SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.34 RURAL HEALTH CLINIC AND FEDERALLY QUALIFIED HEALTH CLINIC

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

RURAL HEALTH CLINIC AND FEDERALLY QUALIFIED HEALTH CLINIC

Blue Cross defines a rural health clinic (RHC) as a medical clinic located in a rural (not urban) area for the purpose of providing health care services to persons in the rural area. The purpose is to service an area that does not otherwise have health care services available (medically underserved area). RHCs may be a primary care practice (offers at least one of the following: family practice, general practice, internal medicine or pediatric services).

Blue Cross defines a federally qualified health clinic (FQHC) as a medical clinic located in a rural or urban area for the purpose of providing health care services to persons who are not otherwise eligible for health care coverage and/or in a medically underserved area. FQHCs must provide primary care for all life-cycle ages; therefore, specialty practices such as pediatric- or geriatric-only clinics are not eligible for FQHC status.

We require that each health care professional associated with a RHC or FQHC be individually credentialed, allowing us to identify each provider in our directories. Claims should be reported based on the services provided by each individual health care professional within the clinic. Additionally, the rendering/performing providers NPI must be reported on RHC/FQHC claims.

The allowable charges for RHC and FQHC services are based on each individual performing provider specialty. Use iLinkBlue to view and research your allowable charges.

On the next page are Blue Cross requirements as they apply for RHCs and FQHCs.

Service	Requirement
Authorizations	• Authorizations are required for some services per the member's benefits. See the Medical Management section of this manual for the list of services that require an authorization. You may also use iLinkBlue to verify if services require an authorization or view the list of services that require an authorization in our network speed guides located on our Provider page.
Claims Filing	• Use a CMS-1500 claim form. • File claims electronically through your clearinghouse or iLinkBlue. • Report the individual services performed at the RHC/FQHC. • Report the individual provider's name and NPI as the rendering provider on claims (block 24J of the CMS-1500 claim form or the electronic equivalent). • File claims hardcopy, only when unable to bill electronically. • File ALL applicable diagnosis codes on a claim. It is important that providers code claims to the highest degree of specificity. Blue Cross discourages providers from filing "not otherwise specified" (NOS) diagnosis codes. Claims with NOS codes may pend for medical record review and more appropriate coding.
Laboratory Services	RHCs and FQHCs that provide laboratory tests/services on site must comply with CLIA requirements for the actual services delivered.
Emergency Care	RHCs must provide medical emergency procedures as a first response to common injuries and acute illnesses, the same as what is commonly provided by a physician's office. FQHCs are required to provide emergency care either on site or through clearly defined arrangements for access to health care for medical emergencies during and after the regularly scheduled hours (24/7).
After-hours Coverage	Network providers are responsible for assuring access of services 24 hours a day, 365 days a year. This includes arrangements to assure coverage after hours by another participating physician.
Member Benefits	Blue Cross applies the member's primary care provider level benefits instead of referral specialist benefits, regardless of the provider type and/or specialty. *Members benefits may vary so please always verify eligibility and benefits prior to rendering services. Member benefits are available anytime on iLinkBlue.*
Credentialing	Refer to the Credentialing Program section of this manual for full information on the individual/professional credentialing process and requirements.
Provider Directories	Each health care professional associated with a RHC or FQHC is separately listed in our provider directories based on their specialty. This is in addition to the RHC/FQHC being listed in our directories.