

# Rural Health Clinic (RHC) Billing Guidelines

## Quick Reference Guide



The table below lists billing guidelines for Rural Health Clinics (RHC) that serve Superior HealthPlan Medicaid (STAR, STAR Health, STAR Kids, STAR+PLUS) and CHIP members.

Please review the table below for information on processes claims:

Procedures and Services	Billing Guidelines
<b>T1015 (Medicaid and CHIP)</b>	<ul style="list-style-type: none"> <li>• Allows an encounter rate to be reimbursed to the RHC facility.</li> <li>• Only payable to a clinic with appropriate modifiers.</li> <li>• Payable to Location 72.</li> </ul>
<b>Texas Health Steps (Medicaid) / Well Child Exams (CHIP)</b>	<p>Texas Health Steps and Well Child Exams must be billed using one of the following E&amp;M Codes and appropriate ICD-10 codes:</p> <ul style="list-style-type: none"> <li>• Bill with E&amp;M Codes:               <ul style="list-style-type: none"> <li>○ 99381-99385 (New Patients)</li> <li>○ 99391-99395 (Established Patients)</li> <li>○ 99211 (Texas Health Steps Follow Up Visit)</li> </ul> </li> <li>• ICD-10 Diagnosis Codes:               <ul style="list-style-type: none"> <li>○ Z00.110 (Routine newborn exam, birth through seven days)</li> <li>○ Z00.111 (Routine newborn exam, eight through 28 days)</li> <li>○ Z00.129 (Routine child exam)</li> <li>○ Z00.121 (Routine Child exam, abnormal)</li> <li>○ Z00.00 (General adult exam)</li> <li>○ Z00.01 (General adult exam, abnormal)</li> </ul> </li> <li>• Provider must bill THSTEP modifier to indicate the practitioner who performed the examination in the FIRST position:               <ul style="list-style-type: none"> <li>○ Modifier Practitioner:</li> <li>○ AM Physician, team member service</li> <li>○ SA Nurse practitioner rendering service in collaboration with a physician</li> <li>○ TD Registered nurse</li> <li>○ U7 Physician assistant</li> </ul> </li> <li>• RHC providers must bill Place of Service 72.</li> <li>• Use Benefit Code EP1.</li> <li>• Additional billing guidelines can be found on the: <a href="#">Texas Health Steps QRG (PDF)</a>.</li> </ul>
<b>Vision (Medicaid and CHIP)</b>	<p>Submit all routine vision and optometry medical claims to Envolve Vision. For additional information, please contact Envolve Vision at: <a href="tel:1-888-756-8768">1-888-756-8768</a>.</p>
<b>Family Planning Services (Medicaid Only)</b>	<ul style="list-style-type: none"> <li>• Must be billed with the most appropriate family planning diagnosis code, benefit code and one of the following E&amp;M codes <i>and</i> appropriate ICD-10 codes:               <ul style="list-style-type: none"> <li>○ E&amp;M Codes                   <ul style="list-style-type: none"> <li>▪ 99202-99205</li> <li>▪ 99211-99215</li> <li>▪ J7296-J7298</li> <li>▪ J7300-J7301</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ J7307</li> <li>○ ICD-10 Codes <ul style="list-style-type: none"> <li>▪ Z300.11</li> <li>▪ Z300.19</li> <li>▪ Z985.1</li> <li>▪ Z309</li> <li>▪ Z304.9</li> <li>▪ Z300.18</li> <li>▪ Z304.2</li> <li>▪ Z302</li> <li>▪ Z308</li> <li>▪ Z300.9</li> <li>▪ Z300.13</li> <li>▪ Z304.30</li> <li>▪ Z300.2</li> <li>▪ Z300.14</li> <li>▪ Z304.9</li> </ul> </li> <li>• T1015 may be reimbursed at the encounter rate in an addition to a flat add on fee for Long-Acting Reversible Contraception (LARC) procedures.</li> </ul>
<b>Family Planning Services (CHIP Only)</b>	Not a covered benefit.
<b>Sports Physicals (Medicaid and CHIP)</b>	<ul style="list-style-type: none"> <li>• STAR and CHIP – available for members four through 17 years of age</li> <li>• STAR Health – available for members four through 18 years of age.</li> <li>• One allowed per calendar year</li> <li>• \$35 reimbursement (no co-pay)</li> <li>• Diagnosis code: Z02.5</li> <li>• CPT Codes: 99382-99385 or 99392-99395 or T1015</li> </ul>
<b>Lab Services (Medicaid and CHIP)</b>	For freestanding RHCs, all laboratory services provided in the RHC are included in the encounter (unless enrolled in Medicaid as an independent laboratory).
<b>Dental Services (Medicaid and CHIP)</b>	<ul style="list-style-type: none"> <li>• Checkups are required once every 6 months for Medicaid members age six months through 20 years of age.</li> <li>• STAR Health members must receive a checkup within 60 days of eligibility.</li> <li>• Providers must contact Superior’s Medical Management department to request authorization for checkups that result in treatment requiring a facility or anesthesia charges. For additional information, please contact Medical Management at <a href="tel:1-800-218-7508">1-800-218-7508</a>.</li> <li>• Routine dental services are paid through Dental Managed Care Organizations.</li> <li>• Oral Evaluation and Fluoride Varnish Benefits (OEFV) provided as part of a Texas Health Steps checkup are reimbursed by Superior for members six through 35 months of age. <ul style="list-style-type: none"> <li>○ Must be billed concurrently with a Texas Health Steps exam with 99429 and U5 modifier.</li> </ul> </li> </ul>