

# Children's Services Billing Change Effective December 1, 2023

For MMCPs, Children's HCBS, CFTSS, and 29-I OLHRS Providers



# Agenda

- Purpose
- Changes to eMedNY Provider Files
- Changes for electronic claims
  - $\circ~$  Addition of Value Code 85
  - $\circ~$  Addition of FIPS code
- Changes for paper claims
  - $\circ~$  Addition of Value Code 61
  - Addition of Proxy/County Locator Code
- Examples
- Questions



### **Purpose for this Change**

This update is necessary to align with the Centers for Medicare and Medicaid Services (CMS) Medicaid billing requirements, which dictate that services must be reimbursed based on the location of service delivery, instead of a provider's corporate headquarters or central office

- Currently, children's providers bill rates based on the location of their corporate headquarters or central office
- This poses as a problem when providers are designed in both "upstate" and "downstate" counties
- Current billing is impacting providers
- Current billing potentially puts providers at audit risk



#### Timeline

This change will be effective **December 1, 2023** 

Will affect claiming/billing for:

- Children's Home and Community Based Services (HCBS),
- Article 29-I Health Facility Other Limited Health-Related Services (OLHRS), and
- Children and Family Treatment Support Services (CFTSS)

All claims for HCBS, CFTSS, and 29-I OLHRS services with dates of service on or after 12/1/23 must meet the new requirements.

## **Change to eMedNY Provider Files**

The Department will be updating all CFTSS, HCBS, 29-I OLHRS, and MMCP (for pass-through payments) provider files in eMedNY with new locator codes for each county that the agency is designated to provide services in

- $\circ$  If the provider is not designated to provide services within a specific county, they will not be able to bill for services provided in that county
- Providers should verify the services they are designated to provide and in which counties
- Providers should verify they are only serving members in counties where they are designated
- o If there is a concern, please reach out to Provider Designation at

OMH-Childrens-Designation@omh.ny.gov.



#### **Provider Notices**

Once provider's eMedNY profiles have been updated, each provider will receive a notice indicating the rate codes, FIPS codes, and Proxy/County Locator Codes for each service that your agency is designated to provide. The notices will look like the below:

Dear Provider:							
This will confirm that the following rate code(s) and amount(s) have been added to your provi file.						provider	
RATE CODE	DESCRIPTION	RATE EFFECTIVE DATE		RATE AMOUNT	POSTAL CODE	FIPS CODE	LOCATOR CODE
7900	OLP LICENSED EVALUATION	12/01/2023	\$	68.23		36027	913
7900	OLP LICENSED	12/01/2023	\$	68.23		36071	933
7900	OLP LICENSED EVALUATION	12/01/2023	\$	68.23		36079	937
7900	OLP LICENSED EVALUATION	12/01/2023	\$	68.23		36087	939



#### **FIPS Codes**

- FIPS stands for Federal Information Processing Standard. These codes are 5 digits that are specific to each county in a specific state <u>https://transition.fcc.gov/oet/info/maps/census/fips/fips.txt</u>
- All FIPS codes in NY State start with 36 (for New York) and the additional 3 digits are for each county within NY. Please see for the full list of NYS county FIPS codes: <u>cftss-hcbs\_kids\_fips.pdf (ny.gov)</u>

36001	Albany County
36003	Allegany County
36005	Bronx County
36007	Broome County
36009	Cattaraugus County
36011	Cayuga County
36013	Chautauqua County
36015	Chemung County
36017	Chenango County
36019	Clinton County
36021	Columbia County
36023	Cortland County
36025	Delaware County
36027	Dutchess County



## **Change to <u>Electronic</u> Claim Form**

CFTSS, HCBS, 29-I OLHRS, and MMCPs (for pass-through payments) will enter the Value Code 24 and the rate code as is currently done.

0	General Claim Information Information	Provider     Informati	on Procedure	Other Payers Servic Line(s	ALC: NOT THE REAL PROPERTY OF		
	Facility Type :						
	Assignments of Benefits?	1. D					
	- Release of Information?	Ens D					
	- Accept Assignment?	En D					
		and the second sec					
	Auto Accident State	NY V					
	Admission Information						
	Admission Type:	fm D	Statement Coversi	From:			
	Patient Status:	Ens D		TO:	[mass]		
	Admission Source:	Ens D	Admission Date:				
		And the second se	Admission Hour:				
•			Discharge Houri				
	Medical Record Number:						
	Prior Authorization Number:		1				
-	Certification Information						
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## **Change to <u>Electronic</u> Claim Form**

CFTSS, HCBS, 29-I OLHRS, and MMCPs (for pass-through payments) must enter **Value Code 85** on the claim form – in **Value Codes** header in the **Code** box item

Facility Type :	Est D			
Assignments of Benefits?	Are D			
Release of Information?				
Accept Assignment?				
Auto Accident State	NY V			
dmission Information				
Admission Type:	Titates	ment Coversi Fr	areas I III	THE STATE
		To		1111
Admission Sources		ssion Date:	100	20
	Admir	ssion Hours		-
	Disch	arge Hours		
		-		
Medical Record Number:				
Prior Authorization Number:		J		
ertification Information				
ategory Condition C	odes			
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### Change to <u>Electronic</u> Claim Form – *cont*.

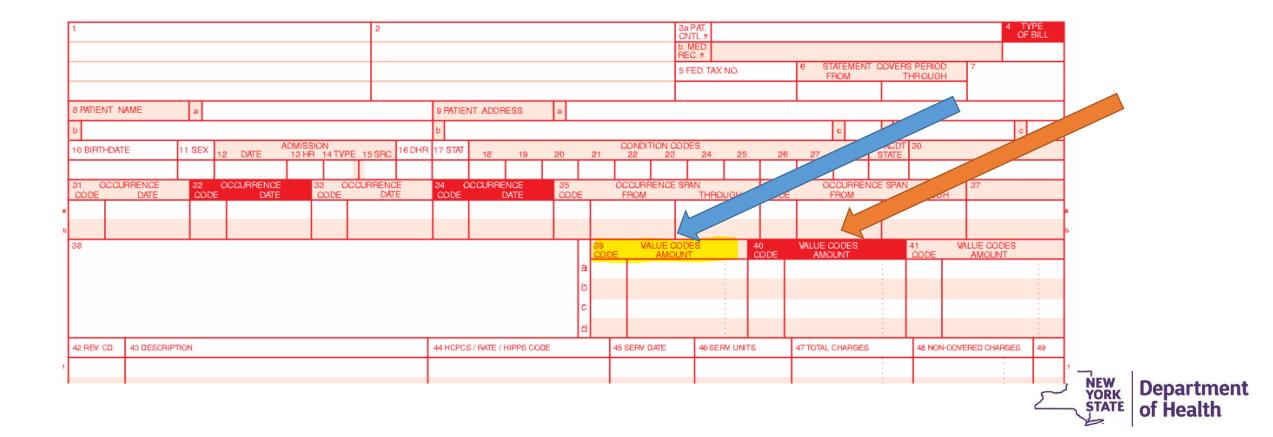
The FIPS code for the county where the service was provided will be entered in the area highlighted below - Value Codes header and Value box item.

0	Facility Type I Assignments of Benefit Release of Information Accept Assignment?		der matton O Procenture	Other Payers Service Line(s) Tridicates required field(s	-
-	Auto Accident State Admission Information Admission Type:	NY	- statement Coversi	From:	
	* Patient Status: Admission Source:		Admission Date: Admission Hour:		
	Medical Record Numbe Prior Authorization Nu		Discharge Houri		
-	Category	lition Codes			
	Value Codes				
		Value	Code En D	Value	



## **Change to Paper Claim Form**

On paper claims, provider will continue to report the applicable rate code in box 39A. Providers will also need to enter Value Code 61 plus the new County Locator code for the specific county that the service was rendered in in box 40A.



#### Questions

- Is the FIPS table within the guidance final?
  - **Answer:** Yes, guidance and billing codes linked below
  - <u>2023-09-05\_bill\_req\_update\_member.pdf(ny.gov)</u> and
  - o <u>cftss-hcbs\_kids\_fips.pdf (ny.gov)</u>
- Value code boxes- which boxes are acceptable for codes?
  - Answer: When billing electronically Value code 24 and the rate code are to be entered in field 39A; the rate code is input into the amount field. Value code 85 and the FIPS code are to be entered in field 40A; the 5-digit FIPS code is input into the amount field.
  - When billing paper claims Value code 24 and the rate code are to be entered in field 39A; the rate code is input into the amount field. Value code 61 and the county locator code are to be entered in field 40A.



## Questions

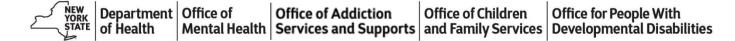
- Please identify what changes will be necessary for the MMCPs to bill the State for services that are carved out. Please clarify if the changes differ from how MMCPs will receive claims and need to reimburse providers.
  - Answer: MMCPs will have to send electronically or on paper the same Value Codes and FIPS or county locator codes that the billers have claimed to your Plan in order to be reimbursed by NYS.
- If a claim for these services is received without a FIPS code, what is the expectation for payment? Pay based on the provider's main address, like is currently occurring? Or to deny the claim and request a rebill with the FIPS code?
  - Answer: <u>MMCP Claims</u>: that do not include the required FIPS/County Locator Code should be denied by MMCPs for dates of service on or after 12/1/2023.
  - <u>Fee-for-Service (FFS) Claims</u>: eMedNY is configured to deny FFS claims that lack this information for dates of service on or after 12/1/2023.



#### Questions

- If the provider does not bill FIPS code and the proxy code, is it appropriate to deny claims?
   Answer: Yes, for claims with date of service on or after 12/1/2023
- What county should be included when billing for telehealth?
  - **Answer**: The county code included on the claim should be the county where the member was located during service delivery.
- Currently MMCPs are reimbursing payments on value and rate. Once this goes in effect, MMCPs will also have to reimburse to include the 85/61/FIPS coding. This creates some challenges?
  - Answer: MMCPs will continue to be required to pay claims based on Value and Rate Codes. This change simply changes the Value Code used for electronic claims to ensure the rate is paid based on where the service was rendered versus where the billing providers corporate headquarters is located. MMCPs have been given 90 days to configure their systems for this change. There is no additional coding required, and the process is the same.





#### **Provider Designation:**

OMH-Childrens-Designation@omh.ny.gov

#### **Questions:**

BH.Transition@health.ny.gov

#### **MCTAC/CTAC Billing Tools:**

HCBS and CFTSS: <u>https://billing.ctacny.org/</u>

29-I: https://29ibilling.ctacny.org/



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