

MANAGED CARE CLAIM REPORTING - CFCO

Home Delivered and Congregate Meals							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used where
N/A	HOME DELIVERED MEALS - CFCO	S5170	N/A	1/1/2020	837I	837I	Revenue codes are required on a UB-04 or a HFCA 1450 claim
N/A	HOME DELIVERED MEALS- (WKND)- CFCO	S5170	TV	1/1/2020	837I	837I	
FFS Personal Emergency Response Units (PERS)							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	PERS INSTALLATION CHARGE	S5160	N/A	Current and after 1/1/2020	837P	837P	
N/A	PERS MONTHLY SERVICE CHARGE	S5161	N/A	Current and after 1/1/2020	837P	837P	
Assistive/Adaptive Technology - Annual Cap of \$15,000.							
FFS - Assistive Technology							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	ASSISTIVE TECHNOLOGY (AT)- CFCO	T2028	HA	1/1/2020	837P	837P	
V-MODS - Annual cap of \$15,000.							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	VEHICLE MODIFICATIONS - CFCO	T2039	N/A	1/1/2020	Invoice	837I	
Environmental Modifications - Annual cap of \$15,000.							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	ENVIRONMENTAL MODIFICATIONS - CFCO	S5165	HA	1/1/2020	Invoice	837I	
Moving Assistance - \$5,000 - one time payment							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	MOVING ASSISTANCE (HOURLY) -CFCO	T2038	N/A	1/1/2020	Invoice	837I	
Community Transition Service (CTS) \$5,000 - one time payment							

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N/A	COMMUNITY TRANSITION SERVICES (CFCO)	T2038	BP (Use when billing for purchase) BR (Use when billing for rent)	1/1/2020	Invoice	837I	
SAME with Companion Add-on							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/8371,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	ADL/IADL SKILL ACQUISITION SVCS - CFCO NON-DD (H2014	TG	1/1/2020	837P	837P	
CDPAP Personal Care							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/8371,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Link To CDPAP Rates
N/A	CDPAP 1 CLIENT, HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 2 OR MORE CLIENTS HOURLY, PER CLIENT	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 1 CLIENT, HOURLY, ENHANCED	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 2 OR MORE CLIENTS HOURLY PER CLIENT EN	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 1 CLIENT LIVE-IN	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 2 OR MORE CLIENTS, PER CLIENT LIVE-IN	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 1 CLIENT, QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 2 CLIENTS, PER CLIENT, QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 1 CLIENT ENHANCED RATE QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	CDPAP 2 CLIENTS, PER CLIENT, ENHANCED RATE QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
CERTIFIED HOME Health AIDE							
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/8371,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Link to Personal Care Rates
N/A	HOME HEALTH SHARED AIDE	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	HOME HEALTH AIDE	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr

PERSONAL CARE LEVELS I & II (Use Personal Care codes to bill SAME service)

Rate Code	Description	HCPCS Code	Modifier Code	Effective Date 1/1/2020	Billing Format (UB04/8371,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Link to Personal Care Rates
N/A	PCA LEVEL 1, SHARED AIDE, BASIC, HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL II, SHARED AIDE, BASIC, HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 1, SHARED AIDE, BASIC, QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL II, SHARED AIDE, BASIC, QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL I, 1 CLIENT, QUARTER HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL I, 2 CLIENTS, PER CLIENT 1/4 HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL II, 1 CLIENT, 1/4 HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL II, 2 CLIENTS PER CLIENT 1/4 HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL II, 1 CLIENT, HARD TO SERVE, 1/4 HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL II, 2 CLIENTS, HARD TO SERVE 1/4 HOUR	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL I, ONE CLIENT HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 1 TWO CLIENTS HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 2 TWO CLIENTS HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 2 ONE CLIENT HOURLY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 2 ONE CLIENT HOURLY- SECONDARY CODE	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 2 2 CLIENTS HOURLY- PER CLIENT, SECONDARY CODE	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 2, ONE CLIENT DAILY	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr
N/A	PCA LEVEL 2, 2 CLIENTS DAILY (PER CLIENT)	Will use the UBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	837P	837P	https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr

Community Habilitation OPWDD COM HAB (OPWDD SAME)

Rate Code	Description	HCPCS Code	Modifier Code	Effective Date 1/1/2020	Billing Format (UB04/8371,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code
4722	Comm/Res Hab Vol; INDIV 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4722	Comm/Res Hab Vol; INDIV 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4723	Comm/Res Hab Vol; Group-2; 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4723	Comm/Res Hab Vol; Group-2; 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4724	Comm/Res Hab Vol; Group-3; 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240

4724	Comm/Res Hab Vol; Group-3; 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4741	Comm/Res Hab: STATE: Group-1; 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4741	Comm/Res Hab: STATE: Group-1; 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4742	Comm/Res Hab: STATE: Group-2; 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4742	Comm/Res Hab: STATE: Group-2; 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4743	Comm/Res Hab: STATE: Group-3; 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4743	Comm/Res Hab: STATE: Group-3; 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4755	COM HAB: Agy Sup: Vol; INDIV 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4755	COM HAB: Agy Sup: Vol; INDIV 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240
4756	COM HAB: Agy Sup: Vol; Group 1/4 HR - Downstate	N/A	N/A	1/1/2020	837I	837I	0240
4756	COM HAB: Agy Sup: Vol; Group 1/4 HR - Upstate	N/A	N/A	1/1/2020	837I	837I	0240

Community Habilitation - Children's Waiver SAME

Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (837I/837P)	Revenue Code
8012	Community Habilitation - Individual - hourly/downstate	N/A	N/A	1/1/2020	837I	837I	0240
8012	Community Habilitation Individual - hourly/upstate	N/A	N/A	1/1/2020	837I	837I	0240
8013	Community Habilitation Group of 2 hourly/downstate	N/A	N/A	1/1/2020	837I	837I	0240
8013	Community Habilitation Group of 2 hourly/upstate	N/A	N/A	1/1/2020	837I	837I	0240
8014	Community Habilitation Group of 3 hourly/downstate	N/A	N/A	1/1/2020	837I	837I	0240
8014	Community Habilitation Group of 3 hourly/upstate	N/A	N/A	1/1/2020	837I	837I	0240