



Nursing Home Transition Diversion

Changes to Service Coordination Billing for NHTD/TBI Services



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

Currently, the Program Manuals for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) Medicaid waivers require Service Coordination (SC) to be reimbursed in monthly units on the first of the month after service provision. As with all waiver services, Service Coordination must be included in the participant's approved service plan and can only be billed after the service is rendered. For reimbursement purposes during the COVID emergency, and as established in the waivers' Appendix K amendment, the Service Coordinator must have at least one contact with the participant in the month for which the provider bills. Unfortunately, during the COVID-19 epidemic we have lost waiver participants. Providers offered support throughout the time of their illness. Current billing practices provide that if the waiver participant passes away during the service month, and even if SC services were provided during that month, the provider is unable to bill for services rendered. This is due to the termination of Medicaid coverage effective the date of death. As a result, services could not be billed on the first of the following month.

Due to some changes in the eMedNY edit process, effective March 1, 2020, upon the death of a waiver participant, providers may now bill for ongoing service coordination (rate codes 9775//NHTD, 9851/TBI) twice in one month. This would provide for the routine billing on the first of the month for services rendered in the prior month and allow for an additional claim for Service Coordination on the date of death. This allows the provider to bill for services provided after the first of the month leading up to date of the participant's death. Providers are required to adhere to all eMedNY billing guidelines and the billing date of service must be before the date of death. All waiver documentation requirements remain in effect.

Providers may bill for these services retroactive to March 1, 2020 but will require a delay reason code of 03.

Please note that providers may not bill for Initial Service Coordination at any time if an applicant does not reach full waiver eligibility due to death.

All questions regarding these changes may be directed to the waiver mailbox at: waivertransition@health.ny.gov.

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