



Department
of Health

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
 - Addition of Value Code 85
 - Addition of FIPS code
- Changes for paper claims
 - 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

- 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
- 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 provider file.

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 EVALUATION	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
<https://transition.fcc.gov/oet/info/maps/census/fips/fips.txt>
- 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: [cftss-hcbs_kids_fips.pdf \(ny.gov\)](#)

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 Electronic 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.

The screenshot shows a web-based form for entering claim information. The form is divided into several sections, each with a tabbed header:

- General Claim Information**: Includes fields for Facility Type, Assignments of Benefits?, Release of Information?, Accept Assignment?, and Auto Accident State (set to NY).
- Institutional Claim Information**: (Currently selected)
- Admission Information**: Includes Admission Type, Patient Status, Admission Source, Statement Covers (From/To dates), Admission Date, Admission Hour, and Discharge Hour.
- Certification Information**: Includes Certification Category and Condition Codes.
- Value Codes**: A table with columns for Code and Value. The first row has a yellow highlight on the Code field.

At the bottom right of the form, there is a note: "Indicates required field(s)".

Code	Value	Code	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change to Electronic 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

The screenshot displays the Electronic Claim Form interface, which is organized into several sections: General Claim Information, Institutional Claim Information, Provider Information, Diagnosis/Procedure, Other Payers, and Service Lines. The Value Codes section is highlighted with an orange arrow, indicating the required entry of Value Code 85. The Value Codes section includes a table with columns for Code and Value.

Code	Value	Code	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change to Electronic 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.

The screenshot displays the 'Institutional Claim Information' tab of a software interface. The 'Value Codes' section at the bottom is highlighted in yellow. An orange arrow points to the 'Value' column of the table in this section.

Code	Value	Code	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

1		2		3a PAT. CNTRL.#		4 TYPE OF BILL	
				b. MED REC.#			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
						7 THROUGH	
8 PATIENT NAME				9 PATIENT ADDRESS			
a				a			
b				b			
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR	14 TYPE	15 SRC
16 DHR	17 STAT	18	19	20	21	22	23
24	25	26	27	28	29	30	30
CONDITION CODES	ICD9 STATE	ICD10 STATE	ICD10 STATE	ICD10 STATE	ICD10 STATE	ICD10 STATE	ICD10 STATE
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42 VALUE CODES	
CODE		AMOUNT		CODE		AMOUNT	
a		b		c		d	
b		c		d		e	
c		d		e		f	
d		e		f		g	
e		f		g		h	
f		g		h		i	
g		h		i		j	
h		i		j		k	
i		j		k		l	
j		k		l		m	
k		l		m		n	
l		m		n		o	
m		n		o		p	
n		o		p		q	
o		p		q		r	
p		q		r		s	
q		r		s		t	
r		s		t		u	
s		t		u		v	
t		u		v		w	
u		v		w		x	
v		w		x		y	
w		x		y		z	
x		y		z		aa	
y		z		aa		ab	
z		aa		ab		ac	
aa		ab		ac		ad	
ab		ac		ad		ae	
ac		ad		ae		af	
ad		ae		af		ag	
ae		af		ag		ah	
af		ag		ah		ai	
ag		ah		ai		aj	
ah		ai		aj		ak	
ai		aj		ak		al	
aj		ak		al		am	
ak		al		am		an	
al		am		an		ao	
am		an		ao		ap	
an		ao		ap		aq	
ao		ap		aq		ar	
ap		aq		ar		as	
aq		ar		as		at	
ar		as		at		au	
as		at		au		av	
at		au		av		aw	
au		av		aw		ax	
av		aw		ax		ay	
aw		ax		ay		az	
ax		ay		az		ba	
ay		az		ba		bb	
az		ba		bb		bc	
ba		bb		bc		bd	
bb		bc		bd		be	
bc		bd		be		bf	
bd		be		bf		bg	
be		bf		bg		bh	
bf		bg		bh		bi	
bg		bh		bi		bj	
bh		bi		bj		bk	
bi		bj		bk		bl	
bj		bk		bl		bm	
bk		bl		bm		bn	
bl		bm		bn		bo	
bm		bn		bo		bp	
bn		bo		bp		bq	
bo		bp		bq		br	
bp		bq		br		bs	
bq		br		bs		bt	
br		bs		bt		bu	
bs		bt		bu		bv	
bt		bu		bv		bw	
bu		bv		bw		bx	
bv		bw		bx		by	
bw		bx		by		bz	
bx		by		bz		ca	
by		bz		ca		cb	
bz		ca		cb		cc	
ca		cb		cc		cd	
cb		cc		cd		ce	
cc		cd		ce		cf	
cd		ce		cf		cg	
ce		cf		cg		ch	
cf		cg		ch		ci	
cg		ch		ci		cj	
ch		ci		cj		ck	
ci		cj		ck		cl	
cj		ck		cl		cm	
ck		cl		cm		cn	
cl		cm		cn		co	
cm		cn		co		cp	
cn		co		cp		cq	
co		cp		cq		cr	
cp		cq		cr		cs	
cq		cr		cs		ct	
cr		cs		ct		cu	
cs		ct		cu		cv	
ct		cu		cv		cw	
cu		cv		cw		cx	
cv		cw		cx		cy	
cw		cx		cy		cz	
cx		cy		cz		da	
cy		cz		da		db	
cz		da		db		dc	
da		db		dc		dd	
db		dc		dd		de	
dc		dd		de		df	
dd		de		df		dg	
de		df		dg		dh	
df		dg		dh		di	
dg		dh		di		dj	
dh		di		dj		dk	
di		dj		dk		dl	
dj		dk		dl		dm	
dk		dl		dm		dn	
dl		dm		dn		do	
dm		dn		do		dp	
dn		do		dp		dq	
do		dp		dq		dr	
dp		dq		dr		ds	
dq		dr		ds		dt	
dr		ds		dt		du	
ds		dt		du		dv	
dt		du		dv		dw	
du		dv		dw		dx	
dv		dw		dx		dy	
dw		dx		dy		dz	
dx		dy		dz		ea	
dy		dz		ea		eb	
dz		ea		eb		ec	
ea		eb		ec		ed	
eb		ec		ed		ee	
ec		ed		ee		ef	
ed		ee		ef		eg	
ee		ef		eg		eh	
ef		eg		eh		ei	
eg		eh		ei		ej	
eh		ei		ej		ek	
ei		ej		ek		el	
ej		ek		el		em	
ek		el		em		en	
el		em		en		eo	
em		en		eo		ep	
en		eo		ep		eq	
eo		ep		eq		er	
ep		eq		er		es	
eq		er		es		et	
er		es		et		eu	
es		et		eu		ev	
et		eu		ev		ew	
eu		ev		ew		ex	
ev		ew		ex		ey	
ew		ex		ey		ez	
ex		ey		ez		fa	
ey		ez		fa		fb	
ez		fa		fb		fc	
fa		fb		fc		fd	
fb		fc		fd		fe	
fc		fd		fe		ff	
fd		fe		ff		fg	
fe		ff		fg		fh	
ff		fg		fh		fi	
fg		fh		fi		fj	
fh		fi		fj		fk	
fi		fj		fk		fl	
fj		fk		fl		fm	
fk		fl		fm		fn	
fl		fm		fn		fo	
fm		fn		fo		fp	
fn		fo		fp		fq	
fo		fp		fq		fr	
fp		fq		fr		fs	
fq		fr		fs		ft	
fr		fs		ft		fu	
fs		ft		fu		fv	
ft		fu		fv		fw	
fu		fv		fw		fx	
fv		fw		fx		fy	
fw		fx		fy		fz	
fx		fy		fz		ga	
fy		fz		ga		gb	
fz		ga		gb		gc	
ga		gb		gc		gd	
gb		gc		gd		ge	
gc		gd		ge		gf	
gd		ge		gf		gg	
ge		gf		gg		gh	
gf		gg		gh		gi	
gg		gh		gi		gj	
gh		gi		gj		gk	
gi		gj		gk		gl	
gj		gk		gl		gm	
gk		gl		gm		gn	
gl		gm		gn		go	
gm		gn		go		gp	
gn		go		gp		gq	
go		gp		gq		gr	
gp		gq		gr		gs	
gq		gr		gs		gt	
gr		gs		gt		gu	
gs		gt		gu		gv	
gt		gu		gv		gw	
gu		gv		gw		gx	
gv		gw		gx		gy	
gw		gx		gy		gz	
gx		gy		gz		ha	
gy		gz		ha		hb	
gz		ha		hb		hc	
ha		hb		hc		hd	
hb		hc		hd		he	
hc		hd		he		hf	
hd		he		hf		hg	
he		hf		hg		hh	
hf		hg		hh		hi	
hg		hh		hi		hj	
hh		hi		hj		hk	
hi		hj		hk		hl	
hj		hk		hl		hm	
hk		hl		hm		hn	
hl		hm		hn		ho	
hm		hn		ho		hp	
hn		ho		hp		hq	
ho		hp		hq		hr	
hp		hq		hr		hs	
hq		hr		hs		ht	
hr		hs		ht		hu	
hs		ht		hu		hv	
ht		hu		hv		hw	
hu		hv		hw		hx	
hv		hw		hx		hy	
hw		hx		hy		hz	
hx		hy		hz		ia	
hy		hz		ia		ib	
hz		ia		ib		ic	
ia		ib		ic		id	
ib		ic		id		ie	
ic		id		ie		if	
id		ie		if		ig	
ie		if		ig			

Questions

- Is the FIPS table within the guidance final?
 - **Answer:** Yes, guidance and billing codes linked below
 - [2023-09-05 bill req update member.pdf\(ny.gov\)](#) and
 - [cftss-hcbs kids fips.pdf\(ny.gov\)](#)
- 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:** MMCP Claims: 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.
 - Fee-for-Service (FFS) Claims: 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.

Questions?



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Provider Designation:

OMH-Childrens-Designation@omh.ny.gov

Questions:

BH.Transition@health.ny.gov

MCTAC/CTAC Billing Tools:

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

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



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