

Behavioral Health Information Technology (BHIT) Program

Technical Billing Specifications for Children and Family Treatment and Support Services (CFTSS)

&

Home and Community Based Services (HCBS) for New York State agencies serving Children and Families

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Purpose of the Document

This document summarizes the required technical specifications that need to be added into Electronic Billing Systems (EBS) in order to meet the billing requirements for agencies when providing Children and Family Treatment and Support Services (CFTSS) and Home and Community Based Services (HCBS).

Requirements to be reimbursed for CFTSS and HCBS

To avoid claim denials and rejections, the provider agency should take into consideration the following elements:

Agency

I. New York State Designation

Agencies must be designated by New York State to deliver the following services:

CFTSS

- Other Licensed Practitioners (OLP)
- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)
- Family Peer Support Services (FPSS)
- Youth Peer Support (YPS)
- Crisis Intervention (CI)

HCBS

- Caregiver Family Supports and Services
- Pre-Vocational Services
- Community Advocacy Training and Support
- Supportive Employment
- Palliative Care Pain & Symptom Management
- Palliative Care Bereavement
- Palliative Care Massage Therapy
- Palliative Care Expressive Therapy
- Respite (Planned & Crisis)
- Day Habilitation
- Community Habilitation

The following links specify the process and requirements to be designated by NYS for CFTSS and HCBS:

- https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/designation_app_access_instructions.pdf
- https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm

2. **Medicaid Enrollment**

- To be paid for delivering a Medicaid service, providers are required to enroll in Medicaid through the Children’s Health and Behavior Health Transformation application located in the following link:
https://www.emedny.org/info/ProviderEnrollment/children_health/index.aspx
- Additional information for Children’s services is available at the following link: <https://ctacny.org/training/medicaid-provider-enrollment-new-childrens-spa-and-hcbs-providers>
- Memo on Medicaid Provider Enrollment for Individual Practitioners and Designated Agencies:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/provider_enrollment_npi_memo.pdf

3. **Medicaid Managed Care Plan (Payor) Enrollment**

- To be paid for services delivered to a child enrolled in each Payor, the individual provider must be contracted and credentialed with that Payor for the specific service rendered. In short, the provider must be part of the Payor Network or have a Single Case Agreement in place.
- An exception applies when an out-of-the-network provider is delivering a service to the enrolled child prior to the date the service is implemented in Medicaid Managed Care. In this case the Payor must allow a provider to continue to treat an enrollee on an out-of-network basis for up to 24 months following the implementation date. Single Case agreements are needed in these cases.
- If the provider is not part of the network, then the provider must obtain a Single Case Agreement with Payor to provide services to children enrolled in the PAYOR. Usually this is the case when a specific CFTSS is not available within the list of the Payor’s network providers.

4. **Update of the provider information on the EHR/EMR/Billing Electronic System**

- It is critical that the information of the provider be updated in the EMR/EHR/Billing system that the agency uses for electronic billing.
- Failure to have updated information will lead to a claim rejection by the Payor.

Client Information

- Before delivering services to an individual, providers should always check the ePACES website to verify the individual's:
 - Medicaid enrollment status
 - HCBS eligibility status by confirming the enrollee has an applicable HCBS K-code (before delivering the HCNS service)
 - Medicaid Managed Care Plan enrollment status
- Providers should ensure individual enrollment with Medicaid, and appropriate Payor, through the NYS system.
- Claims will not be paid if a claim is submitted for an individual who:
 - Is not enrolled with Medicaid
 - Not eligible for HCBS and/or
 - The claim was submitted to an incorrect Payor.

General Claims Requirements

- Electronic claims will be submitted using the 837i claim form to both Medicaid FFS and Medicaid Managed Care. Paper claims (UB-04) and web-based claiming will also be accepted by MMCPs.
- Each service has a unique rate code.
- If an individual receives multiple services in the same day with the same CPT code, but separate rate codes and modifiers, all services would be payable.
- Providers should ensure individual enrollment with Medicaid, and appropriate MMCP, through the NYS system.
- Claims will not be paid if a claim is submitted for an individual who is not enrolled with Medicaid, an individual is not eligible for HCBS, or the claim was submitted to an incorrect MMCP. Providers should always verify that claims are submitted to the correct MMCP.

Medicaid Fee-For-Service Claiming (eMedNY)

- Claims for services delivered to an individual in receipt of fee-for-service Medicaid are submitted by providers to eMedNY (See <https://www.emedny.org>) for training on the use of the eMedNY system.
- Claim submissions need to adhere to the 90-day timely filing rules for Medicaid FFS.
- For additional information on NYS Medicaid Billing Guidance see the following [link](#).

Medicaid Managed Care Plan Claiming

- The MMCP shall support both paper and electronic submission of claims for all claim types. The MMCP shall offer its providers an electronic payment option including a web-based claim submission system. MMCPs rely on CPT codes and modifiers when processing claims. Therefore, all MMCPs will require claims to be submitted with the CPT code and modifier (if applicable), in addition to the NYS assigned rate code.
- Providers will enter the rate code in the header of the claim as a value code. This is done in the value code field by first typing in “24” followed immediately with the appropriate four-digit rate code. This is the standard mechanism historically and currently used in Medicaid FFS billing (Note to MMCPs: the value code field serves a dual purpose and is already used by MMCPs to report the weight of a low birth weight baby)

Services Provided While in Transit

Services that are delivered in transit are allowable and may be billed within the daily limits of the service. For example, a Family Peer Advocate escorts a family to a destination where the family will implement a strategy supported by the Family Peer Advocate and during that time the Advocate helps to prepare the family.

Claims for Services When the Child/Youth is Not Present

Services delivered on behalf of an individual to collateral contacts (family members, caregivers, and other stakeholders identified on the child/youth’s plan of care) without the child/youth present are allowable and may be billed within the daily limits.

Services Delivered by Multiple Staff Members

If two practitioners are required to deliver a services to a child and family members/resources on the same date and at the same time, the provider must delineate what service and what goals each practitioner is addressing directly with the child/youth and on behalf of the child/youth in the child/youth’s progress notes.

Submitting Claims for Daily Billed Services

Services that are billed daily should be submitted on separate claims.

Multiple Services Provided on the Same Date to the Same Individual

- In some cases, an individual can receive multiple services on the same day. This can include multiple services within the same program type (e.g., OLP evaluation and family counseling session or an individual session and group session), or services provided by separate programs (e.g., OLP and Family Peer Support). If these services are allowed per the service combination grid in this manual they would both be reimbursable when billed using the appropriate rate code and CPT code.
- Only certain combinations of CFTSS and HCBS are allowed to be billed in combination by Medicaid and must be documented within an individual’s current treatment plan. Given that these combinations might change in time, please check the most current State Billing Manual located in the following link: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm

Submitting Claims for Non-Sequential Time for the Same Service, on the Same Day

If the same service is delivered to the same individual on the same day but at non-sequential times, the total time spent on the service may be submitted as a combined claim:

Timed Units per Encounter of Service	Billable minutes	Billable units (15 minutes per unit)
Under 8 minutes	1-7 minutes	Not billable
8-22 minutes	15 minutes	1 unit
23-37 minutes	30 minutes	2 units
38-52 minutes	45 minutes	3 units
53-67 minutes	60 minutes	4 units
68-82 minutes	75 minutes	5 units
83-97 minutes	90 minutes	6 units
98-112 minutes	105 minutes	7 units
113-127 minutes	120 minutes	8 units

Regions

Regions, as defined by the NYS Department of Health, assign providers based upon the geographic location of the agency's headquarters. Regions are also linked to claim rates. NYS has defined the following regions

Downstate:

- 5 boroughs of New York City,
- Counties of Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Dutchess, Sullivan and Ulster

Upstate:

- Rest of state

Service thresholds on certain service types (both daily and annual)

- Not all billing systems can generate a hard-stop at the creation of the claim if thresholds are met (e.g., daily, monthly or annual service units beyond the allowable). Agencies which are using a billing system that does not generate a hard-stop at the creation of the claim should consider alternative utilization management protocols to manage these thresholds in order to avoid claim rejections due to exceeding daily, monthly or annual limits.

Resources

- Attachment A lists the resources used for the preparation of this document.

Billing Specifications for Children and Family Treatment and Support Services (CFTSS)

Demographics

DEMOGRAPHICS

REQUIRED IDENTIFIER

It is required to add an identifier to the electronic chart indicating that the person is a CFTSS recipient. Depending on the architecture of each solution this value could be added, for example, as part of a service program or in the demographic module.

Please note that this field will not be part of the 837i, but it will be of great use for reporting purposes (i.e., number of CFTSS clients served by the agency).

INFORMATION of REFERRING PROVIDER/SELF-REFERRAL

It is required to add the fields of name, email, and phone on the electronic chart of the client in order to register the person which is referring the case for CFTSS (Care Manager or Referring Provider). However, CFTSS are allowed to be self-referred. In those cases, the value “self-referred” should suffice.

Depending of the architecture of each software, these fields may already exist. If not, they should be added. It is valid to use the same fields or equivalent to Referring Provider.

Please note that this field will not be part of the 837i, but it will be of great use for coordinating and following up services.

Diagnostic Code used for claims submission for CFTSS

DIAGNOSTIC CODE FOR CFTSS

A valid ICD-10 diagnostic code is required for all CFTSS claims. While a diagnostic code is required, providers can use R69 or F99 for claims that do not have a diagnosis established and a diagnosis code is not required to obtain the service.

Clinicians should refer back to any applicable program guidance for rules on diagnostic eligibility for the selected service, and the corresponding diagnosis code should always be appropriate and supported by chart documentation.

To minimize claims rejections by Payors, providers are encouraged to further consult with Payors about any diagnostic restrictions on claims submissions.

Medicaid and PAYOR Claiming

MEDICAID FEE-FOR-SERVICE CLAIMING (EMEDNY)

- Claims for services delivered to an individual in receipt of fee-for-service Medicaid should be submitted by providers using eMedNY. Claim submissions need to adhere to the 90-day timely filing rules for Medicaid Fee-For-Service. The [MCTAC Billing tool](#) is an interactive UB-04 form that walks through the components required to submit a clean claim.

MEDICAID MANAGED CARE PLAN (PAYOR) CLAIMING

- The Payor shall support both paper and electronic submission of claims for all claim types.
- The Payor shall offer its providers an electronic payment option including a web-based claim submission system.
- Payors rely on CPT codes and modifiers when processing claims. Therefore, all Payors will require claims to be submitted with the CPT code and modifier(s) (if applicable), in addition to the NYS's assigned rate code.
- Providers will enter the rate code in the header of the claim as a value code. **This is done in the value code field by first typing in "24" followed immediately with the appropriate four-digit rate code.** This is the standard mechanism historically and currently used in Medicaid FFS billings.
- Every claim submitted will require, in addition to other required fields (e.g., rendering NPI, recipient ID, diagnosis code, age), the following:
 - Use of the 837i (electronic) or UB-04 (paper - see [MCTAC Billing tool](#)) claim format.
 - Medicaid fee-for-service rate code.
 - Valid CPT code(s).
 - CPT code modifier(s) (as needed).
 - Units of service.
 - Revenue codes.



Billing Specifications by Type of Service

Children and Family Treatment and Support Services (CFTSS) Other Licensed Practitioner (OLP)

Evaluation

- Use Case 1: OLP Licensed Evaluation – Individual - Onsite
- Use Case 2: OLP Licensed Evaluation Individual or Family (with or without the client present) - Offsite

Counseling

- Use Case 3: OLP Counseling Individual Onsite
- Use Case 4: OLP Counseling Family (with or without the client present)
- Use Case 5: OLP Counseling Group Onsite
- Use Case 6: OLP Counseling Group Offsite
- Use Case 7: OLP Counseling Family and Individual Services – Same Day - Fee-for-Service ONLY

Crisis

- Use Case 8: OLP Crisis (Offsite, In-person only)
- Use Case 9: OLP Crisis Triage (by Telephone)
- Use Case 10: OLP Crisis Complex Care (Follow up)

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 1: OLP LICENSED EVALUATION – INDIVIDUAL – ONSITE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	90791	
Rate Code	Picklist	Auto-populate from Billing Configuration	7900	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable		Billing and Coding Manual released in October 2019 (pages 20) does not indicate daily limits
Service limits	Number	Editable	36 units per calendar year	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case I: OLP LICENSED EVALUATION – INDIVIDUAL – ONSITE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
Rules for Other Licensed Provider (OLP) – EVALUATION ONSITE				
Billed daily in 15-minute units with a maximum of 4 units (1 hour) per day. The annual limit is 36 units per calendar year.				
Above specs ONLY applies when service is delivered ONSITE.				
Modifier 95 may only be appended to the specific services listed in Appendix P of the AMA's CPT Professional Edition 2019 Codebook.				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 2: OLP LICENSED EVALUATION INDIVIDUAL or FAMILY (with or without the client present) - OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	90791 or H0004 depending on service provided	See below modifiers applicable upon each case
Rate Code	Picklist	Auto-populate from Billing Configuration	7920	
Modifiers	List	Editable	90791 - EP, SC – Evaluation H0004 – SC – Individual H0004 – HR, SC – Family with child/youth H0004 – HS, SC – Family without child/youth	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable		Billing and Coding Manual released in October 2019 (pages 20) does not indicate daily limits
Service limits	Number	Editable	36 units per calendar year 4/day for individual 4/day for Family	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable		Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 2: OLP LICENSED EVALUATION INDIVIDUAL or FAMILY (with or without the client present) - OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual: Child/Youth ONLY Family with Child/Youth Family without the Child/Youth	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
Rules for Other Licensed Provider (OLP) – EVALUATION ONSITE				
Billed daily in 15-minute units with a maximum of 8 units per day (4 units per individual – 4 units per family). Limit of 36 units per calendar year				
Above specs ONLY applies when service is delivered OFFSITE				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				
Offsite services will be billed with two claims: <ol style="list-style-type: none"> 1) The first using the service rate code for OLP Licensed Evaluation and 2) The second using the off-site group add-on rate code. 				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 3: OLP COUNSELING INDIVIDUAL - ONSITE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0004	
Rate Code	Picklist	Auto-populate from Billing Configuration	7901	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable		Multiple options are possible

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 3: OLP COUNSELING INDIVIDUAL - ONSITE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of four units (1 hour per service)				
Above specs ONLY applies when service is delivered ONSITE				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 4: OLP COUNSELING FAMILY (with or without the client present)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0004	
Rate Code	Picklist	Auto-populate from Billing Configuration	7901	
Modifiers	List	Editable	HR - Family with Child/Youth HS – Family without Child/Youth	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units (1 hour) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 4: OLP COUNSELING FAMILY (with or without the client present)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual, Family, or Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of four units (1 hour per service) per day using the appropriate CPT/modifier combination.				
Service can be delivered onsite or offsite				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 5: OLP COUNSELING GROUP - ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0004	
Rate Code	Picklist	Auto-populate from Billing Configuration	7905	
Modifiers	List	Editable	HQ, EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour) per individual	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 5: OLP COUNSELING GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 4 units (1 hour) per day and individual.				
Above specs ONLY applies when service is delivered ONSITE				
Group size may not exceed more than eight members.				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 6: OLP COUNSELING GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0004	
Rate Code	Picklist	Auto-populate from Billing Configuration	7927	
Modifiers	List	Editable	EP, HQ, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour) per individual	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 6: OLP COUNSELING GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 4 units (1 hour) per individual.				
When group sessions are provided offsite, each member of the group bills <u>using two claims</u> :				
<ul style="list-style-type: none"> • The first using the service rate code for OLP Counseling Group and • The second using the off-site group add-on rate code. 				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				
Above specs ONLY applies when service is delivered OFFSITE				
Group size may not exceed more than eight members.				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 7: OLP COUNSELING (FAMILY and INDIVIDUAL) – SAME DAY – Fee-for-Service billing ONLY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0004	
Rate Code	Picklist	Auto-populate from Billing Configuration	7901	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units (2 hours) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 7: OLP COUNSELING (FAMILY and INDIVIDUAL) – SAME DAY – Fee-for-Service billing ONLY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual, Family or Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per service)				
OLP Counseling: if Family AND Individual are provided on same day, combine both services on one claim line and submit				
When submitting a fee-for-service claim for both individual and family counseling occurring on the same day, the provider must include both services on one claim line with all appropriate modifiers and combined service units (e.g., rate code 7901, CPT code – H0004, modifiers EP, HS, 8 units – indicates an individual counseling session AND a family counseling session without the client, combined total units: 8).				
Medicaid managed care claims for Individual and Family Counseling will continue to be submitted using two separate claim lines .				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				
Service can be delivered ONSITE or OFFSITE				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 8: OLP CRISIS – OFFSITE – IN-PERSON ONLY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7902	
Modifiers	List	Editable	EP, ET	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units (2 hours) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable	No annual claim limits	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 8: OLP CRISIS – OFFSITE – IN-PERSON ONLY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of 8 units (2 hours per service)				
Only one claim is submitted for OLP Crisis; a separate off-site claim is not permissible.				
There are no annual claim limits associated with any of the OLP crisis services				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				
Services can be delivered to an individual, to the family or to the individual and the family				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 9: OLP CRISIS TRIAGE (by Telephone)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7903	
Modifiers	List	Editable	EP, GT	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	2 units (30 minutes) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable	No annual claim limits	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 9: OLP CRISIS TRIAGE (by Telephone)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of two units (30 minutes per day)				
Above specs ONLY applies when service is delivered ONSITE				
There are no annual claim limits associated with any of the OLP crisis services				
Services can be delivered to an individual, to the family or to the individual and the family				

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 10: OLP CRISIS COMPLEX CARE (Follow Up)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	90882	
Rate Code	Picklist	Auto-populate from Billing Configuration	7904	
Modifiers	List	Editable	EP, TS	
Unit measure	Number	Editable	Per 5 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units (20 minutes per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable	No annual claim limits	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	054	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		OTHER LICENSE PROVIDER (OLP)		
Use Case 10: OLP CRISIS COMPLEX CARE (Follow Up)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 5-minute units with a limit of four units (20 minutes per day)				
Above specs ONLY applies when service is delivered ONSITE				
Service is provided by telephone				
There are no annual claim limits associated with any of the OLP crisis services				
Services can be delivered to an individual, to the family or to the individual and the family				

Children and Family Treatment and Support Services (CFTSS)

Community Psychiatric Support and Treatment (CPST)

- CPST - Service Professional – Individual and/or Family (with or without the client present) – Onsite
- CPST - Service Professional – Individual and/or Family (with or without the client present) – Offsite
- CPST - Service Professional – Group Onsite
- CPST - Service Professional – Group Offsite

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 1: CPST SERVICE PROFESSIONAL – INDIVIDUAL and/or FAMILY (with or without the client present) – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0036	
Rate Code	Picklist	Auto-populate from Billing Configuration	7911	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	022	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 1: CPST SERVICE PROFESSIONAL – INDIVIDUAL and/or FAMILY (with or without the client present)– ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family with Child/Youth Family without Child/Youth	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of six units (1.5 hours per service)				
If an individual CPST service and family CPST service are provided on the same day, the unit max combined is 6 unit and each service must be listed on the claim using the appropriate CPT/modifier combination.				
Above specs ONLY applies when service is delivered ONSITE				

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 2: CPST SERVICE PROFESSIONAL – INDIVIDUAL and/or FAMILY (with or without the client present)– OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0036	
Rate Code	Picklist	Auto-populate from Billing Configuration	7921	
Modifiers	List	Editable	EP, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units per day (1.5 hours)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	022	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider
Individual, Family or Group	Picklist	Editable	Individual Family with Child/Youth Family without Child/Youth	

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 2: CPST SERVICE PROFESSIONAL – INDIVIDUAL and/or FAMILY (with or without the client present)– OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of six units (1.5 hours per day)				
If an individual CPST service and family CPST service are provided on the same day, the unit max combined is 6 units and each service must be listed on the claim using the appropriate CPT/modifier combination.				
Above specs ONLY applies when service is delivered OFFSITE				
When sessions are provided OFFSITE, TWO claims should be issued: <ul style="list-style-type: none"> • The first using the base service rate code for CPST Service Professional Individual, Family or Individual and Family • The second claim using the off-site add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 3: CPST SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0036	
Rate Code	Picklist	Auto-populate from Billing Configuration	7912	
Modifiers	List	Editable	EP, HQ	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	022	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 3: CPST SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 4 units (1 hour) per individual.				
Group size may not exceed more than eight members.				
Above specs ONLY applies when service is delivered ONSITE				

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 4: CPST SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0036	
Rate Code	Picklist	Auto-populate from Billing Configuration	7928	
Modifiers	List	Editable	EP, HQ, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	022	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider
Individual, Family or Group	Picklist	Editable	Group	

CFTSS		COMMUNITY PSYCHIATRIC SUPPORT and TREATMENT (CPST)		
Use Case 4: CPST SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 4 units (1 hour) per individual.				
Group size may not exceed more than eight members.				
Above specs ONLY applies when service is delivered OFFSITE				
When group sessions are provided OFFSITE, each member of the group bills using TWO claims: <ul style="list-style-type: none"> • The first using the base service rate code for CPST Service Professional Group • The second claim using the off-site group add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

Children and Family Treatment and Support Services (CFTSS) Psychosocial Rehabilitation (PSR)

- PSR - Service Professional – Individual – Onsite
- PSR - Service Professional – Individual – Offsite
- PSR - Service Professional – Group – Onsite
- PSR - Service Professional – Group - Offsite

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case I: PSR SERVICE PROFESSIONAL – INDIVIDUAL – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2017	
Rate Code	Picklist	Auto-populate from Billing Configuration	7913	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units per day (2 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	077	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 1: PSR SERVICE PROFESSIONAL – INDIVIDUAL – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per day)				
Above specs ONLY applies when service is delivered ONSITE				

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 2: PSR SERVICE PROFESSIONAL – INDIVIDUAL – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2017	
Rate Code	Picklist	Auto-populate from Billing Configuration	7922	
Modifiers	List	Editable	EP, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units per day (2 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	077	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 2: PSR SERVICE PROFESSIONAL – INDIVIDUAL – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per day)				
Above specs ONLY applies when service is delivered OFFSITE				
When sessions are provided OFFSITE, TWO claims should be issued: <ul style="list-style-type: none"> • The first using the base service rate code for PSR Service Professional Individual. • The second claim using the off-site add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 3: PSR SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2017	
Rate Code	Picklist	Auto-populate from Billing Configuration	7914	
Modifiers	List	Editable	EP, HQ	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	077	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 3: PSR SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 4 units (1 hour) per individual.				
Above specs ONLY applies when service is delivered ONSITE				
Group size may not exceed more than eight members.				

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 4: PSR SERVICE PROFESSIONAL – GROUP – OFFSITE Add On-				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2017	
Rate Code	Picklist	Auto-populate from Billing Configuration	7929	
Modifiers	List	Editable	EP, HQ, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units per day (1 hour per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	077	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		PSYCHOSOCIAL REHABILITATION (PSR)		
Use Case 4: PSR SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 4 units (1 hour) per individual.				
Group size may not exceed more than eight members.				
Above specs ONLY applies when service is delivered OFFSITE				
When group sessions are provided OFFSITE, each member of the group bills using TWO claims: <ul style="list-style-type: none"> • The first using the base service rate code for PSR Service Professional Group. • The second claim using the off-site group add-on rate code. Both claims should have the same procedure/CPT code.				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

Children and Family Treatment and Support Services (CFTSS) Family Peer Support Services (FPSS)

- FPSS Service Professional – Individual Onsite
- FPSS Service Professional – Individual Offsite
- FPSS Service Professional – Group Onsite
- FPSS Service Professional – Group Offsite

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 1: FPSS SERVICE PROFESSIONAL – INDIVIDUAL – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7915	
Modifiers	List	Editable	EP, UK	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units per day (2 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	036	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 1: FPSS SERVICE PROFESSIONAL – INDIVIDUAL – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per day)				
Above specs ONLY applies when service is delivered ONSITE				

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 2: FPSS SERVICE PROFESSIONAL – INDIVIDUAL – OFFSITE Add On-				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7923	
Modifiers	List	Editable	EP, UK, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units per day (2 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	036	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 2: FPSS SERVICE PROFESSIONAL – INDIVIDUAL – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per day)				
Above specs ONLY applies when service is delivered OFFSITE				
When sessions are provided OFFSITE, TWO claims should be issued: <ul style="list-style-type: none"> • The first using the base service rate code for FPSS Service Professional Individual. • The second claim using the off-site add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 3: FPSS SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7916	
Modifiers	List	Editable	EP, UK, HQ	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units per day (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	036	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 3: FPSS SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 6 units (1,5 hours) per individual.				
Above specs ONLY applies when service is delivered ONSITE				
Group size may not exceed more than eight members.				

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 4: FPSS SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7930	
Modifiers	List	Editable	EP, HQ, SC, UK	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units per day (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	036	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		FAMILY PEER SUPPORT SERVICES (FPSS)		
Use Case 4: FPSS SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 6 units (1,5 hours) per individual.				
Group size may not exceed more than eight members.				
Above specs ONLY applies when service is delivered OFFSITE				
When group sessions are provided OFFSITE, each member of the group bills using TWO claims: <ul style="list-style-type: none"> • The first using the base service rate code for FPSS Service Professional Group • The second claim using the off-site group add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

Children and Family Treatment and Support Services (CFTSS) Youth Peer Supports (YPS)

- YPS Service Professional – Individual Onsite
- YPS Service Professional – Individual Offsite
- YPS Service Professional – Group Onsite
- YPS Service Professional – Group Offsite

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case I: YPS SERVICE PROFESSIONAL – INDIVIDUAL – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7917	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units (2 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	078	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 1: YPS SERVICE PROFESSIONAL – INDIVIDUAL – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per day)				
Above specs ONLY applies when service is delivered ONSITE				

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 2: YPS SERVICE PROFESSIONAL – INDIVIDUAL – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7923	
Modifiers	List	Editable	EP, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 units (2 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	078	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 2: YPS SERVICE PROFESSIONAL – INDIVIDUAL – OFFSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Billed daily in 15-minute units with a limit of eight units (2 hours per day)				
Above specs ONLY applies when service is delivered OFFSITE				
When sessions are provided OFFSITE, TWO claims should be issued: <ul style="list-style-type: none"> • The first using the base service rate code for YPS Service Professional • The second claim using the off-site add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 3: YPS SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7918	
Modifiers	List	Editable	EP, HQ	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 Units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	078	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 3: YPS SERVICE PROFESSIONAL – GROUP – ONSITE -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Above specs ONLY applies when service is delivered ONSITE				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 6 units (1,5 hours) per individual.				
Group size may not exceed more than eight members.				

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 4: YPS SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H0038	
Rate Code	Picklist	Auto-populate from Billing Configuration	7930	
Modifiers	List	Editable	EP, HQ, SC	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 Units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	078	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		YOUTH PEER SUPPORTS (YPS)		
Use Case 4: YPS SERVICE PROFESSIONAL – GROUP – OFFSITE Add On -				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, in 15-minute units, a daily unit limit of 6 units (1,5 hours) per individual.				
Group size may not exceed more than eight members.				
Above specs ONLY applies when service is delivered ONSITE				
When group sessions are provided OFFSITE, each member of the group bills using TWO claims: <ul style="list-style-type: none"> • The first using the base service rate code for YPS Service Professional Group. • The second claim using the off-site group add-on rate code. Both claims should have the same procedure/CPT code				
There will NOT be a separate rate code for staff transportation. Staff transportation costs have been built into the offsite rates				

Children and Family Treatment and Support Services (CFTSS) Crisis Intervention (CI)

- **Mobile Crisis**

- One Person Response: Licensed
- Two Person Response: Licensed and Unlicensed/Certified Peer
- Two Person Response: Both Licensed (up to 90 minutes)
- Two Person Response: Both Licensed (90 -180 minutes)
- Two Person Response: Both Licensed (over 3 hours)
- Two Person Response: Licensed and Unlicensed/Certified Peer (90 -180 minutes)
- Two Person Response: Licensed and Unlicensed/Certified Peer (over 3 hours)

- **Mobile and Telephonic Follow Up**

- One Person Face-to-Face Follow-Up: Licensed
- One Person Face-to-Face Follow-Up: Unlicensed/Certifier Peer

- **Mobile and Telephonic Follow Up**

- Two-person Face-to-Face Follow-Up: Licensed and Unlicensed/Certifier Peer
- Telephonic Follow Up: Licensed
- Telephonic Follow-Up: Unlicensed/Certifier Peer

- **Crisis Residential Services**

- Residential Crisis Support
- Intensive Crisis Residence (ICR) 18-20 years
- Children's Crisis Residence

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case I: ONE PERSON RESPONSE: LICENSED				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7906	
Modifiers	List	Editable	EP, HO	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case I: ONE PERSON RESPONSE: LICENSED				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Billed daily in 15-minute units with a limit of six units (1.5 hours per day)				
This service be provided by a licensed practitioner				
More than one provider could deliver the service but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 2: TWO PERSON RESPONSE: LICENSED and UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7907	
Modifiers	List	Editable	EP, HT	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 2: TWO PERSON RESPONSE: LICENSED and UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Billed daily in 15-minute units with a limit of six units (1.5 hours per day)				
This service can be provided by a team of two individuals: A Licensed practitioner & Unlicensed/Certified Peer				
More than one provider could deliver the service, but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 3: TWO PERSON RESPONSE: BOTH LICENSED (UP to 90 MINUTES)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7908	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 3: TWO PERSON RESPONSE: BOTH LICENSED (UP to 90 MINUTES)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Billed daily in 15-minute units with a limit of six units (1.5 hours per day)				
This service can be provided by a team of two Licensed Practitioners				
More than one provider could deliver the service, but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 4: TWO PERSON RESPONSE: BOTH LICENSED (90 – 180 MINUTES)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S9484	
Rate Code	Picklist	Auto-populate from Billing Configuration	7936	
Modifiers	List	Editable	EP, HO	
Unit measure	Number	Editable	Per DIEM	
Unit Limits (Claim line level)	Number	Editable	One per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 4: TWO PERSON RESPONSE: BOTH LICENSED (90 – 180 MINUTES)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Service exceeds 90 minutes and is less than 180 minutes.				
Service is provided by two Licensed Practitioners.				
Services are billed Per Diem and should be billed daily.				
More than one provider could deliver the service, but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 5: TWO PERSON RESPONSE: BOTH LICENSED (OVER 3 HOURS)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S9485	
Rate Code	Picklist	Auto-populate from Billing Configuration	7937	
Modifiers	List	Editable	EP, HO	
Unit measure	Number	Editable	Per DIEM	
Unit Limits (Claim line level)	Number	Editable	One per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 5: TWO PERSON RESPONSE: BOTH LICENSED (OVER 3 HOURS)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Service exceeds 3 hours (more than 180 minutes).				
Service is provided by two Licensed Practitioners.				
Services are billed Per Diem and should be billed daily.				
More than one provider could deliver the service, but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 6: TWO PERSON RESPONSE: LICENSED and UNLICENSED/CERTIFIED PEER (90 – 180 minutes)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S9484	
Rate Code	Picklist	Auto-populate from Billing Configuration	7909	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per DIEM	
Unit Limits (Claim line level)	Number	Editable	One per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 6: TWO PERSON RESPONSE: LICENSED and UNLICENSED/CERTIFIED PEER (90 – 180 minutes)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Service exceeds 90 minutes and less than 180 minutes (3 hours).				
Services are billed Per Diem and should be billed daily.				
Service is provided by two Practitioners: One of them is a Licensed Practitioner; the other an Unlicensed/Certifier Peer.				
More than one provider could deliver the service, but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 7: TWO PERSON RESPONSE: LICENSED and UNLICENSED/CERTIFIED PEER (OVER 3 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S9485	
Rate Code	Picklist	Auto-populate from Billing Configuration	7910	
Modifiers	List	Editable	EP	
Unit measure	Number	Editable	Per DIEM	
Unit Limits (Claim line level)	Number	Editable	One per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE CRISIS		
Use Case 7: TWO PERSON RESPONSE: LICENSED and UNLICENSED/CERTIFIED PEER (OVER 3 HOURS)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
This service is provided off-site; a separate off-site claim is not permissible.				
Service exceeds 180 minutes (3 hours).				
Services are billed Per Diem and should be billed daily.				
Service is provided by two Practitioners: One of them is a Licensed Practitioner; the other an Unlicensed/Certifier Peer.				
More than one provider could deliver the service, but the claims cannot overlap on the same service date and exact time for the child/youth				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE Follow-Up SERVICES		
Use Case I: ONE PERSON FACE-TO-FACE Follow-Up: LICENSED				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7938	
Modifiers	List	Editable	TS, HO	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE Follow-Up SERVICES		
Use Case I: ONE PERSON FACE-TO-FACE Follow-Up: LICENSED				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Crisis Intervention Mobile and Telephonic Follow-Up may be provided to the family for up to 14 days post contact/crisis occurrence				
Services are billed daily, in 15 minutes units, with a limit of six units per day (1.5 hours)				
Mobile and Telephonic Follow-Up services are provided off-site; a separate off-site claim is not permissible.				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE Follow-Up SERVICES		
Use Case 2: ONE PERSON FACE-TO-FACE Follow-Up: UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7939	
Modifiers	List	Editable	TS, HM, HA	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE Follow-Up SERVICES		
Use Case 2: ONE PERSON FACE-TO-FACE Follow-Up: UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Crisis Intervention Mobile and Telephonic Follow-Up may be provided to the family for up to 14 days post contact/crisis occurrence				
Services are billed daily, in 15 minutes units, with a limit of six units per day (1.5 hours)				
Mobile and Telephonic Follow-Up services are provided off-site; a separate off-site claim is not permissible.				

CFTSS		CRISIS INTERVENTION (CI) – MOBILE Follow-Up SERVICES		
Use Case 3: TWO-PERSON FACE-TO-FACE Follow-Up: LICENSED and UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7940	
Modifiers	List	Editable	TS, HT	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	6 units (1.5 hours per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – MOBILE Follow-Up SERVICES		
Use Case 3: TWO-PERSON FACE-TO-FACE Follow-Up: LICENSED and UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Crisis Intervention Mobile and Telephonic Follow-Up may be provided to the family for up to 14 days post contact/crisis occurrence				
Services are billed daily, in 15 minutes units, with a limit of six units per day (1.5 hours)				
Mobile and Telephonic Follow-Up services are provided off-site; a separate off-site claim is not permissible.				

CFTSS		CRISIS INTERVENTION (CI) – TELEPHONIC Follow-Up SERVICES		
Use Case I: TELEPHONIC Follow-Up: LICENSED				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7941	
Modifiers	List	Editable	TS, HO, GT	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units (1 hour per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – TELEPHONIC Follow-Up SERVICES		
Use Case I: TELEPHONIC Follow-Up: LICENSED				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Crisis Intervention Mobile and Telephonic Follow-Up may be provided to the family for up to 14 days post contact/crisis occurrence				
Services are billed daily, in 15 minutes units, with a limit of six units per day (1.5 hours)				
Mobile and Telephonic Follow-Up services are provided off-site; a separate off-site claim is not permissible.				

CFTSS		CRISIS INTERVENTION (CI) – TELEPHONIC Follow-Up SERVICES		
Use Case 2: TELEPHONIC Follow-Up: UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2011	
Rate Code	Picklist	Auto-populate from Billing Configuration	7942	
Modifiers	List	Editable	TS, HM, GT	
Unit measure	Number	Editable	Per 15 minutes	
Unit Limits (Claim line level)	Number	Editable	4 units (1 hour per day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS INTERVENTION (CI) – TELEPHONIC Follow-Up SERVICES		
Use Case 2: TELEPHONIC Follow-Up: UNLICENSED/CERTIFIED PEER				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Crisis Intervention Mobile and Telephonic Follow-Up may be provided to the family for up to 14 days post contact/crisis occurrence				
Services are billed daily, in 15 minutes units, with a limit of six units per day (1.5 hours)				
Mobile and Telephonic Follow-Up services are provided off-site; a separate off-site claim is not permissible.				

CFTSS		CRISIS RESIDENTIAL SERVICES		
Use Case I: RESIDENTIAL CRISIS SUPPORT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2013	
Rate Code	Picklist	Auto-populate from Billing Configuration	7943	
Modifiers	List	Editable	HA, TF	
Unit measure	Number	Editable	Per Diem	
Unit Limits (Claim line level)	Number	Editable	1 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS RESIDENTIAL SERVICES		
Use Case I: RESIDENTIAL CRISIS SUPPORT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Services are billed daily, Per Diem, one unit per day				

CFTSS		CRISIS RESIDENTIAL SERVICES		
Use Case 2: INTENSIVE CRISIS RESIDENCE (ICR) 18 -20 years				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2013	
Rate Code	Picklist	Auto-populate from Billing Configuration	7944	
Modifiers	List	Editable	HA, HK	
Unit measure	Number	Editable	Per Diem	
Unit Limits (Claim line level)	Number	Editable	1 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS RESIDENTIAL SERVICES		
Use Case 2: INTENSIVE CRISIS RESIDENCE (ICR) 18 -20 years				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Services are billed daily, Per Diem, one unit per day				

CFTSS		CRISIS RESIDENTIAL SERVICES		
Use Case 3: CHILDREN'S CRISIS RESIDENCE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2013	
Rate Code	Picklist	Auto-populate from Billing Configuration	7945	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Per Diem	
Unit Limits (Claim line level)	Number	Editable	1 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	023	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

CFTSS		CRISIS RESIDENTIAL SERVICES		
Use Case 3: CHILDREN'S CRISIS RESIDENCE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family Individual and Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Services are billed daily, Per Diem, one unit per day				

Billing Specifications for Home and Community Based Services (HCBS)

Demographics

DEMOGRAPHICS

REQUIRED IDENTIFIER

It is required to add an identifier to the electronic chart indicating that the person is a HCBS recipient. Depending of the architecture of each solution this value could be added, for example, as part of a service program or in the demographic module.

Please note that this field will not be part of the 837i, but it will be of great use for reporting purposes (i.e., number of HCBS clients served by the agency).

INFORMATION of REFERRING PROVIDER

It is required to add the fields of name, email and phone on the electronic chart of the client in order to register the person which is referring the case for HCBS (Care Manager or Referring Provider).

Depending of the architecture of each solution these fields may exist. If not, the value should be added. Use the same values as the Referring Provider.

Please note that this field will not be part of the 837i, but it will be of great use for coordinating and following up services.

Diagnostic Codes used for claims submission for HCBS

DIAGNOSTIC CODES FOR HCBS

A valid ICD-10 diagnostic code is required for all CFTSS claims. While a diagnostic code is required, providers can use R69 or F99 for claims that do not have a diagnosis established and a diagnosis code is not required to obtain the service.

Clinicians should refer back to any applicable program guidance for rules on diagnostic eligibility for the selected service, and the corresponding diagnosis code should always be appropriate and supported by chart documentation.

To minimize claims rejections by Payors, providers are encouraged to further consult with Payors about any diagnostic restrictions on claims submissions.

Medicaid and PAYOR Claiming

MEDICAID FEE-FOR-SERVICE CLAIMING (EMEDNY)

- Claims for services delivered to an individual in receipt of fee-for-service Medicaid should be submitted by providers using eMedNY. Claim submissions need to adhere to the 90-day timely filing rules for Medicaid Fee-For-Service. The [MCTAC Billing tool](#) is an interactive UB-04 form that walks through the components required to submit a clean claim.

MEDICAID MANAGED CARE PLAN (PAYOR) CLAIMING

- The Payor shall support both paper and electronic submission of claims for all claim types.
- The Payor shall offer its providers an electronic payment option including a web-based claim submission system.
- Payors rely on CPT codes and modifiers when processing claims. Therefore, all Payors will require claims to be submitted with the CPT code and modifier(s) (if applicable), in addition to the NYS's region assigned rate code.
- Providers will enter the rate code in the header of the claim as a value code. **This is done in the value code field by first typing in "24" followed immediately with the appropriate four-digit rate code.** This is the standard mechanism historically and currently used in Medicaid FFS billing.
- Every claim submitted will require at least the following:
 - Use of the 837i (electronic) or UB-04 (paper - [MCTAC Billing tool](#)) claim format.
 - Medicaid fee-for-service rate code.
 - Valid CPT code(s).
 - CPT code modifier(s) (as needed).
 - Units of service.
 - Revenue codes.

Home and Community Based Services (HCBS) Caregiver Family Supports and Services

- Use Case 1: HCBS Caregiver Family Supports and Services - Individual
- Use Case 2: HCBS Caregiver Family Supports and Services - Group of 2
- Use Case 3: HCBS Caregiver Family Supports and Services - Group of 3

HCBS		CAREGIVER FAMILY SUPPORTS AND SERVICES		
Use Case 1: HCBS CAREGIVER FAMILY SUPPORTS AND SERVICES - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2014	
Rate Code	Picklist	Auto-populate from Billing Configuration	8003	
Modifiers	List	Editable	UK, HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	037	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		CAREGIVER FAMILY SUPPORTS AND SERVICES		
Use Case 1: HCBS CAREGIVER FAMILY SUPPORTS AND SERVICES - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				
One claim per HCBS enrolled client.				
Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit				

HCBS		CAREGIVER FAMILY SUPPORTS AND SERVICES		
Use Case 2: HCBS CAREGIVER FAMILY SUPPORTS AND SERVICES – GROUP OF 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2014	
Rate Code	Picklist	Auto-populate from Billing Configuration	8004	
Modifiers	List	Editable	HA, UK, UN	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	037	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		CAREGIVER FAMILY SUPPORTS AND SERVICES		
Use Case 2: HCBS CAREGIVER FAMILY SUPPORTS AND SERVICES - GROUP OF 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				
One claim per HCBS enrolled client. If a sibling is also enrolled, it can be a group claim for each sibling. If the service includes the whole family, only one claim should be issued.				
Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit				

HCBS		CAREGIVER FAMILY SUPPORTS AND SERVICES		
Use Case 3: HCBS CAREGIVER FAMILY SUPPORTS AND SERVICES - GROUP OF 3				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2014	
Rate Code	Picklist	Auto-populate from Billing Configuration	8005	
Modifiers	List	Editable	HA, UK, UP	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	037	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		CAREGIVER FAMILY SUPPORTS AND SERVICES		
Use Case 3: HCBS CAREGIVER FAMILY SUPPORTS AND SERVICES - GROUP OF 3				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				
One claim per HCBS enrolled client. If a sibling is also enrolled, it can be a group claim for each sibling. If the service includes the whole family, only one claim should be issued				
Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit				

Home and Community Based Services (HCBS) Pre-Vocational Services

- Use Case 1: HCBS PRE-VOCATIONAL SERVICES - Individual
- Use Case 2: HCBS PRE-VOCATIONAL SERVICES - Group of 2
- Use Case 3: HCBS PRE-VOCATIONAL SERVICES - Group of 3

HCBS		PRE-VOCATIONAL SERVICES		
Use Case 1: HCBS PRE-VOCATIONAL SERVICES - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	T2015	
Rate Code	Picklist	Auto-populate from Billing Configuration	8006	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	052	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PRE-VOCATIONAL SERVICES		
Use Case 1: HCBS PRE-VOCATIONAL SERVICES - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units, with a daily unit limit of 8 units per day (2 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		PRE-VOCATIONAL SERVICES		
Use Case 2: HCBS PRE-VOCATIONAL SERVICES - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	T2015	
Rate Code	Picklist	Auto-populate from Billing Configuration	8007	
Modifiers	List	Editable	HA, UN	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	052	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PRE-VOCATIONAL SERVICES		
Use Case 2: HCBS PRE-VOCATIONAL SERVICES - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 8 units per day (2 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		PRE-VOCATIONAL SERVICES		
Use Case 3: HCBS PRE-VOCATIONAL SERVICES - GROUP of 3				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	T2015	
Rate Code	Picklist	Auto-populate from Billing Configuration	8008	
Modifiers	List	Editable	HA, UP	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	8 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	052	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PREVOCATIONAL SERVICES		
Use Case 3: HCBS PRE-VOCATIONAL SERVICES - GROUP of 3				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 8 units per day (2 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

Home and Community Based Services (HCBS) Community Advocacy Training and Support

- Use Case 1: HCBS Community Advocacy Training and Support - Individual
- Use Case 2: HCBS Community Advocacy Training and Support - Group of 2
- Use Case 3: HCBS Community Advocacy Training and Support - Group of 3

HCBS		COMMUNITY ADVOCACY TRAINING AND SUPPORT		
Use Case 1: HCBS COMMUNITY ADVOCACY TRAINING AND SUPPORT - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2015	
Rate Code	Picklist	Auto-populate from Billing Configuration	8009	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	039	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		COMMUNITY ADVOCACY TRAINING AND SUPPORT		
Use Case 1: HCBS COMMUNITY ADVOCACY TRAINING AND SUPPORT - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		COMMUNITY ADVOCACY TRAINING AND SUPPORT		
Use Case 2: HCBS COMMUNITY ADVOCACY TRAINING AND SUPPORT - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2015	
Rate Code	Picklist	Auto-populate from Billing Configuration	8010	
Modifiers	List	Editable	HA, UN	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	039	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		COMMUNITY ADVOCACY TRAINING AND SUPPORT		
Use Case 2: HCBS COMMUNITY ADVOCACY TRAINING AND SUPPORT - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		COMMUNITY ADVOCACY TRAINING AND SUPPORT		
Use Case 3: HCBS COMMUNITY ADVOCACY TRAINING AND SUPPORT - GROUP of 3				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2015	
Rate Code	Picklist	Auto-populate from Billing Configuration	8011	
Modifiers	List	Editable	HA, UP	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	039	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		COMMUNITY SELF-ADVOCACY TRAINING AND SUPPORT		
Use Case 3: HCBS COMMUNITY SELF-ADVOCACY TRAINING AND SUPPORT - GROUP of 3				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

Home and Community Based Services (HCBS) Supported Employment

- Use Case I: HCBS Supported Employment

HCBS		SUPPORTED EMPLOYMENT		
Use Case 1: HCBS SUPPORTED EMPLOYMENT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2023	
Rate Code	Picklist	Auto-populate from Billing Configuration	8015	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	12 per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	053	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		SUPPORTED EMPLOYMENT		
Use Case 1: HCBS SUPPORTED EMPLOYMENT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units, with a daily unit limit of 12 units per day (3 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

Home and Community Based Services (HCBS) Palliative Care Pain & Symptom Management

- Use Case I: HCBS Palliative Care Pain & Symptom Management

HCBS		PALLIATIVE CARE PAIN & SYMPTOM MANAGEMENT		
Use Case 1: HCBS PALLIATIVE CARE PAIN & SYMPTOM MANAGEMENT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	99347	
Rate Code	Picklist	Auto-populate from Billing Configuration	8016	
Modifiers	List	Editable	TJ	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	No limit, as required by participant's physician order	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	049	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PALLIATIVE CARE PAIN & SYMPTOM MANAGEMENT		
Use Case I: HCBS PALLIATIVE CARE PAIN & SYMPTOM MANAGEMENT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Each claim must include the appropriate CPT code and modifier(s)				
There is no-limit to the number of units as required by participant's physician orders.				
Pain and Symptom Management: Pediatrician or Family Medicine Physician, board certified in Pediatrics or Family Medicine licensed by the State of New York, a Nurse Practitioner licensed by the State of New York (Pain and Symptom Management).				

Home and Community Based Services (HCBS) Palliative Care Bereavement

- Use Case 1: HCBS Palliative Care Bereavement Services

HCBS		PALLIATIVE CARE BEREAVEMENT		
Use Case 1: HCBS PALLIATIVE CARE BEVEAREMENT SERVICES				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	90832	
Rate Code	Picklist	Auto-populate from Billing Configuration	8017	
Modifiers	List	Editable	TJ	
Unit measure	Number	Editable	Each 30 minutes	
Unit Limits (Claim line level)	Number	Editable	Limited to the lesser of 10 units per month or 120 units per calendar year	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	046	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PALLIATIVE CARE BEREAVEMENT		
Use Case I: HCBS PALLIATIVE CARE BEVEAREMENT				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 30-minute units.				
Each claim must include the appropriate CPT code and modifier(s)				
Limited to the lesser of 10 units per month or 120 units per calendar year				
Bereavement Service: A Licensed Clinical Social Worker (LCSW), a Licensed Master Social Worker (LMSW), a Licensed Psychologist, or a Licensed Mental Health Counselor, that meet current NYS licensing				

Home and Community Based Services (HCBS) Palliative Care Massage Therapy

- Use Case I: HCBS Palliative Care Massage Therapy

HCBS		PALLIATIVE CARE MASSAGE THERAPY		
Use Case 1: HCBS PALLIATIVE CARE MASSAGE THERAPY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	97124	
Rate Code	Picklist	Auto-populate from Billing Configuration	8018	
Modifiers	List	Editable	TJ	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	72 units per year	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	048	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PALLIATIVE CARE MASSAGE THERAPY		
Use Case 1: HCBS PALLIATIVE CARE MASSAGE THERAPY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Each claim must include the appropriate CPT code and modifier(s)				
Limited to 72 units per year.				
Massage Therapy: Massage Therapist currently licensed by the State of New York.				
HCBS Palliative Care Massage Therapy benefits may not duplicate Hospice or other State Plan benefits accessible to participants.				

Home and Community Based Services (HCBS) Palliative Care Expressive Therapy

- Use Case I: HCBS Palliative Care Expressive Therapy

HCBS		PALLIATIVE CARE EXPRESSIVE THERAPY		
Use Case 1: HCBS PALLIATIVE CARE EXPRESSIVE THERAPY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	96159	
Rate Code	Picklist	Auto-populate from Billing Configuration	8019	
Modifiers	List	Editable	TJ	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	48 units per year	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	047	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PALLIATIVE CARE EXPRESSIVE THERAPY		
Use Case I: HCBS PALLIATIVE CARE EXPRESSIVE THERAPY				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Limited to 48 units per year.				
Each claim must include the appropriate CPT code and modifier(s)				
Expressive Therapy (art, music, and play): Child Life Specialist with certification through the Child Life Council. A Creative Arts Therapist licensed by the State of New York, a Music Therapist with a Bachelor’s Degree from a program recognized by the NYS Education Department, a Play Therapist with a Master’s Degree from a program recognized by the New York State Education Department and a current Play Therapist Registration conferred by the Association for Play Therapy (Expressive Therapy (Art, Music, and Play))				
HCBS Palliative Care Expressive Therapy benefits may not duplicate Hospice or other State Plan benefits accessible to participants.				

Home and Community Based Services (HCBS) Planned Respite

- Use Case 1: HCBS Planned Respite – Individual (up to 6 hours)
- Use Case 2: HCBS Planned Respite – Individual per diem (over 6 hours)
- Use Case 3: HCBS Planned Respite – Group (up to 6 hours)

HCBS		PLANNED RESPITE		
Use Case 1: HCBS PLANNED RESPITE – INDIVIDUAL (up to 6 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S5150	
Rate Code	Picklist	Auto-populate from Billing Configuration	8023	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units (6 hours) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	051	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PLANNED RESPITE		
Use Case 1: HCBS PLANNED RESPITE – INDIVIDUAL (up to 6 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Limited to 24 units per day (6 hours daily maximum).				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		PLANNED RESPITE		
Use Case 2: HCBS PLANNED RESPITE – INDIVIDUAL PER DIEM (over 6 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S5151	
Rate Code	Picklist	Auto-populate from Billing Configuration	8024	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Per Diem	
Unit Limits (Claim line level)	Number	Editable	1 unit per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	051	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PLANNED RESPITE		
Use Case 2: HCBS PLANNED RESPITE – INDIVIDUAL PER DIEM (over 6 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using Per Diem units.				
Limited to 1 unit per day.				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		PLANNED RESPITE		
Use Case 3: HCBS PLANNED RESPITE – GROUP (up to 6 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S5150	
Rate Code	Picklist	Auto-populate from Billing Configuration	8027	
Modifiers	List	Editable	HA, HQ	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units (6 hours) per day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	051	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		PLANNED RESPITE		
Use Case 3: HCBS PLANNED RESPITE – GROUP (up to 6 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 24 units per day (6 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

Home and Community Based Services (HCBS) Respite - Crisis

- Use Case 1: HCBS Crisis Respite Individual – Up to 6 hours
- Use Case 2: HCBS Crisis Respite Individual – More than 6 hours and less than 12 hours
- Use Case 3: HCBS Crisis Respite Individual - 12 or more hours but less than 24 hours

HCBS		CRISIS RESPITE		
Use Case 1: CRISIS RESPITE INDIVIDUAL – UP to 6 hours				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S5150	
Rate Code	Picklist	Auto-populate from Billing Configuration	8028	
Modifiers	List	Editable	HA, ET	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours/day)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	044	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		CRISIS RESPITE		
Use Case 1: CRISIS RESPITE INDIVIDUAL – UP to 6 hours				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Limited to 24 units per day (6 hours daily maximum).				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		CRISIS RESPITE		
Use Case 2: CRISIS RESPITE INDIVIDUAL – MORE than 6 hours and LESS than 12 hours				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S5151	
Rate Code	Picklist	Auto-populate from Billing Configuration	8029	
Modifiers	List	Editable	HA, ET	
Unit measure	Number	Editable	Per Diem	
Unit Limits (Claim line level)	Number	Editable	1 unit per Day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	044	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		CRISIS RESPITE		
Use Case 2: CRISIS RESPITE INDIVIDUAL – MORE than 6 hours and LESS than 12 hours				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual Family	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using Per Diem units.				
Limited to 1 unit per day.				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		CRISIS RESPITE		
Use Case 3: CRISIS RESPITE INDIVIDUAL – 12 or MORE hours but LESS than 24 hours				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	S5151	
Rate Code	Picklist	Auto-populate from Billing Configuration	8030	
Modifiers	List	Editable	HA, ET, HK	
Unit measure	Number	Editable	Per Diem	
Unit Limits (Claim line level)	Number	Editable	1 unit Per Day	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	044	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		CRISIS RESPITE		
Use Case 3: CRISIS RESPITE – INDIVIDUAL (12 or MORE hours but LESS than 24 hours)				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using Per Diem units.				
Limited to 1 unit per day.				
Each claim must include the appropriate CPT code and modifier(s)				

Home and Community Based Services (HCBS) Day Habilitation

- Use Case 1: HCBS Day Habilitation
- Use Case 2: HCBS Day Habilitation – Group of 2
- Use Case 3: HCBS Day Habilitation – Group of 3 or more

HCBS		DAY HABILITATION		
Use Case 1: HCBS DAY HABILITATION - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	T2020	
Rate Code	Picklist	Auto-populate from Billing Configuration	7933	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours daily maximum)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	045	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		DAY HABILITATION		
Use Case I: HCBS DAY HABILITATION - INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Limited to 24 units per day (6 hours daily maximum).				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		DAY HABILITATION		
Use Case 2: HCBS DAY HABILITATION - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	T2020	
Rate Code	Picklist	Auto-populate from Billing Configuration	7934	
Modifiers	List	Editable	HA, UN	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours daily maximum)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	045	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		DAY HABILITATION		
Use Case 2: HCBS DAY HABILITATION - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 24 units per day (6 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		DAY HABILITATION		
Use Case 3: HCBS DAY HABILITATION - GROUP of 3 or MORE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	T2020	
Rate Code	Picklist	Auto-populate from Billing Configuration	7935	
Modifiers	List	Editable	HA, UP	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours daily maximum)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	045	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		DAY HABILITATION		
Use Case 3: HCBS DAY HABILITATION - GROUP of 3 or MORE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 24 units per day (6 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

Home and Community Based Services (HCBS) Community Habilitation

- Use Case 1: HCBS Community Habilitation - Individual
- Use Case 2: HCBS Community Habilitation – Group of 2
- Use Case 3: HCBS Community Habilitation – Group of 3 or more

HCBS		COMMUNITY HABILITATION		
Use Case 1: HCBS COMMUNITY HABILITATION – INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2014	
Rate Code	Picklist	Auto-populate from Billing Configuration	8012	
Modifiers	List	Editable	HA	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours daily maximum)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	038	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		COMMUNITY HABILITATION		
Use Case 1: HCBS COMMUNITY HABILITATION – INDIVIDUAL				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Individual	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Claims are billed using 15-minute units.				
Limited to 24 units per day (6 hours daily maximum).				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		COMMUNITY HABILITATION		
Use Case 2: HCBS COMMUNITY HABILITATION - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2014	
Rate Code	Picklist	Auto-populate from Billing Configuration	8013	
Modifiers	List	Editable	HA, UN	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours daily maximum)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	038	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		COMMUNITY HABILITATION		
Use Case 2: HCBS COMMUNITY HABILITATION - GROUP of 2				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 24 units per day (6 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

HCBS		COMMUNITY HABILITATION		
Use Case 3: HCBS COMMUNITY HABILITATION - GROUP of 3 or MORE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Procedure/Service Code(s)	Picklist	Editable	H2014	
Rate Code	Picklist	Auto-populate from Billing Configuration	8014	
Modifiers	List	Editable	HA, UP	
Unit measure	Number	Editable	Each 15 minutes	
Unit Limits (Claim line level)	Number	Editable	24 units per day (6 hours daily maximum)	These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Service limits	Number	Editable		These are soft limits and can be overridden if medical necessity has been established and approved by the Payor
Designated Service Code	Picklist	Auto-populate from Billing Configuration	038	
Site name	Picklist	Editable	Multiple options are possible	Read from table of locations of provider

HCBS		COMMUNITY HABILITATION		
Use Case 3: HCBS COMMUNITY HABILITATION - GROUP of 3 or MORE				
Field Label	Field Type	Editable, calculated or auto populated	Allowed ONLY	Comments/Observations
Individual, Family or Group	Picklist	Editable	Group	
Downstate and Upstate Fee (paid to provider)	Number	Auto-populate from Billing Configuration		For rate information, check the NYS Medicaid Transformation webpage as rates are subject to change
RULES				
Group sessions are billed daily, with a separate claim for each member in the group, using 15-minute units, with a daily unit limit of 24 units per day (6 hours daily maximum)				
Each claim must include the appropriate CPT code and modifier(s)				

Attachments

Attachment A: List of Resources used to create this document

Attachment A: Resources used for the preparation of this document

NYS Provider Manuals for CFTSS and HCBS

- [Utilization Management Guidelines Grid for Children's State Plan and Demonstration Services for Medicaid Managed Care Plans – revised June 20, 2018](#)
- [Medicaid State Plan - Children and Family Treatment and Support Services \(CFTSS\) - Provider Guidance: Health Record Documentation - June 2019](#)
- [Staff authorized to deliver CFTSS \(SPA Distinction Chart\)](#)
- [Children and Family Treatment and Support Services \(CFTSS\) Manual- Update January 2019](#)
- [Children's Home and Community Based Services Provider Manual - February 2020](#)
- [New York State Children's Health and Behavioral Health \(BH\) Services – Children's Medicaid System Transformation Guidance for the Transitional Period January 1, 2019 – January 1, 2020](#)

NYS Billing and Coding Manuals:

- [New York State Children's Health and Behavioral Health Services Billing and Coding Manual – version 2019-2 – October 2019](#)
- [Guide to Edits included in the New York State Children's Health and Behavioral Health \(BH\) Services Billing and Coding Manual-Version 2019-2](#)

NYS Rates for CFTSS and HCBS

- [New York State Children's Medicaid System Transformation - Home and Community Based Services Rate Summary - Final - Effective 01/01/2019](#)
- [New York State Children's Medicaid System Transformation - Children and Family Treatment Support Services Rates - OLP, CPST, PSR FINAL Rate Summary – April 2, 2019](#)
- [New York State Children's Medicaid System Transformation - Children and Family Treatment Support Services - FPSS and YPST Rate Summary Final - 12/9/2019](#)
- [New York State Children's Medicaid System Transformation- Children and Family Treatment Support Services - Updated Crisis Intervention Summary Rates - 4/2/2020](#)

Enrollment in Medicaid

- To become a Medicaid provider: <https://www.emedny.org>
- Information about Children's services: <https://ctacny.org/training/medicaid-provider-enrollment-new-childrens-spa-and-hcbs-providers>
- Memo on Medicaid Provider Enrollment for Individual Practitioners and Designated Agencies:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/provider_enrollment_npi_memo.pdf

Designation by NYS as a provider to deliver CFTSS and HBCS for Children and Families

- https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/designation_app_access_instructions.pdf
- https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm

Telehealth Services – COVID 19

- NYS OMH Guidance Documents (for Telehealth, COVID-19 and much more important information):
<https://omh.ny.gov/omhweb/guidance/>
- Guidance for NYS Behavioral Health Programs (funded, operated, licensed, regulated, or designated providers) - Date: March 11, 2020
<https://omh.ny.gov/omhweb/guidance/covid-19-guidance-bh-providers.pdf>
- Use of Telephone and Two-way Video Technology by OMH-Licensed, Funded or Designated Providers and Clients Affected by the COVID-19 Pandemic - Date: March 30, 2020:
<https://omh.ny.gov/omhweb/guidance/covid-19-consolidated-telemental-health-guidance.pdf>
- COVID-19 Guidance for Children's Waiver Services Providers - Date: March 14, 2020:
https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/covid19_guidance_childrens_1915c_waiver.pdf
- Self-Attestation of Compliance to Offer Tele-Mental Health Services - 14 NYCRR Section 596 - Date: March 30, 2020:
<https://omh.ny.gov/omhweb/guidance/self-attestation-telemental-health-disaster-emergency.pdf>
- Telehealth Modifier Use for OMH-Licensed/Designated Programs during COVID-19 Emergency - Date: March 26, 2020:
<https://omh.ny.gov/omhweb/guidance/covid-19-telehealth-modifiers.xlsx>

Billing Specifications for Environmental (EMOD), Vehicle (VMOD) and Adaptive/Assistive Technology (AT)

- 1915(c) Children's Waiver and 1115 Waiver Amendments:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm