

**Guide to Edits included in the New York Medicaid Program 29-I Health Facility BILLING  
GUIDANCE – Version 2022-3 August 2022**

Update Made	Updated Text	Location
Updated third party health insurance billing guidance	<p>Updated guidance to state (updated in bold text)</p> <p>Updated text to state:  <b>However, 29-I Health Facility are not required to bill and receive a denial from third party health insurance (TPHI) prior to billing for Core and OLHRS for children/youth in foster care, including HCBS and CFTSS provided to foster care children/youth by a 29-I Health Facility.</b></p> <p><b>For Medicaid members who are not in foster care, including children/youth who have been discharged from foster care and children/youth placed with the facility by the Committee on Special Education, acceptable documentation of attempts to secure third party reimbursement before billing Medicaid, as required under 18 NYCRR §540.6, must be maintained. Acceptable documentation includes documentation of a rejection by third party insurance for a date of service within the previous 12 months of the date of service being billed, or since a change in third party coverage, whichever is later.</b></p>	Pg. 16
Updated guidance for billing for individual and family psychotherapy sessions	<p>Updated guidance for Procedure Code 90846, Family Psychotherapy without the child/youth, that “Sessions that are less than 26 minutes without the child/youth present are not eligible for reimbursement.”</p> <p>Updated guidance for Procedure Code 90847, Family Psychotherapy, conjoint psychotherapy with child/youth present, that “Sessions where the child/youth is present may be billed by a 29-I Health Facility if they are at least 8 minutes.”</p>	Pg. 27 & 50
Added modifier for vaccines for youth ages 19+	Added the modifier “FB” for ages 19+	Pg. 32, 56, & 61
Removed COVID vaccine administration and referenced Department of Health Guidance	<p>Removed COVID vaccine administration information and replaced with the following text:</p> <p><i>For a list of rate codes, procedure codes, rates, and further COVID-19 guidance, please refer to <a href="https://health.ny.gov/health_care/medicaid/covid19/guidance/billing_guidance.htm">https://health.ny.gov/health_care/medicaid/covid19/guidance/billing_guidance.htm</a> for further information on New York State Medicaid Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines Authorized for Emergency Use.</i></p>	Pg. 33, Appendix C
Updated procedure code description for urinalysis	<p>Updated the following Procedure Codes for urinalysis (Rate Code 4671):</p> <p><i>Procedure code 81002: Urinalysis, by dip stick or tablet reagent; <b>non-automated, without microscopy</b></i></p> <p><i>Procedure code 81003: Urinalysis, by dip stick or tablet reagent; <b>automated, without microscopy</b></i></p>	Pg. 33, 35, & 57