



New York Children’s Health and Behavioral Health Transition: Children’s Billing – Children and Family Treatment and Support Services (CFTSS) Training Frequently Asked Questions (FAQs)

Below is an FAQ concerning the Billing Update Webinar for the Children and Family Treatment and Support Services that are going live January 1, 2019: Other Licensed Practitioner (OLP), Psychosocial Rehabilitation (PSR), and Community Psychiatric Supports and Treatment (CPST).

As of January 2019

Table with 4 columns: #, Topic, Question, State Response. Row 1: 1, Billing Limits/Units, Is there a daily unit cap or is it a suggested cap?, The billing manual outlines the daily unit limits. In acknowledgement of the need for checks against fraud and abuse, but to ensure a client's access to services, service utilization in excess of the annual claim limits and "soft" unit limits will be based on medical necessity and subject to post-payment review. Documentation of the medical necessity for extended durations must be kept on file in the client's record. Please refer to UM Guidance for details on annual and daily limits.



#	Topic	Question	State Response
2	Billing Limits/Units	If a claim is submitted with a number of units that exceeds the maximum number of units allowed, will the plan deny the whole claim or pay at the maximum reimbursement?	See above.
3	MMCP Network	How is the zip + 4 added if a provider is establishing a new address?	The zip +4 will be added by DOH Provider Enrollment is a provider is establishing a new address.
4	Modifiers	Is there a key for what the modifiers mean?	Modifier definitions can be found here: https://hcpcs.codes/modifiers/
5	Offsite	What makes a service offsite? Is anything beyond administrative site offsite?	Offsite services are intended to be provided in the child's home or community. All locations, including satellites, are considered on-site.
6	Offsite	Is offsite billed separately or as a modifier that increases the rate when an offsite service occurs?	Offsite is billed as a separate claim, using a separate rate code.



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7	Offsite	Do the base (service) rate and the offsite rate have to be separate claims or can they be multiple lines in one claim?	Because the off-site service requires the use of separate rate codes, they must be submitted on separate claims.
8	Offsite	If offsite is billed with 2 claims: the first using the service rate code and the second using the offsite rate code, and both include the same procedure code will this look like the same services were provided on the same day?	The services are differentiated by the required modifiers. For example , <ul style="list-style-type: none">• OLP Licensed Evaluation: 7900 – 90791 – EP (up to 10 units)• OLP Individual Off-site – 7920 – 90791 EP, SC (one unit only)
9	Offsite	Is offsite billed the same for each of the 3 services (OLP, PSR, CPST)? Please provide an example of how offsite would be billed.	Example: PSR: bill for the service using rate code 7913. If hourly, bill 4 units of 7913. If offsite, also bill 4 units of 7922. If Group PSR: bill 7914 for each person in the group. If you provided 1 hour of group, each person gets 4 units of 7914. If offsite also bill 7929 4 times for each person. Offsite services require that two claims are billed separately.



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10	Offsite	Since two separate claims are required for offsite, does the provider have to wait for the service rate claim to process before submitting the offsite rate code?	The provider does not need to wait for the service rate claim to process before submitting the offsite rate code, they can be submitted at the same time.
11	Offsite	For services provided to a group offsite, can you bill for offsite for each group member even though the group is obviously provided in 1 location?	Yes, once per client.
12	Offsite	What amount is reimbursed for offsite for each service? On the chart there is a rate associated with 15 minute (for most) units. Is that rate multiplied by the number of 15 minute units the service (base rate) is billed for, just the rate shown for 15 minute no matter duration, or a third rate?	The rate shown in the chart is per unit. If more than one unit of service is billed, the amount paid will be equal to the rate multiplied by the number of units.
13	Rates	For determining upstate or downstate rates, is administration office the same as remit address?	The administration office is used to determine upstate vs. downstate rates.



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14	Revenue Codes	Is the State going to mandate that all plans accept the two revenue codes of 0900 and 0911?	These are suggested and state approved revenue codes. These revenue codes are not mandated by the State.
15	SSI	Will there be a Mental Health indicator on ePACES to indicate SSI? In addition, will eMedNY know to lift the edit for these CFTSS rate codes if Mental Health in on the profile?	Yes, eMedNY will be able to determine if a child has SSI on their client file.
16	Waiver Transition	Are all waiver services (B2H, OCFS, etc.) required to be transitioned to corresponding CFTSS on January 1st or by March 31st?	Waiver services that crosswalk to 3 CFTSS going live January 1st must be billed as CFTSS as of January 1st. There is a period of time to develop a new treatment plan (March 31) and secure the LPHA recommendation (January 31). Refer to the guidance here .
17	Waiver Transition	Can waiver clients no longer receive Intensive In Home or Skill Building as of January 1st even if they are still in waiver until March 2019?	If the service can be cross-walked to one of the 3 CFTSS going live, then it must be transitioned by 1/31/19. Refer to the guidance here .



#	Topic	Question	State Response
18	Waiver Transition	If the staff qualifications meet OLP requirements, can both crisis and counseling be billed at the OLP level as a crosswalk from IIH and crisis response?	OLP Crisis Activities and counseling can be billed in the same day by the same practitioner meeting OLP staff qualifications. Additional information can be found in the billing manual here . OLP staff qualifications can be found here .