



HCBS/TBI Waiver

New Rates for NHTD and TBI Waiver Providers



Contact Details:

1-800-343-9000

emednyalert@gdit.com

Dear Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Waiver Providers:

The Centers for Medicare and Medicaid Services (CMS) approved an amendment to the Appendix K for the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Waivers on August 18, 2022. This Appendix K was amended to enact provisions of the CMS approved spending plan and narrative for Section 9817 of the American Rescue Plan Act (ARPA).

This approval established new rates to supplement the rates currently in use for TBI Home and Community Support Services (HCSS) Nursing Supervisor Visit as well as NHTD and TBI Structured Day Program (SDP) services provided face-to-face. The new rates are effective April 1, 2021 and were added to eMedNY between December 9, 2022 and December 15, 2022 and are active to MMIS Provider ID's in Cycle #2366.

TBI Nursing Visit: The new TBI Rate Code of 9884 for Home and Community Support Services (HCSS) Nursing Visit – Hourly, is effective April 1, 2021. Claims previously submitted under HCSS rate codes 9879 – 9883 will need to be adjusted to deduct the number of HCSS units provided for the Nursing Visit as an HCSS service and then re-bill under the new rate code the number of hours/units that the Nursing Visit occurred.

Note: The current NHTD service of Home and Community Support Services (HCSS) Nursing Visit rate code 9799 has been updated from per-visit to hourly effective April 1, 2021. Claims previously submitted as per visit will need to be adjusted from one (1) unit to the actual number of hours/units that the nursing visit took place.

NHTD & TBI Structured Day Program: A rate differential of \$10.00 per hour is added to new rate codes for Structured Day Program's (SDP's) **that provided face-to-face services** effective April 1, 2021 forward. The new NHTD rate code is 9749. The new TBI rate code is 9885. Previous claims submitted under NHTD rate code 9777 and TBI rate code 9870 will need to be adjusted as indicated below:

If ALL units in the previously submitted claim were provided face-to-face, you will need to resubmit the claim using one of the new rate codes (i.e. change the previous rate code to one of the new rate codes). If only a partial number of units in a previously submitted claim were provided face-to-face, you will need to adjust down the previous claim for the number of units that were provided via alternative means and then re-bill the

remaining face to face units using one of the new rate codes.

Note: Records detailing face-to-face service provision must be available upon audit.

For ALL claims (new or adjusted) a Delay Reason Code 3 will need to be used.

ALL retro claims will need to be adjusted or submitted by March 31, 2023.

For specific billing questions contact eMedNY/GDIT directly at: 1-800-343-9000.

Current Rates can be found here:

- NHTD: [approved_rates.pdf \(ny.gov\)](#)
- TBI: [tbi_app_rates.pdf \(ny.gov\)](#)

A copy of the approved Appendix K Application can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/2022/docs/2022-12-07_appendix_k.pdf

Any questions regarding the NHTD Waiver may be submitted to: nhtdwaiver@health.ny.gov

Any questions regarding the TBI Waiver may be submitted to: tbi@health.ny.gov

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