



FQHC Billing Guide

December 30, 2024

There are three different pathways for health centers to follow when billing Ambetter Health. Billing methods and reimbursement will depend on the provider contract and language.

1. Payor-Specific Contract Language

- a. Can bill and receive reimbursement only on a CMS 1500 claim form for all Marketplace covered services.

2. Encounter/PPS Contract Language

- a. Should bill the appropriate encounter code on UB-04 (CMS 1450).
- b. Should bill all other Medicare Covered services (since this is for providers seeking Medicare reimbursement methodology) on a CMS 1500.

3. Contract is silent on specific reimbursement terms-Default Billing Method

- a. If your contract does not include specific billing language:
 - i. Bill the appropriate encounter code on UB-04 (CMS 1450).
 - ii. Only reimburses adjunct codes covered under Marketplace which should be billed on CMS 1500.

Additional Resources:

CMS FQHC billing guide:

<https://www.cms.gov/files/document/mln006397-federally-qualified-health-center.pdf>External Link

CMS FQHC FAQ:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-FAQs.pdf>External Link

Providers should ensure billing practices align with the terms of their contract. We value your continued partnership with SilverSummit Healthplan. Please contact Provider Services at 1-844-366-2880 with any questions.

Thank you,

SilverSummit Healthplan