



Nursing Home Transition Diversion

Billing Changes to NHTD and TBI Waiver Services



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Currently, Program Manuals for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Medicaid waivers describe billing practices when a waiver service provider cannot complete a full billable unit of service:

"Providers must accumulate billable units until a whole hour is reached before billing for the service"

To accommodate services provided through alternative means during the Public Health Emergency (PHE), effective March 1, 2020, providers may bill using partial units for the following services:

Contact Details:
1-800-343-9000
emednyalert@gdit.com

- **Independent Living Skills Training (ILST) NHTD** Rate code: 9756 | TBI Rate code: 9858
- **Positive Behavioral Intervention and Supports (PBIS) NHTD** Rate code: 9757 | TBI Rate code: 9860
- **Community Integration Counseling (CIC) NHTD** Rate code: 9755 | TBI Rate code: 9861
- **Home and Community Support Services (HCSS) NHTD** Rate code: 9795 | TBI Rate code: 9879,9880,9881,9882
- **Structured Day Program NHTD** Rate code: 9777 | TBI Rate code: 9870
- **Substance Abuse Program (TBI only) TBI** Rate code: 9859

Providers will no longer be required to "accrue" time until one full unit is achieved.

Providers should bill using 1/4 units (.25, .50, .75) using no less than a 1/4 (.25) unit.

During the PHE, services may be through face-to-face or alternative means. All service provision must continue to be documented according to service guidelines. All services provided through alternative means must be documented in the detailed plan explaining the alternative method of service delivery.

NYSDOH anticipates that this billing accommodation will remain in place after the PHE.

All questions regarding this information may be addressed to: waivertransition@health.ny.gov.

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