NHTD/TBI July 1, 2025 Billing Change FAQs

Q. Is the new Locator Code based on the county in which the provider is located, or where the patient is living?

A. Neither, it's based on **the county in which the recipient was located when the service was provided; in addition, the provider must also have RRDC/Program approval to provide the service in that county.**

CLARIFICATION/EXCEPTIONS TO THE ANSWER ABOVE:

- *When billing for telehealth services, a provider should also bill based on the county in which the recipient was located when the service was provided, the provider must also have RRDC/Program approval to provide the service in that county.*

- *When billing for a service session(s) that spans multiple counties, a provider should bill based on the county in which the participant lives, the provider must also have RRDC/Program approval to provide the service in that county.*

Q. Does this change apply to HVMP- Home Visit by Medical Personnel, HCSS, SC, etc.?

A. Yes, this change applies to **every** NHTD and TBI service billed with a date of service on or after July, 1 2025.

Q. Where do we get the FIPS to County Locator Code Crosswalk?

A. You can get it via the ListServ notice archive under HCBS / TBI Waiver Services or Nursing Home Transition/Diversion, or the DOH websites: NHTD/TBI FIPS to County Locator Code Crosswalk.

Q. Can you please clarify the start date?

A. This billing change is effective for dates of service July 1, 2025 and after. Any monthly billing for dates of service in June that will occur on July 1st should be billed under provider's current locators and billing process; as should any retroactive billing or claim adjudication for dates of service prior to July 1, 2025.

Any billing for dates of service July 1, 2025 and after needs to be done using the new county locators/FIPS code billing process.

Q. What if we have questions regarding rates/billing/cost reports?

A. Reach out to 1915CR@health.ny.gov.

Q. What if we have questions regarding program policies?

A. Reach out to nhtdwaiver@health.ny.gov or tbi@health.ny.gov.

Q. What if we have questions regarding approval for services?

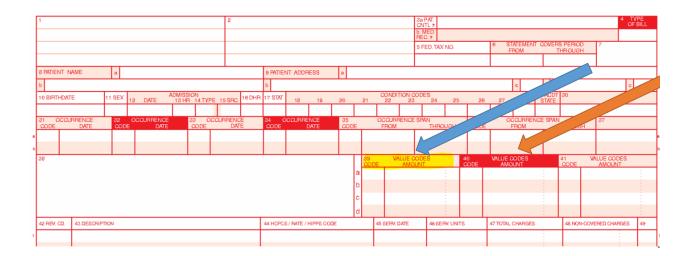A. Reach out to the Regional Resource Development Centers (RRDCs).

Q. What if we have system billing, remittance, claim, enrollment, or Provider Enrollment questions?
    A.   Reach out to eMedNY Provider Services at 1-800-343-9000.

Q. What if we need to update our agency/contact information or sign up for ListServ notices?
    A.   Go to the eMedNY provider portal website: https://www.emedny.org/index.aspx.

Q. Where can we find general policy and fiscal information for our programs?
    A.   Go to the NHTD and TBI provider DOH websites.

Summary of Changes to NHTD/TBI Provider's Billing Process Effective July 1, 2025

- The locator/FIPS code used on claim submissions will be based on the county in which the participant was located during service delivery; **NOT** on the participant's county of fiscal responsibility, nor a provider's corporate headquarters. Providers must also have approval to render the service in that county.
- Paper claims – the 3-digit Location Code input as the amount in field 40A on the UB-04 needs to be one of the new 900 series Location Codes.
- Electronic claims – the 3-digit Location Code needs to be one of the new 900 series Location Codes and Value Code 85 plus the 5-digit county FIPS code need to be input, or the claim will deny.
- In conjunction with this change, NHTD HCSS Rate Code 9795 will no longer be utilized, instead there are 5 unique new regional Rate Codes for providers to bill with.
- All other Rate Codes, rate amounts, Revenue Codes, and all other billing practices remain unchanged.

Billing Process

1. **Claims submitted via paper (UB-04)**

- Field 39a – continue to enter Value Code 24 (Code) and the applicable 4-digit service Rate Code (Amount).

- Field 40a – continue to enter Value Code 61 (Code) and the 3-digit Location Code (Amount); **the 3-digit Location Code now needs to be the 900 series code for the county in which the services were provided (see NHTD/TBI FIPS to County Locator Code Crosswalk).**

2. Claims submitted via ePACES

- On the New Claim>General Claim Information tab>under Location Information>in the Locator Codes box;
  - Continue to enter the 3-digit Location Code; **the 3-digit Location Code now needs to be the 900 series code for the county in which the services were provided (see NHTD/TBI FIPS to County Locator Code Crosswalk).**

- On the New Claim>Institutional Claim Information tab>under Value Codes:
  - Continue to enter Value Code 24 (Code) and the applicable 4-digit service Rate Code (Value)
  - **It is now also required to enter Value Code 85 (Code) and the 5-digit FIPS Code (Value) that corresponds to the county in which the services were provided (see NHTD/TBI FIPS to County Locator Code Crosswalk). Without this the claim will deny.**

Claims
- ••• New Claim
- ••• Find Claims
- ••• Real Time Responses
- ••• Build Claim Batch
- ••• Submit Claim Batches
- ••• Status Inquiry
- ••• Status Responses

Eligibility
- ••• Request
- ••• Responses

PA/DVS
- ••• Initial Request
- ••• Revise/Cancel Request
- ••• Responses

- ••• Image Upload
- ••• PA Roster
- ••• PA Roster Downloads

Support Files
- ••• Provider
- ••• Other Payer
- ••• Submitter

User Admin
- ••• Add/Edit Users

••• PAXPRESS

NEW YORK STATE Department of Health

••• New Claim - 837 Institutional

General Claim Information | ● Institutional Claim Information | Provider Information | Diagnosis/Procedure | Other Payers | Service Line(s)

* Indicates required field(s)

* Facility Type :

* Assignments of Benefits?

* Release of Information?

* Accept Assignment?

Auto Accident State   NY ▼

● **Admission Information**

* Admission Type:

* Patient Status:

Admission Source:

* Statement Covers: From:

To:

Admission Date:

Admission Hour:

Discharge Hour:

Medical Record Number:

Prior Authorization Number:

● **Certification Information**

Certification Category

Condition Codes

● **Value Codes**

Code	Value	Code	Value

● Add

3. **Claims submitted via software (837I)**

- Continue to use the 8-digit Provider Billing ID in combination with the 3-digit Location Code in Loop2010BB REF02 when REF01 = G2; **the 3-digit Location Code needs to be the 900 series code for the county in which the services were provided (see NHTD/TBI FIPS to County Locator Code Crosswalk)**
  - o Here is an example of what it should look like in the raw data file: REF*G2*01234567<mark>901</mark>~

- Continue to enter Value Code 24 and the applicable 4-digit service Rate Code in Loop 2300 HI0x-2
- **It is now also required to enter Value Code 85 and the 5-digit FIPS Code that corresponds to the county in which the services were provided (see <u>NHTD</u>/<u>TBI</u> FIPS to County Locator Code Crosswalk) in Loop 2300 HI0x-2. Without this the claim will deny.**
  - Here is an example of what the 2 Value Codes should look like in the raw data file:
    HI*BE:<mark>24</mark>:::<mark>7913</mark>*BE:<mark>85</mark>:::<mark>36007</mark>