

WISCONSIN MEDICAID
CHART 2 — SERVICES THAT CANNOT BE BILLED USING
THE FEDERALLY QUALIFIED HEALTH CENTER-ASSIGNED CLINIC NUMBER

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

Instructions: Type or print clearly. Chart 2 lists services that cannot be billed using the Federally Qualified Health Center (FQHC) clinic number. If the provider indicates on Chart 2 that the provider will provide a service(s) that cannot be billed using the FQHC-assigned clinic number, the provider's current billing number will not be cancelled and must be used to bill for these FQHC services. A new FQHC number will be assigned to bill the FQHC services in Chart 1, F-11247. The provider is required to indicate YES or NO in columns 1 and 2 for **each** provider type. If Yes, the provider is required to answer "Will all services billed to Medicaid always be FQHC services?" with a YES or NO in columns 4 or 5.

| Name — FQHC | | Provider ID | | | Date | |
|----------------------------------|--|---|-------------------------------------|--|--|--|
| "Clinic" Only Provider Type | YES — These Services Are Provided at the FQHC 1 | NO — These Services Are NOT Provided at the FQHC 2 | Current Billing Provider ID 3 | Will All Services Billed to Medicaid Always Be FQHC Services?* | | |
| | | | | NO — Sometimes Non-FQHC Services May Be Billed 4 | YES — All Services Will Be FQHC Services 5 | |
| Ambulance | | | | | | |
| Case Management | | | | | | |
| Community Support Program | | | | | | |
| Day Treatment | | | | | | |
| End-Stage Renal Facility | | | | | | |
| Family Planning Clinic | | | | | | |
| HealthCheck | | | | | | |
| Home Health | | | | | | |
| Home Health / Personal Care Dual | | | | | | |
| Hospice | | | | | | |
| Independent Medical Supply | | | | | | |
| Medical Vendor | | | | | | |
| Mental Health / Substance Abuse | | | | | | |
| Personal Care | | | | | | |
| Prenatal Care | | | | | | |
| Rehabilitation Agency | | | | | | |
| Rural Health | | | | | | |
| Transportation | | | | | | |
| Ambulance | | | | | | |
| Specialized Medical Vehicle | | | | | | |
| Air Transportation | | | | | | |

• If **all** the above services billed under the existing Provider ID will **always** be FQHC services, then the current number will become the FQHC billing number for these services. If some non-FQHC (regular Medicaid) services for those listed above need to be billed, a new number will be issued for billing these FQHC services, exclusively.