

# Billing for Article 29-I Medicaid Managed Care July 2021

Other Limited Health-Related Services



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# Housekeeping

- This presentation is not an official document. For full details, please refer to the provider and billing manuals.
- Every effort was made to ensure information and timelines are current as of the date of the presentation.



# Agenda

- **Overview**
- **Services and Rates**
- **Claim Requirements**
- **Coding**
- **Billable Circumstances**
  - Populations Served by 29-I Facilities



# Overview



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# Article 29-I Billing Manual

The purpose of this presentation is to discuss billing for services provided by 29-I Licensed Health Facilities and administered by the New York State Department of Health (NYS DOH) and Office of Children and Family Services (OCFS).

## [29-I Facility Billing Manual](#)

The manual provides billing guidance ***only*** and does not supersede applicable regulatory requirements or procedures.



# Categories of Services

- There are two categories of services that can be provided within 29-I Health Facilities:
  - Core Limited Health-Related Services (Mandatory)
  - Other Limited Health-Related Services (Optional)
- The focus of this presentation will be on Other Limited Health-Related Services (OLHRS)
- **This presentation focuses on billing Medicaid Managed Care Plans (MMCPs).**



# Fundamental Requirements

- Voluntary Foster Care Agencies (VFCAs) that have **not** obtained 29-I licensure are **not** authorized to provide these services.
  - All VFCAs that are licensed as 29-I Health Facilities will have a NYS DOH issued license indicating authorization to bill for Core Limited Health-Related Services and **Other Limited Health-Related Services**.
- VFCAs are required to obtain and maintain Article 29-I licenses to bill Medicaid Managed Care Plans (MMCPs) for Core Limited Health-Related Services and **Other Limited Health-Related Services**.
- For services to qualify for Medicaid reimbursement, the child's/youth's health/behavioral health record, treatment plan, service plan and/or plan of care must reflect that the services provided:
  - were medically necessary and appropriate and
  - were rendered by qualified practitioners within their scope of practice (including supervision requirements), as defined in applicable State Law



# Medicaid-Enrolled Provider

- All eligible healthcare providers are required to enroll in Medicaid in order to receive reimbursement for delivering a Medicaid service.
- 29-I Health Facilities must be enrolled with category of service code 0121 to bill for the Core Limited Health-Related Services.
- 29-I Health Facilities must be enrolled with **category of service code 0268** to bill for Other Limited Health-Related Services (includes labs).
- Information on how to become a Medicaid provider is available on the eMedNY website: <https://www.emedny.org>.





# General MMCP Contracting

- 29-I Health Facilities are encouraged to contract and credential with all MMCPs in their area for services delivered to children/youth in the MMCP's network.
- **The Plan is required to offer contracts to all licensed 29-I Health Facilities within the Plan's service area.**
- **The Plan's service area shall consist of the county(ies) listed in the Plan's current Medicaid managed care contract with the State.**
- Providers and MMCPs may also enter into Single Case Agreements (SCAs), if needed, to facilitate payment to a 29-I Health Facility who has not contracted with the MMCP in order to bill for services to a child/youth.
- **MMCP Requirements and Standards:**  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/2017-07-31\\_mc\\_plan\\_rqmts.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mc_plan_rqmts.pdf)



# Designation

- 29-I Health Facilities may provide Children and Family Treatment and Support Services (CFTSS) and Children's Home and Community Based Services (HCBS) as part of their **Other Limited Health-Related Services**.
- 29-I Health Facilities who wish to provide CFTSS and HCBS are required to receive the appropriate designation(s) from the State.
- 29-I Health Facilities providing laboratory services must have a valid Clinical Laboratory Improvement Amendments (CLIA) certification and only provide laboratory services outlined in their CLIA certification.



# Services and Rates

Other Limited Health-Related Services



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# Other Limited Health-Related Services

- All Other Limited Health-Related Services that a 29-I Health Facility provides must be included in the 29-I License and may require separate State designation prior to delivery of services.
- **Other Limited Health-Related Services may be provided to children/youth in the care of any 29-I Health Facility, including:**
  - Children/youth in foster care,
  - Children/youth placed in a 29-I Health Facility by Committee on Special Education (CSE),
  - Children and infants residing with their parent who is placed in a 29-I Health Facility and in foster care, and
  - Children/youth in foster care placed in a setting certified by the Local Department of Social Services (LDSS).



## Children/youth who are discharged from a 29-I Health Facility may continue to receive OLHRS from any 29-I Health Facility up to one year post discharge if any of the following apply:

1. child/youth is under 21 years old and in receipt of services through the 29-I Health Facility for an Episode of Care and has not yet safely transitioned to an appropriate provider for continued necessary services; **or**
2. the child/youth is under 21 years old and has been in receipt of CFTSS or Children's HCBS through the 29-I Health Facility and has not yet safely transitioned to another designated provider for continued necessary CFTSS or HCBS in accordance with their plan of care; **or**
3. if the Enrollee is 21 years or older, providers may bill for Other Limited Health-Related Services when the following applies:
  - the Enrollee has been placed in the care of the 29-I Health Facility and has been in receipt of Other Limited Health-Related Services prior to their 21<sup>st</sup> birthday, and the Enrollee has not yet safely transferred to another placement or living arrangement; and
  - the Enrollee and/or their authorized representative is compliant with a safe discharge plan; and
  - the 29-I Health Facility continues to work collaboratively with Medicaid to explore options for the Enrollee's safe discharge, including compliance with court ordered services, if applicable.



# Other Limited Health-Related Services

- Other Limited Health-Related Services must be provided and billed for *separately* from those services included in the Core Limited Health-Related Services.



# Other Limited Health- Related Services

*Includes...*

- 1. Children and Family Treatment Supports and Services**
- 2. Children's Waiver Home and Community-Based Services (HCBS)**
- 3. Medicaid State Plan Services**
  - Screening, preventive, diagnosis, and treatment services related to physical health
  - Screening, preventive, diagnosis, and treatment services related to developmental and behavioral health

Additional details (i.e. service descriptions, staffing requirements, practitioner qualifications, required assessments) for Other Limited Health-Related Services can be found in the Article 29-I Health Facilities License Guidelines available at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/final\\_draft\\_vfca\\_health\\_facilities\\_license\\_guidelines\\_5\\_01\\_18.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines_5_01_18.pdf)



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# Other Limited Health- Related Services

## Does not include...

- Surgical services
- Dental services
- Orthodontic care
- General hospital services including emergency care
- Birth center services
- Emergency intervention for major trauma
- Treatment of life-threatening or potentially disabling conditions

*Which should be provided by Medicaid participating providers (i.e. essential community providers) and billed directly by these providers.*



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# Other Limited Health-Related Services Rates

**Other Limited Health-Related Services are reimbursed on a standardized fee schedule for services that the 29-I Health Facility provides**

The Other Limited Health-Related Services Fee Schedule can be found at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/vfca\\_proposed\\_olhs\\_fee\\_schedule\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_proposed_olhs_fee_schedule_summary.pdf)



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# Billing Basics

- Other Limited Health-Related Services are reimbursed per encounter and should be submitted on separate claim submissions (from Core Limited Health-Related Services as well as from separate Other Limited Health-Related Services).
- Bill Fee-For-Service (FFS) Medicaid for those not enrolled in a MMCP and bill the MMCP for those who are enrolled in a Plan
- Claim submissions must adhere to the MMCP timely filing rules.
- The MMCP will serve as the pass through billing entity for the four-year transition period; MMCP paying at FFS rates.
  - At the end of the transition period, the State will reassess progress of the implementation and determine if transitional requirements should be extended.



# Cost Allocation of Services

- 29-I Health Facilities must appropriately allocate the costs associated with each type of service in the annual cost report filings submitted to the State.
- 29-I Health Facilities can allocate percentages of individual practitioners' FTEs to Core and Other Limited Health-Related Services, based on actual time spent providing those services.



# Concurrent Billing

In circumstances in which the child is receiving services from an Article 29-I Health Facility and a community provider such as an Article 31 or Article 28, there should be no duplication of services. **When a clinical need is identified that is distinctly different and not duplicative to those needs being addressed through the 29-I Health Facility,** it may be determined medically necessary for both services to be provided concurrently.



# Concurrent Billing Example

**For example**, there may be cases in which the Article 29-I therapist is providing individual therapy to the child and identifies the need for family therapy. If, based on the needs of the family/caregivers, the therapist determines it necessary and beneficial for the family therapy to be provided in an Article 31 clinic, this would be appropriate and allowable. In this case, both the Article 29-I therapist and Article 31 therapist would have separate treatment plans addressing different goals and objectives in therapy, thus substantiating distinct clinical needs and interventions for each service. In accordance with best practice, the Article 29-I therapist and Article 31 therapist are expected to collaborate, with consent from the child and family, to assure alignment in their treatment interventions



# Billing Units

- 29-I Health Facilities may bill for encounter-based Other Limited Health-Related Services that are provided to meet a child's individualized needs and are included in the facility's 29-I License.
- All unit limits are “soft limits” and can be exceeded in accordance with documented medical necessity.
- If a service or procedure code requires time beyond the 15-minute unit in the fee schedule, the 29-I Health Facility may add additional 15-minute units to the claim in accordance with medical necessity.



# Timed Units per Encounter of Service\*

Range of minutes per face-to-face encounter	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

\* These do not apply to CFTSS and Children's HCBS.

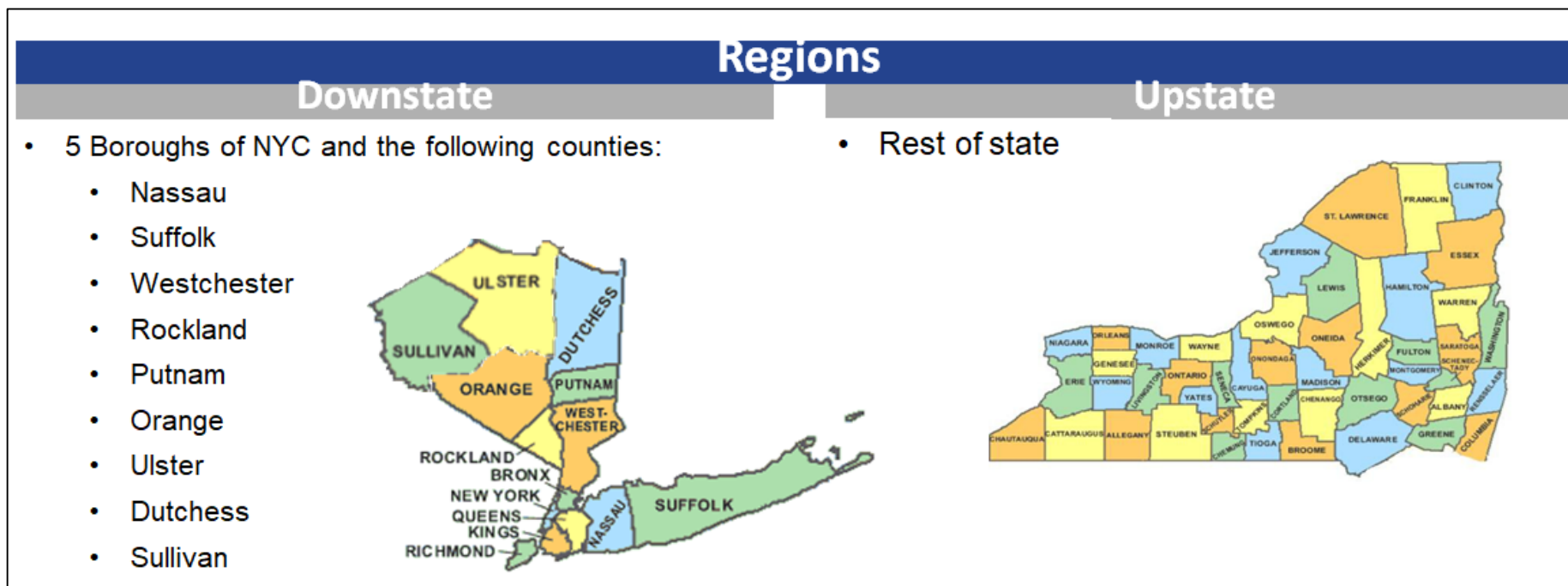


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# Other Limited Health-Related Service Rates: *Regions*

As defined by DOH and assigned to providers based upon the geographic location of the provider's headquarters:





# Billing on Day One

- Medicaid Billing Rates will be loaded into provider profile.
- Dates of Service will determine how to bill.
  - For example, June 30<sup>th</sup> date of service will be billed using old methodology even if it's billed in July.



# Claim Requirements



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# Claim Submission to MMCP

- Claims should not be submitted for:
  - an individual who is **not enrolled** in Medicaid,
  - an individual who is **not eligible** for the service(s) provided,
  - a MMCP for which the individual **is not** a member
- The agency should know whether the claim has to be submitted to the MMCP or the BHO they subcontract with.



# Claim Submission (Continued)

- If prior authorization is required and not obtained for services outside of Core Limited Health-Related Services and/or mandated assessments, ***claims for these services may be denied.***
  - Note: prior authorization for any ***mandated*** Other Limited Health-Related Services may be necessary to arrange for out of network services.
- Other Limited Health-Related Services *that are not mandated* as outlined in the 29-I Health Facility Guidance are subject to prior approval/prior authorization and utilization standards set forth by the contract agreement between the 29-I Health Facility and the MMCP.
  - Communicate with the MMCPs you are contracted with to determine their preauthorization rules for Other Limited Health-Related Services.

*Note: For CFTSS and Children's HCBS, prior authorization may not be required.*



# Billing Requirements

- MMCPs and providers must adhere to the billing and coding manual requirements of the manual as well as clean claiming rules as outlined in the billing tool found here:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29\\_i\\_billing\\_manual\\_final.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29_i_billing_manual_final.pdf)
- The MMCP shall support both paper and electronic submission of claims for all claim types.
  - The MMCP shall offer providers an electronic payment option including a web-based claim submission system.
- All MMCPs will require claims to be submitted with the CPT code and modifier (if applicable) in addition to the State-assigned rate code.

***Please refer to the manual Appendix for a list of CPT codes and associated modifiers.***



# Billing Requirements (continued)

- All claims must include a National Provider Identifier (NPI) associated with the 29-I Health Facility.
- For 837i and UB-04 claims, the 29-I Health Facility will enter the rate code in the header of the claim as a value code.
  - In the value code field, first type in “24” followed immediately with the appropriate four-digit rate code.
- MMCPs will be provided with a complete listing of all existing 29-I Health Facilities and the rate codes they are authorized to bill under, as well as the rate amounts by MMIS provider ID, locator code and/or NPI and zip+4 Billing requirements depend on the type of service provided.



# Billing Requirements: Other Limited Health-Related Services

*Use the 837i (electronic) or UB-04 (paper form) for Other Limited Health-Related Services*

**Every claim submitted will require at least the following:**

- **Primary Diagnosis Code** using **Diagnosis Coding The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10)**
- Other Limited Health-Related Services rate codes except Laboratory
- Procedure Code(s) and modifier(s)
- Units of Service
- Patient Reason for Visit Code
- Revenue Codes

*Please refer to the manual Appendix for more information on rate codes, CPT codes, revenue codes, units and modifiers.*



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# Coding



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# Other Limited Health-Related Services

## *Coding*

- The procedure and modifier code combinations must be adhered to in order to ensure appropriate rate payment.
  - Combinations indicate that the claim is for services provided to children in the care of a 29-I Health Facility
- If **two modifiers** are needed for one procedure code, both modifiers must be present and do not require a provider to indicate them in the exact same order for every claim for payment to be made.
- If an individual encounter has **multiple procedure codes**, the Principal Procedure code will be a billable code and the Other Procedure codes will be non-billable for that encounter. (See manual Appendix C for billable and non-billable codes)



# Other Limited Health-Related Services Coding

## *Billable and Non-Billable Procedure Codes*

### Example Scenario:

- A child comes in for an office visit on a Sunday and while there, a review of their medication regimen was completed.
- This would be billed as an **Office Visit Rate Code 4594**
  - Using that billable **procedure code 99204** and rate code **4594**
- Also has the following non-billable procedure codes associated with it:
  - Pharmacologic Management **Procedure Code 90863**
  - Services Provided in the office at times other than regularly scheduled hours. **Procedure code 99051**



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# Other Limited Health-Related Services Coding

*Billable and Non-Billable Procedure Codes*

**Non-Billable Codes** are not reimbursed separately as they are part of the same encounter as the **Billable Code**.

## Why Include Non-Billable Codes?

- ***Reporting accuracy:***
  - Details how complex the visit was.
  - Captures what services you are providing and over a period of time.



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# OLHRS: Revenue Codes

Service	Revenue Code
<b>Alcohol and Drug Testing</b>	0513, 0520, 0900, 0914
<b>Developmental testing</b>	0513, 0520, 0900, 0914, 0918
<b>Psychotherapy (Individual and Family)</b>	0513, 0520, 0900, 0914, 0916
<b>Psychotherapy Group</b>	0513, 0520, 0900, 0914, 0916
<b>Neuropsychological testing /valuation services</b>	0513, 0520, 0900, 0914, 0918



# OLHRS: Revenue Codes (continued)

Service	Revenue Code
Psychiatric diagnostic examination	0513, 0520, 0900, 0914
Office Visit	0529
Office Visit Preventive Medicine	0770
Smoking cessation treatment	0513, 0520, 0900, 0914
ECG	0730



# OLHRS: Revenue Codes (continued)

Service	Revenue Code
Screening/developmental/ emotional/behavioral	0513, 0520, 0900, 0914, 0918
Hearing	0529
Evaluation of speech	0449
Immunization administration	0771
Laboratory Services	0300, 0301, 0302, 0305, 0306, 0307, 0309, 0310, 0311, 0312, 0319

Behavioral Health Outpatient Revenue Codes:

[https://www.ctacny.org/sites/default/files/trainings-pdf/revenu-codes-updated-12-21-15\\_1.pdf](https://www.ctacny.org/sites/default/files/trainings-pdf/revenu-codes-updated-12-21-15_1.pdf)



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## Rate Codes and Other Billing Information

- **Billing Manual Appendix C** includes rate codes, modifiers, descriptions, and procedure codes for Other Limited Health-Related Services:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29i\\_billing\\_manual\\_final.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf)
- CFTSS and HCBS rate, codes, units of service, etc. are located in the **New York State Children's Health and Behavioral Health Services Billing and Coding Manual**:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/billing\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf)



# Remember!



**CLAIMS TESTING**

**CLAIMS TESTING**

**CLAIMS TESTING**



# Populations Served by 29-1 Facilities

Enrolled in MMCP



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# Populations Served by 29-I Facilities

- Most NYS children and youth in foster care are Medicaid eligible simply by virtue of their foster care status. This includes children/youth who are United States citizens or have satisfactory immigration status.
- 29-I Health Facilities may provide Core Limited Health-Related Services **and Other Health-Related Services** to the following populations...



<b>Medicaid Enrollment/Placement</b>	<b>For days in which the child is enrolled in a MMCP</b>
<b><u>Service Type/Fee Schedule</u></b>	<b><i>Other Limited Health-Related Services</i></b>
	Reimbursed based on OLHRS fee schedule or State approved alternate arrangement for the 4-year transition period
<b>Foster Care Placement in the care of 29-I Facility in NYS</b>	MMCP pays for OLHRS provided by the 29-I Facility
<b>Kinship – certified placement</b>	MMCP pays for OLHRS provided by the 29-I Facility
<b>Kinship – placement not certified</b>	MMCP pays negotiated rates to the provider chosen by the kinship care provider
<b>CSE</b>	CSE/LDSS pays for OLHRS documented in the child's IEP
	MMCP pays for OLHRS outside of child's IEP



<p><b>Medicaid Enrollment/Placement</b></p>	<p><b>For days in which the child is enrolled in a MMCP</b></p>
<p><u>Service Type/Fee Schedule</u></p>	<p><i>Other Limited Health-Related Services</i></p> <p>Reimbursed based on OLHRS fee schedule or State approved alternate arrangement for the 4-year transition period</p>
<p><b>8D Babies</b></p>	<p>MMCP pays for OLHRS provided by 29-I Facility</p>
<p><b>Out of State Placement (non-IV-E)</b></p>	<p>Excluded from MMCP enrollment</p>
<p><b>Out of State Placement (IV-E)</b></p>	<p>To be enrolled in Medicaid in the state in which the child is living</p>
<p><b>Former FC Adults older than 21 that are still in the care of the 29-I Facility</b></p>	<p>MMCP pays for services provided by 29-I Facility as long as there is no break in service and the 29-I Facility has documented efforts to safely discharge the adult. Adults over 21 are not eligible for CFTSS or children's HCBS.</p>

<p><b>Medicaid Enrollment/Placement</b></p>	<p><b>For days in which the child is enrolled in a MMCP</b></p>
<p><u>Service Type/Fee Schedule</u></p>	<p><i>Other Limited Health-Related Services</i></p> <p>Reimbursed based on OLHRS fee schedule or State approved alternate arrangement for the 4-year transition period</p>
<p><b>Children placed in a setting that provides comprehensive care, such as an inpatient setting, nursing facility, RTF, PC, or OPWDD facility</b></p>	<p>OLHRS are not billable while child is in one of these settings</p>
<p><b>Children under the custody of the juvenile justice system</b></p>	<p>N/A</p>
<p><b>Pre-dispositional Placed Youth</b></p>	<p>MMCP pays for OLHRS provided by 29-I Facility</p>

# Denial Management

Providers may appeal claims that have been denied.

Please refer to the ***Transition of Children Placed in Foster Care and Voluntary Foster Care Agency Benefits into Medicaid Managed Care*** for further information related to the appeal process, linked below:

[https://www.health.ny.gov/health\\_care/managed\\_care/complaints/](https://www.health.ny.gov/health_care/managed_care/complaints/)



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# Managed Care Complaints

1-800-206-8125

email: [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)



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# Questions

Please email any questions to  
[BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)



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# Resources

- 29-I Health Facility (VFCA transition)  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/vol\\_foster\\_trans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm)
- New York Medicaid Program 29-I Health Facility Billing Guidance  
[https://health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/final\\_vfca\\_billing\\_manual\\_3.13.2020.pdf](https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_vfca_billing_manual_3.13.2020.pdf)
- Article 29-I VFCA Health Facilities License Guidelines  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/final\\_draft\\_vfca\\_health\\_facilities\\_license\\_guidelines\\_5\\_01\\_18.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines_5_01_18.pdf)
- NYS Medicaid Billing Guidance [https://www.emedny.org/info/TimelyBillingInformation\\_index.aspx](https://www.emedny.org/info/TimelyBillingInformation_index.aspx).
- General Billing Guidance for Institutional service claims (837i/UB-04)  
[https://www.emedny.org/ProviderManuals/AllProviders/General\\_Billing\\_Guidelines\\_Institutional.pdf](https://www.emedny.org/ProviderManuals/AllProviders/General_Billing_Guidelines_Institutional.pdf)
- Pharmacy [https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/pharmacy\\_carve\\_out/](https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_carve_out/)



# Resources

- Fee for Service (FFS) Billing for Article 29- Health Facilities Webinar: <https://ctacny.org/training/fee-service-ffs-billing-article-29-i-health-facilities>
- Core Limited Health-Related Services (Medicaid per diem) Rates [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29-i\\_draft\\_rates\\_final\\_11.23.20.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29-i_draft_rates_final_11.23.20.pdf)
- Other Limited Health-Related Services Rates correct link: [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/vfca\\_proposed\\_olhs\\_fee\\_schedule\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_proposed_olhs_fee_schedule_summary.pdf)
- Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/vfca\\_mmc\\_transition\\_policy\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf)
- Guidance regarding billing for the use of interpretation services [https://www.health.ny.gov/health\\_care/medicaid/program/update/2012/oct12mu.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf)
- Clean Claims, RCM, and Billing Refresher Webinar: <https://ctacny.org/training/clean-claims-and-revenue-cycle-management-rcm-billing-refresher>

