

FQHC Procedure Codes

Clinics should sort detail (FFS or QHP) by Beneficiary ID and then by date of service. One encounter is given per beneficiary, per day (assuming at least one of the procedure codes billed qualifies as a full cost procedure). Therefore, even if a beneficiary has several procedures performed on the same day only one encounter count will be given.

1) The following is a broad summary of full cost procedure codes which will generally count as one encounter along with their descriptions.

10040 - 64399	Proc performed in the ambulatory setting
64531 - 64631	Proc performed in the ambulatory setting
64633 - 69999	Proc performed in the ambulatory setting
89005 - 89032	Family Planning Services
90801 - 90815	Office psychotherapy
90845 - 90899	Other psychiatric procedures
92002 - 92371	Ophthalmological services
92502 - 92599	Otorhinolaryngologic services
96100 - 96120	CNS testing
96400 - 96549	Chemotherapy admin
97001 - 97799	Physical medicine and rehab
98925 - 98943	OMT and CMT
99201 - 99215	Office E & M visits
99241 - 99245	Office Consultations
99271 - 99275	Confirmatory consultations
99301 - 99337	Nursing fac or rest home E & M services
99341 - 99350	Home E & M services
99381 - 99402	Preventative E & M services
96154	ISS prof visit (drug/alcohol infants)
700110 - 709930	Dental visits
D0120 - D5110	Dental visits
D5211 - D9930	Dental visits
H0001 - H0002	Subst abuse outpatient therapy
H0004 - H0005	Subst abuse outpatient therapy
H0015	Subst abuse outpatient therapy
H0031	Subst abuse outpatient therapy
H1000	MIHP assessment
H2000	MIHP assessment in home
H2011	Crisis intervention
M0064	Brief office visit medication review
S0620 - S0621	Routine ophthalmological examination
S9442	Childbirth education
S9444	Parenting education
T1023	MIHP assessment
T1028	Assessment of home
T1029	Lead investigation
G0422 - G0424	Cardiac rehab
0206T - 0218T	Automated audiometry

2) The procedure codes in this section were not effective during the 1999/2000 base rate calculation and are not part of the PPR. The FFS rate on these codes is very high and revenue generated by them will not be included in settlements.

58356	Endometrial
90378	RSV respiratory
90649	HPV vaccine
J7302	IU contraceptive

3) The following is a list of dental packages and the number of encounters should be counted as indicated.

D1510	2 encounters
D1515	2 encounters
D2710	2 encounters
D3310	2 encounters
D3320	2 encounters
D3330	2 encounters
D5110	7 encounters
D5120	7 encounters
D5130	7 encounters
D5140	7 encounters
D5211 - D5214	7 encounters
D5225 - D5226	7 encounters
D5510	2 encounters
D5520	2 encounters
D5610	2 encounters
D5620	2 encounters
D5630	2 encounters
D5640	2 encounters
D5650	2 encounters
D5660	2 encounters
D5750 - D5751	2 encounters
D5760 - D5761	2 encounters
D5810 - D5811	7 encounters
D5820 - D5821	7 encounters

701510	2 encounters
701515	2 encounters
702710	2 encounters
703310	2 encounters
703320	2 encounters
703330	2 encounters
705110	7 encounters
705120	7 encounters
705210 - 705211	7 encounters
705231	7 encounters
705251	7 encounters
705610	2 encounters
705620	2 encounters
705630	2 encounters
705640	2 encounters
705650	2 encounters
705660	2 encounters
705750 - 705751	2 encounters
705760 - 705761	2 encounters

4) Effective 1/1/2010 extraction procedure codes D7140, D7210, D7220, D7230, and D7240 will be counted on a one to one basis. This means that if multiple extractions are performed on the same date of service for the same beneficiary, then a corresponding number of encounters will be counted. This number of encounters will not exceed eight. For example, if a beneficiary has three extractions on the same date of service, then the encounter count would be three (if billed properly).

5) Effective 1/1/2010 restoration procedure codes (as shown below) will be counted based on the number of surfaces billed for a given beneficiary on the same date of service. The number of encounters is summarized in the table shown below:

Number of Encounters for Restorations:

1 - 3 surfaces	1 encounter
4 - 5 surfaces	2 encounters
6 - 8 surfaces	3 encounters
9 or more surfaces	4 encounters

Restoration Procedure Codes:

D2140	Amalgam
D2150	Amalgam
D2160 - D2161	Amalgam
D2330 - D2332	Resin
D2335	Resin-based
D2390 - D2394	Resin-based

6) The following procedure codes are prenatal care packages and the number of encounters should be counted as indicated.

59425	6 encounters
59426	12 encounters

7) Listed in this section are procedure codes which are inpatient consultation visits. These claims should be billed with place of service 21 or 22.

99221 - 99223	Initial hospital care
99231 - 99233	Subs. hospital care
99251 - 99255	Initial consultation
99261 - 99263	Follow-up consult
99460	Initial hospital care
99462	Subs. hospital care

8) MSS/ISS Calculation - encounters for the following codes are pulled by quantity billed.

99402	Preven. counseling
96154	Intervention

9) The following is a list of **END DATED** procedure codes which should not be billed or included in any detail listings for claims with dates of service past the **END DATE** indicated below:

46934 - 46936	12/31/2008
53853	12/31/2008
99431 - 99433	12/31/2008
99435 - 99436	12/31/2008
14300	12/31/2009
29220	12/31/2009
36145	12/31/2009
46210 - 46211	12/31/2009
46937 - 46938	12/31/2009
92569	12/31/2009
11040 - 11041	12/31/2010
20000	12/31/2010
96445	12/31/2010