CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-25	Section 7	22, 23	Updated language to clarify use of "provider group NPI" instead of "RHC NPI".
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
01-01-25	Cover Page		Updated cover page date
01-01-25	Section 3: Eligible Providers	4	Updated the list of qualified providers who can perform services in an FQHC to only providers who can enroll in Medicaid
01-01-25	Section 4: Covered Services and Definitions	6	Updated State plan Services telehealth language for clarity
01-01-25	Section 7: Billing Guidance	13	Updated telehealth billing language for clarity
01-01-25	Section 7: Billing Guidance	14-15	Updated language in the Maternal Encounter policy to include policy criteria language. Updated language in the Medical Encounter policy to include policy criteria language.
01-01-25	Section 7: Billing Guidance	15-16	Updated language in the Cancer Treatment or HIV Encounter policy to include policy criteria language. Updated language in the Behavioral Health Encounter policy to include policy criteria language.
01-01-25	Section 7: Billing Guidance	17	Updated language in the EPSDT Screening Encounter policy to include policy criteria and telehealth language.
01-01-25	Section 7: Billing Guidance	18-19	Updated language in the Family Planning encounter table to include a criteria column to add clarity to policy
01-01-25	Section 7: Billing Guidance	19-22	Expanded existing telehealth policy to a telehealth overview policy that includes definitions, eligible providers, places of service, and telehealth criteria.

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Date	Section	Page(s)	Change
01-01-25	Section 7: Billing Guidance	23	Updated telehealth language in the special clinic services table to match current policy Updated the "PHE Limited Telehealth codes" to "Evaluation and Management via Telehealth." Added clarifying policy language for these specific E/M telehealth codes. Replaced the deleted codes 99441-99443 with 98012-98016.
11-01-24	Appendix 1		Codes were updated as of October 1, 2024 Edit Code 719- •**Claim Status: REJECT**-Check the prior authorization number, procedure code(s) and modifier(s) to ensure that the information on the claim matches the information on the prior approval letter. Attach appropriate documentation to the claim for review and consideration for payment. Refer to the applicable provider manual for the specific documentation requirements. •**Claim Status: SUSPEND**-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary. Edit Code 560- □Verify the accuracy of the procedure/revenue code: Verify the correct revenue code (field 42) was billed. If the revenue code is incorrect, make the appropriate correction to the new claim. □**UB CLAIM**: Enter the correct revenue code (Field 42) for that line.
11-01-24	Appendix 2		October updates to Carrier Codes
10-01-24	5	10	Magellan name change to Prime Therapeutics
10-01-24	7	16-17	Corrected typo for procedure code 59430 and deleted a non-valid code (96101)
10-01-24	7	22	Added Covid-19 vaccine code 91304

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Date	Section	Page(s)	Change
09-01-24	Provider Manual	N/A	RHC Provider Manual created
09-01-24	Forms		Forms section of the RHC Provider Manual created