

KATHY HOCHUL Governor KERRI E. NEIFELD Commissioner WILLOW BAER
Executive Deputy Commissioner

November 2, 2023

RE: Billing Requirements for in-residence Community Habilitation - Residential

Dear HCBS Waiver Provider:

For services delivered on and after 11/11/23, billing for in-residence CH-R services will utilize existing rate codes established for provision of service except claim submissions must include a unique identifier to distinguish that the claim is associated with a service that was delivered in the person's certified residence. To accommodate this, providers will need to include a procedure code on the claim submission. The following procedure code will be used to identify these circumstances:

Q5001 - Hospice or Home Health Care provided in a patient's home or residence

This procedure code must be input on the 837I claim submission in the following claim component:

Loop: 2400, Segment SV202-2

For circumstances where individuals receive both in residence CH-R services and community-based CH-R services on the same day, the claim submitted for that date must include the above referenced procedure code for the entire claim, as only one claim per rate code can be submitted by a provider on a given day that accounts for the total documented service duration.

If an individual receives in-residence CH-R via telehealth, then, in addition to the procedure code Q5001, the modifier GT needs to be added to the claim on Loop: 2400, Segment SV202-3.

If you have questions about submitting claims, please email central operations@opwdd.ny.gov.

If you have questions about who qualifies for this service or documentation requirements, please email your regional office.

Sincerely,

Earl Jefferson

Director of Central Operations

Division of Fiscal Policy and Administration

cc: Provider Association Christine Carey Katherine Marlay Abiba Kindo Ann Marie Peterson Alexis Harrington Julia Kelly Anne Swartwout