



Department
of Health

Medicaid

UPDATE

Billing Changes for HCBS and CFTSS Providers Effective December 1, 2023

To: Children's Home and Community Based Service (HCBS) Providers, Children and Family Treatment and Support Services (CFTSS) Providers, and Medicaid Managed Care Plans (MMCPs) including Mainstream Managed Care and HIV Special Needs Plans (HIV-SNPs)

Date: December 15, 2023

This guidance is being issued to clarify options available to providers who will not be ready to submit electronic claims that comply with changes required for HCBS and CFTSS services delivered on or after December 1, 2023. Providers that have not completed their systems configuration to allow for inclusion of the newly required Value Code 85 and FIPS (Federal Information Processing Standard) code can utilize one of the following options:

1. Providers can wait and submit claims after systems have been reconfigured. If claims are submitted more than 90 days after the date of service, providers may submit a request to BH.Transition@health.ny.gov for permission to utilize a delay reason code.
2. Providers can manually adjust electronic claims with the addition of the new Value Code 85 and FIPS code prior to sending to eMedNY or any Managed Care Plan until such time as system reconfiguration is complete.
3. Providers can submit claims on paper with the appropriate new Value Code 61 and new 3-digit Locator Code (901-962) until such time as system reconfiguration is complete.

Contact the Department with questions at BH.Transition@health.ny.gov