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Letter of Direction # 6

Date: July 1, 2024

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division *DF*
Nick Boukas, Director, Behavioral Health Services Division *NB*

Subject: Billing by Federally Qualified Health Center (FQHC) For Specialized Behavioral Health (BH) Services

Title: Billing for Specialized Behavioral Health Services by FQHCs

The New Mexico Health Care Authority, Medical Assistance Division (MAD) is issuing this Letter of Direction to clarify how Federally Qualified Health Centers (FQHC) must bill Specialized Behavioral Health Services. Behavioral health services provided within the Health Resources and Services Administration (HRSA)-approved scope of service of the FQHC are reimbursed at FQHC encounter rate.

Specialized Behavioral Health Services

There are specialized behavioral health services identified in the New Mexico Administrative Code 8.321.2 that are not included in the FQHC HRSA- approved scope of services. FQHCs must obtain appropriate licensure and/or certification in order to bill for services such as:

- Applied Behavioral Analysis (ABA)
- Assertive Community Treatment (ACT)
- Behavior Management Services (BMS)
- Comprehensive Community Support Services (CCSS)
- Day Treatment
- Intensive Outpatient Program (IOP)
- Multi-Systemic Therapy (MST)
- Psychosocial Rehabilitation (PSR)

Specialized behavioral health services must be billed in accordance with the instructions for that service on the Behavioral Health Fee Schedule: Fee-for-Service Fee Schedules.

Example:

On a single date of service, a Medicaid eligible recipient receives an individual psychotherapy session, a group therapy session, an hour of CCSS services (F4 15-min units on the regular Medicaid fee schedule) and two hours of PSR (15-min unit on the Medicaid fee schedule). The FQHC will bill the FQHC encounter code for the individual and group therapy sessions using 0919 on a UB claim format. The FQHC will bill CCSS and PSR, which are BH specialty services, separately on a HCFA 1500 using the appropriate HCPC codes at the standard (or negotiated) Medicaid unit rate:

Example Table:

Service	Units	Claim	Rate	Paid
Individual + group psychotherapy	1 FQHC BH encounter	Rev 0919 on UB Claim Form	\$231.92	\$231.92
CCSS	4	HCFA 1500	\$23.58	\$94.32
PSR	8	on same HCFA 1500	\$7.96	\$63.68
Total Paid				\$389.92

Other Applicability:

- Rural Health Clinics (RCH)/ Hospital Based Rural Health Clinics (HB-RHC)
These specialized Behavioral Health Services are not part of the core services for RHC/ HB-RHC and therefore are not paid at their encounter rates. Rather the negotiated MCO rates or Medicaid Fee for Service (FFS) rates apply.
- IHS/Tribal 638
IHS or Tribal 638 providers are paid at OMB rates, unless a higher than OMB rate is negotiated.

This LOD will sunset when direction is provided in one or more of the following: Turquoise Care Managed Care Services Agreement, Managed Care Policy Manual, NMAC, Systems Manual, or BHSD Billing and Systems Manual. The LOD may also sunset upon HCA notification or completion of the Turquoise Care Program.