

## Guide to Edits Included in the New York Medicaid program 29-I Health Facility BILLING Guidance- Version 2023-2- September 2023

Update Made	Updated Text	Location
Added Rate Code 4685 to list of services eligible for reimbursement of Interpreter Services	Reimbursement for Interpreter Services for children/youth receiving care by a 29-I Health Facility is available for services provided during a medically necessary encounter for the following Other Limited Health Related Service rate codes: 4588, 4589, 4590, 4591, 4592, 4593, 4594, 4595, 4596, 4597, 4598, 4685.	Pg. 12
Added new section 3.13 Provision of 29-I Services by Previously Exempt Unlicensed Staff	3.13 PROVISION OF 29-I SERVICES BY PREVIOUSLY EXEMPT UNLINCENSED PROVIDERS  29-I Health Facilities are permitted_to employ and bill for services provided by unlicensed individuals who were employed by a 29-I or other authorized setting as of June 24, 2022, who continue to work at the 29-I or in another authorized setting who meet the following criteria:  1) Students enrolled in a degree granting program leading to licensure of Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Psychotherapist (LP) or Licensed Creative Arts Therapist (LCAT), OR  2) Individuals who hold a baccalaureate of social work or higher, OR  3) Individuals who hold a master's degree or higher in a behavioral health profession.  Unlicensed professionals must be supervised by a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.	Pg. 14
	Facilities employing license-exempt individuals must follow all required employment verification and reporting	



	require Docum Exemp				
Added clarification on where to locate information on drugs not administered by a practitioner	Inform a pract inform	Pg. 24			
Added billing information for Medical Nutrition Therapy	Medica •	Pg. 29			
Updated Multiplex Test fee	<del>\$142.6</del>	Pg. 36			
Added Medical Nutrition Therapy to Appendix C	Rate Code         Unit Limit per Rate Code           4685         N/A           Billing Unit Measure: 15 Minutes		Rate Code Description  Medical Nutrition Therapy		
	Service Description Initial assessment and intervention, individual, face-to- face with the patient, each 15 minutes Medical Nutrition Therapy follow up, re- assessment, and intervention, individual, face-to- face with the patient, each 15 minutes		Modifier U9, SC U9, SC	97802 97803	Pg. 62
Added Medical Nutrition Therapy Revenue Codes to Appendix E	Medica 0520 - 0529 -	Pg. 67			
All hyperlinks refreshed	All hyp	Throughout Manual			