to” a practitioner’s services

Examples of covered services:
- Dental (only for FQHCs that provide dental services)
- Family planning
- Mental health
- Newborn home visit
- Nursing for KAN Be Healthy only
- Obstetrical care
- Sexually transmitted diseases

RHC and FQHC services are covered for both Medicaid and MediKan beneficiaries.

A “covered service” is not necessarily a “covered visit”. It can be billed as a “covered visit” only when the service is rendered by a qualified practitioner and it is not content of service.

Content of Service

Content of service is a covered service or supply which is not a professional service by itself but is medically necessary and reasonable as part of a covered RHC/FQHC service provided by a practitioner. The cost associated with content of service is part of the clinic/center’s all-inclusive rate calculation. It should not be billed as an RHC/FQHC encounter or as a service under any other Medicaid provider number. Some examples of content of service include the following:

- “Incident to” services and supplies. Those services of the clinic/center health care staff (such as a nurse or a therapist) and supplies (such as tongue depressor, bandage, thermometer) that must be an integral, although incidental, part of the rendition of a practitioner’s personal professional services in the course of diagnosis or treatment of an injury or illness. To be covered as “incident to,” a service or supply must be:
  - Furnished by a member of the clinic/center’s health care staff who is an employee of the clinic or center.
  - Rendered under direct, personal, medical (not administrative) supervision of a physician.
  - Of a type commonly furnished in a physician’s office without separate charge, performed away from the clinic/center facility only when accompanying a practitioner.