



FQHC/RHC Additional Billing Examples

(In addition to those outlined in the FFS Provider Billing Manual Chapter 10 Addendum)

Examples 1500:

Example #1– (EPSDT Visit) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate					\$ 160.00	
	DX1	V05.3				
	POS	11				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment	
90460	SL	1	\$35.00	1		
99392	EP	1	\$163.00	1		
90633	SL	1	\$0.00	1		
T1015		1	\$160.00	1		
Total			\$358.00		\$160.00	



FQHC/RHC Additional Billing Examples

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Example #2 – (2 Visits on the same date of service with distinct diagnosis/both physical health) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate					\$ 160.00
DX1	V20.2				
DX2	465.9				
DX3	382.9				
DX4	786.2				
POS	11				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment
99213	25	1	\$200.00	2,3,4	
36415		1	\$25.00	2,3,4	
70010		1	\$75.00	2,3,4	
T1015		1	\$160.00	1	
99383		1	\$240.00	1	
T1015	25	1	\$160.00	2,3,4	
Total			\$860.00		\$320.00



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Example #3 - (2 Visits on the same date of service with distinct diagnosis/one behavioral health and one physical health) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate				\$ 160.00	
DX1	V20.2				
DX2	465.9				
DX3	382.9				
DX4	298.8				
POS	11				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment
99213	25	1	\$200.00	1,2,3	
36415		1	\$25.00	1,2,3	
70010		1	\$75.00	1,2,3	
T1015		1	\$160.00	1,2,3	
99214		1	\$240.00	4	
T1015	25	1	\$160.00	4	
Total			\$860.00		\$320.00



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Example #4 - (2 distinct Visits on the same date of service with the same diagnosis/both physical health) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate				\$ 160.00	
DX1	V20.2				
DX2	465.9				
DX3	382.9				
DX4	298.8				
POS	11				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment
99213	25	1	\$200.00	1,2,3	
36415		1	\$25.00	1,2,3	
70010		1	\$75.00	1,2,3	
T1015		1	\$160.00	1,2,3	
99214		1	\$240.00	1,2,3	
T1015	25	1	\$160.00	1,2,3	
Total			\$860.00		\$320.00



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Example #5 – (Maternity) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate				\$		160.00
DOS	10/13/2014-					
	5/26/2015					
DX1	V22.1					
DX2	V24.2					
POS	11					
DOS	Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment
10/13/2014	99213		1	\$100.00	1	
11/15/2014	99213		1	\$100.00	1	
12/16/2014	99213		1	\$100.00	1	
1/10/2015	99213		1	\$100.00	1	
2/13/2015	99213		1	\$100.00	1	
3/20/2015	99213		1	\$100.00	1	
4/4/2015	99213		1	\$100.00	1	
5/26/2015	99213		1	\$100.00	2	
10/13/2014- 5/26/2015	T1015		8	\$1280.00	1	
Total				\$2080.00		\$1,280.00

Delivery and related inpatient visits should be billed under rendering practitioner following standard billing rules.



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Example #6 – (Medicare Primary) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

Medicare							
AHCCCS PPS						\$160.00	
Rate							
Medicare PPS						\$205.00	
Rate							
Unmet Deductible				N/A - there is no deductible requirement for FQHC/RHC services			
Coinsurance				20%			
Service	FQHC Charge	POS	Units	Medicare Allowable	Medicare Coinsurance	Medicare Payment (lesser of 80% PPS rate or 80% billed charges)	AHCCCS Payment
99213	\$100.00	11	1				-
36415	\$20.00	11	1				-
70010	\$25.00	11	1				-
*T1015	\$200.00	11	1				-
**							
Total	\$345.00			\$205.00	\$41.00	\$116.00	\$44.00

*Not a Medicare payable code

**Claim may also include the Medicare FQHC visit "G" code which will be valued at \$0.00 for Medicaid



FQHC/RHC Additional Billing Examples

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Example #7– (Other Payer Primary) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

Commercial							
AHCCCS PPS				\$160.00			
Rate							
Unmet				\$1,000.00			
Deductible							
Office Visit				N/A			
Copay							
Service	FQHC Charge	POS	Units	Commercial Plan Allowable	Commercial Deductible Applied	Commercial Plan Payment	AHCCCS Payment
99213	\$200.00	11	1	\$175.00	\$175.00	\$0.00	
36415	\$25.00	11	1	\$4.00	\$4.00	\$0.00	
70010	\$75.00	11	1	\$69.00	\$69.00	\$0.00	
T1015	\$160.00	11	1	\$0.00			
Total	\$460.00			\$248.00	\$248.00	\$0.00	\$160.00



FQHC/RHC Additional Billing Examples

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Example #8 – (Billed less than PPS rate) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate					\$ 160.00
DX1	V68.1				
POS	11				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment
99211		1	\$50.00	1	
T1015		1	\$75.00	1	
Total			\$125.00		\$75.00

Example #9 – (POS not applicable to FQHC/RHC billing; services should be billed under rendering practitioner following standard billing rules)

AHCCCS PPS Rate					\$ 160.00
DX1	465.9				
DX2	382.9				
DX3	786.2				
POS	23				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Payment
99214		1	\$250.00	1,2,3	
36415		1	\$25.00	1,2,3	
85025		1	\$75.00	1,2,3	
T1015		1	\$160.00	1,2,3	
Total			\$510.00		\$0.00



FQHC/RHC Additional Billing Examples

(In addition to those outlined in the FFS Provider Billing Manual Chapter 10 Addendum)

Example #10 – (Non-Covered Service)

AHCCCS PPS Rate					\$	160.00
DOS	4/23/2015					
DX1	V65.40					
POS	11					
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Contractor Payment	
*90882		1	\$40.00	1		
T1015		1	\$160.00	1		
Total			\$200.00		\$0.00	

*Coverage status = 04 Noncovered in all situations

Examples ADA:

Example #11 – (Visit related to a non-covered benefit) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

AHCCCS PPS Rate					\$	160.00
DOS	4/23/2015	ADULT RECIPIENT				
Service	Modifier	Units	FQHC Charge	DX Pointer	AHCCCS Contractor Payment	
*D0120		1	\$100.00	1		
T1015		1	\$160.00	1		
Total			\$260.00		\$0.00	

*Dental Service are not a covered adult benefit



FQHC/RHC Additional Billing Examples

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Example #12 – (Other Payer Primary) (May be billed on multiple claim forms or a single claim form with multiple lines as shown)

Commercial Dental								
AHCCCS PPS			\$160.00					
Rate								
Unmet			\$50					
Deductible								
Coinsurance			20%					
Service	FQHC Charge	POS	Units	Dental Plan Allowable	Dental Deductible Applied	Dental Coinsurance Applied	Dental Plan Payment	AHCCCS Contractor Payment
D0120	\$100.00	11	1	\$95.00	\$50.00	\$9.00	\$36.00	
D0272	\$75.00	11	1	\$70.00		\$14.00	\$56.00	
D1120	\$65.00	11	1	\$60.00		\$12.00	\$48.00	
T1015	\$160.00	11	1	\$0.00				
Total	\$400.00			\$225.00	\$50.00	\$35.00	\$140.00	\$20.00