



Department  
of Health

Medicaid

## Announcement

### Update to Article 29-I VFCA Health Facility Billing Manual: Non-Billable Services

November 20, 2025

To: Article 29-I VFCA Health Facilities (29-Is) and Medicaid Managed Care Plans (MMCPs) including Mainstream Managed Care and HIV Special Needs Plans

The Article 29-I VFCA Health Facility Billing Manual has been updated to reflect the removal of the Non-billable Services Chart in Appendix C. This chart has been replaced with guidance stating that practitioners who are rendering an Office Visit in an Article 29-I Health Facility are now permitted to claim for any/all medically necessary services rendered within their scope of practice as permitted by the Article 29-I Health Facility license.

When providing an Office Visit, 29-Is must report all procedure codes necessary to capture the totality of the service delivered. Services rendered during an Office Visit that are not represented by a billable procedure code in the manual should be reported on the Office Visit claim using the most appropriate American Medical Association (AMA) Current Procedural Terminology (CPT) code. **Any procedure codes not listed in the manual that are included in an Office Visit claim are considered non-billable codes.** All non-billable codes must be accompanied by the appropriate billable Office Visit codes. It is the responsibility of the Article 29-I Health Facility to understand the limitations of their Article 29-I Health Facility license and the rendering practitioner's scope of practice.

Additional details on billing for this service can be found in the 29-I Health Facility Billing Manual (Version 2025-3) - ([Web](#)) - ([PDF](#)) .

Questions on this update can be sent to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov).