

Quick Reference Guide:

Submitting a Professional Claim in PNM as a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) for Services Rendered to a Straight Medicaid Member

This Quick Reference Guide provides detail on the specific 'Service Detail' section of the claim submission page where details about the service performed are listed. For full guidance on all the claim submission panels, please refer to the [Professional Claims User Guide](#) located under the ['Learning' tab](#) in PNM.

Introduction

FQHC

On a fee-for-service (FFS) claim, provision of a FQHC service is reported in one Service Detail (service line) with procedure code **T1015** and the appropriate procedure modifier. In subsequent service details (service lines), each service or procedure performed during the encounter is reported separately with the appropriate procedure code.

Note: FQHC dental claims are submitted on a professional claim form (submitted as a 'Professional' claim type in PNM).

RHC

Like FQHCs, RHCs receive Medicaid payment for each covered face-to-face visit (by encounter). Yet, unlike FQHCs, RHCs provide only a single "RHC service."

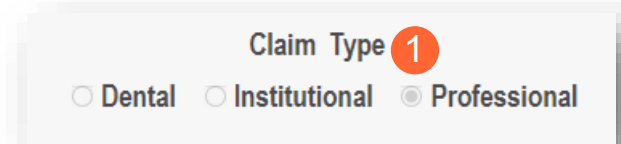
On a claim, provision of the RHC service is reported in one service detail (service line) with procedure code **T1015** and modifier **U1**. In subsequent details, each service or procedure performed during the encounter is reported separately with the appropriate procedure code.

As of 1/1/2022, RHCs may submit claims under the PPS for RHC transportation services like the way FQHCs submit claims for transportation services (T1015 – U9).

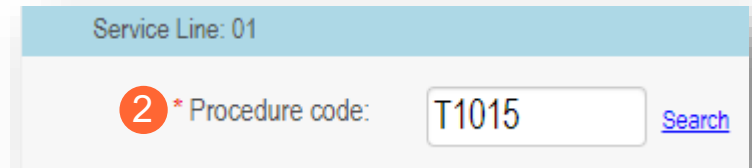
FQHC

FQHCs complete the Service Detail section of the professional claim submission page, using the following steps:

1. When submitting a claim as an FQHC, select 'Professional' for the Claim Type.



2. On the 'Service Details' section/panel, enter 'T1015' in the Procedure Code field for Service Line 01.



3. Under the Modifier field, enter the appropriate modifier listed in the table below.
Note: On a professional claim submission, 4 modifiers fields display, however only 1 modifier can be entered per service line when using the Procedure Code of: T1015.

Modifier	Encounter
U1	Medical services (offered by every FQHC)
U2	Dental services
U3	Behavioral health services
U4	Physical or occupational therapy
U5	Speech pathology or audiology services
U6	Podiatric services
U7	Optometrist or optician services
U8	Chiropractic services
U9	Transportation (with procedure code T2003 as Service Line 02)



4. Once the service detail information is entered, click **Add**.

- * SERVICE DETAILS

Total Charges: 0
Total Amount Paid:

Service Line: 01

* Procedure code: [Search](#)

* Date of Service:

Line Control Number:

Prior Authorization Number:

Referral Number:

DME Certification Type:

DME Duration (month):

Certification Revision or Recertification Date:

* Place of Service: [Search](#)

Modifier:

* Diagnosis Pointer:

Referred EPSDT Service:

Family Planning:

Emergency:

Final EAPG:

Payment Action:

Status: Pending Submission

* Charges:

* Billed Units:

* Unit of Measurement:

Paid Units:

Paid Amount:

4 ADD

5. The added service line will be detailed in a column and row format. Click 'Edit' 'Copy' or 'Delete' to complete the corresponding action.

- * SERVICE DETAILS

Service Line	*Procedure Code	Place Of Service	*Billed Units	Paid Units	Date Of Service	Charges	Paid Amount	Status
01	T1015	50	1.000		5/1/2024	250		Pending Submission

Edit
Copy
Delete

Total Charges: 250.00

Total Amount Paid: 0

- Repeat the process in 'Service Line 02' to add additional services or procedures performed during the encounter.

Service Line: 02

* Procedure code: [Search](#) * Place of Service: [Search](#) Status: Pending Submission

* Date of Service: Modifier: * Charges:

Line Control Number: * Diagnosis Pointer: * Billed Units:

Prior Authorization Number: Referred EPSDT Service: * Unit of Measurement:

Referral Number: Family Planning: Paid Units:

DME Certification Type: Emergency: Paid Amount:

DME Duration (month): Final EAPG:

Certification Revision or Recertification Date: Payment Action:

Note: The added service lines display in an ascending order.

* SERVICE DETAILS									
Service Line	*Procedure Code	Place Of Service	*Billed Units	Paid Units	Date Of Service	Charges	Paid Amount	Status	
01	T1015	50	1.000		5/1/2024	250		Pending Submission	<input type="button" value="Edit"/> <input type="button" value="Copy"/> <input type="button" value="Delete"/>
02	99213	50	1.000		5/1/2024	0.00		Pending Submission	<input type="button" value="Edit"/> <input type="button" value="Copy"/> <input type="button" value="Delete"/>
							Total Charges:	250.00	
							Total Amount Paid:	0	

RHC

RHCs complete the Service Detail section of the professional claim submission page, using the following steps:

1. When submitting a claim as an RHC, select 'Professional' for the Claim Type.

2. On the 'Service Details' section/panel, enter 'T1015' in the Procedure Code field for Service Line 01.

3. Under the Modifier field, enter **U1** in the first modifier box.

Note: On a professional claim submission, 4 modifiers fields display, however only 1 modifier can be entered per service line when using the Procedure Code of: T1015. Below are the available modifiers that can be used for RHC service lines:

Modifier	Encounter
U1	Medical services (offered by every FQHC)
U9*	Transportation (with procedure code T2003 as Service Line 02)

**As of 1/1/2022, RHC's may submit claims under the PPS for RHC transportation services using the following:*

Procedure Code: T1015

Modifier: U9

4. Once the service detail information is entered, click **Add**.

- * SERVICE DETAILS

Total Charges: 0
Total Amount Paid:

Service Line: 01

* Procedure code: [Search](#)

* Date of Service:

Line Control Number:

Prior Authorization Number:

Referral Number:

DME Certification Type:

DME Duration (month):

Certification Revision or Recertification Date:

* Place of Service: [Search](#)

Modifier:

* Diagnosis Pointer:

Referred EPSDT Service:

Family Planning:

Emergency:

Final EAPG:

Payment Action:

Status: Pending Submission

* Charges:

* Billed Units:

* Unit of Measurement:

Paid Units:

Paid Amount:

4 ADD

5. The added service line will be detailed in a column and row format. Click 'Edit' 'Copy' or 'Delete' to complete the corresponding action.

- * SERVICE DETAILS

Service Line	*Procedure Code	Place Of Service	*Billed Units	Paid Units	Date Of Service	Charges	Paid Amount	Status
01	T1015	72	1.000		5/1/2024	250		Pending Submission

5

[Edit](#) [Copy](#) [Delete](#)

Total Charges: 250.00
 Total Amount Paid: 0

- Repeat the process in 'Service Line 02' to add additional services or procedures performed during the encounter.

Service Line: 02

6 * Procedure code: 99213 [Search](#) * Place of Service: 72 [Search](#) Status: Pending Submission

* Date of Service: 05/01/2024 Modifier: GT SA * Charges: 0

Line Control Number: * Diagnosis Pointer: 01 * Billed Units: 1

Prior Authorization Number: Referred EPSDT Service: * Unit of Measurement: UN

Referral Number: Family Planning: Paid Units:

DME Certification Type: Emergency: Paid Amount:

DME Duration (month): Final EAPG: [ADD](#)

Certification Revision or Recertification Date: Payment Action:

Note: The added service lines display in an ascending order.

- * SERVICE DETAILS

Service Line	*Procedure Code	Place Of Service	*Billed Units	Paid Units	Date Of Service	Charges	Paid Amount	Status			
01	T1015	72	1.000		5/1/2024	250		Pending Submission	Edit	Copy	Delete
02	99213	72	1.000		5/1/2024	0.00		Pending Submission	Edit	Copy	Delete
							Total Charges:	250.00			
							Total Amount Paid:	0			