## **MANAGED CARE CLAIM REPORTING - CFCO**

Hom	ne Delivered and Congregate Meals						
Rate Code			Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (8371/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used where
N/A		0-1-0	NI/A	4/4/0000			Revenue codes are required on a UB-04 or
N/A	HOME DELIVERED MEALS - CFCO HOME DELIVERED MEALS - (WKND) - CFCO	S5170 S5170	N/A TV	1/1/2020 1/1/2020	837I 837I	837I 837I	a HFCA 1450 claim
·	onal Emergency Response Units (PERS)	55170	I V	1/1/2020	8371	8371	
		Hebes code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (8371/837P)	Revenue Code 0999 (Patient Convenience items/other) may be used
Rate Code	Description	HCPCS Code	Modifier Code	Current and after	637P,Invoice)	(6371/637P)	items/other/may be used
N/A	PERS INSTALLATION CHARGE	S5160	N/A	1/1/2020	837P	837P	
N/A	PERS MONTHLY SERVICE CHARGE	S5161	N/A	Current and after 1/1/2020	837P	837P	
Δςς	istive/Adaptive Technology - Annual Cap		14/71	17 172020	0377	637F	
ASS	FFS - Assistive Technology	σι ψισ,σσσ.					
					Billing Format (UB04/837I,HCFA/	Encounter Submission Format	
Rate Code	Description	<b>HCPCS Code</b>	Modifier Code	Effective Date	837P,Invoice)	(837I/837P)	
N/A	ASSISTIVE TECHNOLOGY (AT)- CFCO	T2028	HA	1/1/2020	837P	837P	
	V-MODS - Annual cap of \$15,000.						
					Billing Format (UB04/837I,HCFA/	Encounter Submission Format	Revenue Code 0999 (Patient Convenience
Rate Code	Description			Effective Date	837P, Invoice)	(837I/837P)	items/other) may be used
N/A	VEHICLE MODIFICATIONS - CFCO	T2039	N/A	1/1/2020	Invoice	8371	
Environmer	ntal Modifications - Annual cap of \$15,000	).				Encounter	
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Submission	Revenue Code 0999 (Patient Convenience items/other) may be used
N/A	ENVIRONMENTAL MODIFICATIONS - CFCO	S5165	HA	1/1/2020		8371	
	Assistance - \$5,000 - one time payment	120.00					<u></u>
Rate Code					Billing Format (UB04/837I,HCFA/		Revenue Code 0999 (Patient Convenience
	Description	HCPCS Code	Modifier Code	Effective Date	837P,Invoice)	(837I/837P)	items/other) may be used
N/A	MOVING ASSISTANCE (HOURLY) -CFCO	T2038	N/A	1/1/2020	Invoice	8371	
	nity Transition Service (CTS) \$5,000 - one	<del></del>					

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	COMMUNITY TRANSITION SERVICES (CFCO)	T2038	BP (Use when billing for purchase) BR (Use when billing for rent)	1/1/2020	Invoice	8371	
	SAME with Companion Add-on						
Rate Code	Description	HCPCS Code	Modifier Code	Effective Date	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (8371/837P)	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 1/1/2020	Billing Format (UB04/837I,HCFA/ 837P,Invoice)	Encounter Submission Format (8371/837P)	Link To CDPAP Rates
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long_t
	CDPAP 1 CLIENT, HOURLY	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm 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_t erm_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_t erm_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_t erm_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_t erm_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_t erm_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_t erm_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_t erm_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_t erm_care/reimbursement/pcr
	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_t erm_care/reimbursement/pcr
	CERTIFIED HOME Health AIDE						
				Effective Date	Billing Format (UB04/837I,HCFA/		
Rate Code	Description	HCPCS Code	Modifier Code	1/1/2020	837P,Invoice)	(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_t erm_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_t erm_care/reimbursement/pcr

	PERSONAL CARE LEVELS I & II (Use Personal Care Levels I & II)	onal Care codes to	bill SAME servi	ce)			
						Encounter	
					Billing Format	Submission	
				Effective Date	(UB04/837I,HCFA/	Format	
Rate Code	Description	HCPCS Code	Modifier Code	1/1/2020	837P,Invoice)	(837I/837P)	Link to Personal Care Rates
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
IN/A	PCA LEVEL 1, SHARED AIDE, BASIC, HOURLY	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_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	0270	0.70	https://www.health.ny.gov/facilities/long erm_care/reimbursement/pcr
	PCA LEVEL II, SHARED AIDE, BASIC, HOURLY	Will use the OBC Code			837P	837P	https://www.health.nv.gov/facilities/long
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	erm care/reimbursement/pcr
N1/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
N/A	PCA LEVEL II, SHARED AIDE, BASIC, QUARTER HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_care/reimbursement/pcr
NI/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
N/A	PCA LEVEL I, 1 CLIENT, QUARTER HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_care/reimbursement/pcr
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
IN/A	PCA LEVEL I, 2 CLIENTS, PER CLIENT 1/4 HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_care/reimbursement/pcr
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
IN/A	PCA LEVEL II, 1 CLIENT, 1/4 HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_care/reimbursement/pcr
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
1477	PCA LEVEL II, 2 CLIENTS PER CLIENT 1/4 HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_care/reimbursement/pcr
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
.,,,,	PCA LEVEL II, 1 CLIENT, HARD TO SERVE, 1/4 HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm care/reimbursement/pcr
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
	PCA LEVEL II, 2 CLIENTS, HARD TO SERVE 1/4 HOUR	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm care/reimbursement/pcr
N/A			Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
	PCA LEVEL I, ONE CLIENT HOURLY	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm care/reimbursement/pcr
N/A	DOALEVEL A TWO OLIFATOLIOLIDIA	14 11000 1	Will use the UBC	No change to the			https://www.health.ny.gov/facilities/long
	PCA LEVEL 1 TWO CLIENTS HOURLY	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm care/reimbursement/pcr
N/A	DCA LEVEL 3 TWO CLIENTS HOURS V	Will use the LIDC Code	Will use the UBC	No change to the	0070	0070	https://www.health.ny.gov/facilities/long
	PCA LEVEL 2 TWO CLIENTS HOURLY	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm care/reimbursement/pcr
N/A	PCA LEVEL 2 ONE CLIENT HOURLY	Will use the LIBC Code	Will use the UBC Modifier, if applicable	No change to the current rate	0270	0270	https://www.health.ny.gov/facilities/longerm care/reimbursement/pcr
	PCA LEVEL 2 ONE CLIENT HOURLY	Will use the UBC Code	1		837P	837P	https://www.health.ny.gov/facilities/long
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	erm care/reimbursement/pcr
		Will use the ODC Code	Will use the UBC		03/P	03/P	https://www.health.nv.gov/facilities/long
N/A	PCA LEVEL 2 2 CLIENTS HOURLY- PER CLIENT, SECONDARY CODE	Will use the UBC Code	Modifier, if applicable	No change to the current rate	837P	837P	erm care/reimbursement/pcr
	OLOGINE/INT CODE	Will doo the obe code	Will use the UBC	No change to the	0371	0371	https://www.health.ny.gov/facilities/long
N/A	PCA LEVEL 2, ONE CLIENT DAILY	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm_care/reimbursement/pcr
			Will use the UBC	No change to the	0371	0371	https://www.health.ny.gov/facilities/long
N/A	PCA LEVEL 2, 2 CLIENTS DAILY (PER CLIENT)	Will use the UBC Code	Modifier, if applicable	current rate	837P	837P	erm care/reimbursement/pcr
Comr	munity Habilitation OPWDD COM HAB (OPW	DD SAME)					
	(0) 11					Encounter	
					B 5		
					Billing Format	Submission	
				Effective Date	(UB04/837I,HCFA/		
Rate Code	Description	<b>HCPCS Code</b>	Modifier Code	1/1/2020	837P, Invoice)	(837I/837P)	Revenue Code
4722	Comm/Res Hab Vol; INDIV 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240
4722	Comm/Res Hab Vol; INDIV 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240
4723	Comm/Res Hab Vol; Group-2; 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240
4723	Comm/Res Hab Vol; Group-2; 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240
4724	Comm/Res Hab Vol; Group-3; 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240

4724	Comm/Res Hab Vol; Group-3; 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240		
4741	Comm/Res Hab: STATE: Group-1; 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240		
4741	Comm/Res Hab: STATE: Group-1; 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240		
4742	Comm/Res Hab: STATE: Group-2; 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240		
4742	Comm/Res Hab: STATE: Group-2; 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240		
4743	Comm/Res Hab: STATE: Group-3; 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240		
4743	Comm/Res Hab: STATE: Group-3; 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240		
4755	COM HAB: Agy Sup: Vol; INDIV 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240		
4755	COM HAB: Agy Sup: Vol; INDIV 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240		
4756	COM HAB: Agy Sup: Vol; Group 1/4 HR - Downstate	N/A	N/A	1/1/2020	8371	8371	0240		
4756	COM HAB: Agy Sup: Vol; Group 1/4 HR - Upstate	N/A	N/A	1/1/2020	8371	8371	0240		
Community Habilitation - Children's Waiver SAME									
						Encounter			
ļ					Billing Format	Submission			
ļ				Effective Date	(UB04/8371,HCFA/	Format			
Rate Code	Description	HCPCS Code	Modifier Code	1/1/2020	837P,Invoice)	(837I/837P)	Revenue Code		
8012	Community Habilitation - Individual - hourly/downstate	N/A	N/A	1/1/2020	8371	8371	0240		
8012	Community Habilitation Individual - hourly/upstate	N/A	N/A	1/1/2020	8371	8371	0240		
8013	Community Habilitation Group of 2 hourly/downstate	N/A	N/A	1/1/2020	8371	8371	0240		
8013	Community Habilitation Group of 2 hourly/upstate	N/A	N/A	1/1/2020	8371	8371	0240		
8014		N/A	N/A	4 /4 /0000	8371	8371	0240		
	Community Habilitation Group of 3 hourly/downstate	IN/A	IN/A	1/1/2020	8371	83/1	0240		