



Medicaid Advisory Letter (MAL) No. XXX

DATE: July 1, 2019

TO: Eligible Medicaid Providers
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: ***Payment for Laboratory Services Furnished at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)***

The Ohio Department of Medicaid (ODM) is providing this guidance to clarify when and how an FQHC or RHC may submit a claim to ODM for laboratory services furnished at an FQHC or RHC. Although FQHCs and RHCs are required to furnish certain laboratory services (for FQHCs see section 330(b)(1)(A)(i)(II) of the PHS Act, and for RHCs see section 1861(aa)(2)(G) of the Act), laboratory services are not within the scope of the Ohio Medicaid FQHC or RHC benefit (see the CMS-approved state plan for FQHC and RHC services, effective October 1, 2016).

Therefore, except for venipuncture (which is considered an ‘incident-to’ procedure), laboratory services should not be reported on claims submitted to fee-for-service Medicaid for visits paid under the prospective payment system (PPS), nor should they be reported on claims for supplemental (wraparound) payments. Instead, claims for laboratory services should be submitted separately to ODM under a laboratory services provider number (provider type 80) or ambulatory health care clinic provider number (provider type 50). Payment amounts for covered laboratory services are listed on the Laboratory Services payment table at <http://www.medicaid.ohio.gov> [PROVIDERS > Fee Schedule and Rates > (I Agree)].

However, if an FQHC or RHC has included the costs associated with laboratory services in its cost report, it may not submit claims separately to ODM for laboratory services, because the costs have already been included in the FQHC or RHC pre-established PPS per visit payment amount.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

The Medicaid managed care plans (MCPs) may have specific claim submission requirements that differ from the requirements for Medicaid fee-for-service claim submission through the MITS provider portal. Questions about MCP claim submission requirements should be directed to the MCPs.

Questions

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

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