

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. Facilities employing license-exempt individuals must follow all required employment verification and reporting | Pg. 14 |



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|---------------------------------------|--|--------------------------------|------------|--|
| | requirements including com | | | |
| | Document New York State P | | | |
| | Exemption, as applicable. | | | |
| Added clarification on | Information related to drug | s that are not administered by | | |
| where to locate | • | | | |
| | a practitioner can be found | | | |
| information on drugs not | information in Section 4.17. | | | |
| administered by a practitioner | | | Pg. 24 | |
| Added billing information | Medical Nutrition Therapy: | Rate Code 4685 | | |
| for Medical Nutrition | | | | |
| Therapy | Procedure Code 97802: Initial assessment and intervention individual face to face with the | | | |
| · · · · · · · · · · · · · · · · · · · | intervention, individual, face-to-face with the | | | |
| | patient, each 15 minutes. | | | |
| | Procedure Code 97803: Medical Nutrition | | | |
| | Therapy follow up, re-assessment, and | | | |
| | intervention, individ | lual, face-to-face with the | Pg. 29 | |
| | patient, each 15 minutes | | | |
| Updated Multiplex Test fee | \$142.63 \$45.68 | | Pg. 36 | |
| Added Medical Nutrition | Rate Code Unit Limit per Rate Rate Code Descrip | ption | | |
| Therapy to Appendix C | 4685 N/A Medical Nutrition Therapy | | | |
| | Billing Unit Measure: 15 Minutes | | | |
| | Service Description Modifier Initial assessment and U9, SC | Procedure Code 97802 | | |
| | intervention, individual, face-to- face with the patient, each 15 | 37502 | | |
| | minutes | | | |
| | Medical Nutrition Therapy follow up, re-assessment, and | 97803 | | |
| | intervention, individual, face-to- face with the patient, each 15 minutes | | Pg. 62 | |
| Added Medical Nutrition | Medical Nutrition Therapy | | | |
| Therapy Revenue Codes | 0520 - Freestanding, Clinic, (| D= C7 | | |
| to Appendix E | 0529 – Freestanding Clinic, Other | | Pg. 67 | |
| All hyperlinks refreshed | All hyperlinks refreshed throughout manual | | Throughout | |
| | | | Manual | |