

**STATE OF NEW YORK  
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**

**MEDICAID SERVICE COORDINATION CONTRACT  
APPENDIX B**

**Billing Chart  
Effective November 1, 2011  
(Billing Date of Service 12/1/2011)**

Level of Reimbursement	Special Note	Level of Reimbursement Rate Code	Level of Reimbursement Locator Code	Level of Reimbursement Fee	Unit of Service
a) Basic		5211	03	\$252.98	One month
Intermediate	<b>DO NOT USE</b>	5212	03	<b>DO NOT USE</b> Fee will be \$0	One month
Enhanced	<b>DO NOT USE</b>	5213	03	<b>DO NOT USE</b> Fee will be \$0	One month
b) Other: Willowbrook		5214	03	\$474.34	One month
c) Transition – Basic		5211	04	\$758.94	One month
Transition – Intermediate	<b>DO NOT USE</b>	5212	04	<b>DO NOT USE</b> Fee will be \$0	One month
Transition – Enhanced	<b>DO NOT USE</b>	5213	04	<b>DO NOT USE</b> Fee will be \$0	One month
d) Transition – Other: Willowbrook		5214	04	\$1,423.02	One month

Notes:

Transition (Level of Reimbursement “c” or “d”) - Billing limited to ONE month, in accordance with the MSC Vendor Manual, for the “month of” or “month following” the transition.

“Month of” applies to individuals “new” to service coordination. The individual has never received any type of service coordination/case management service through OPWDD’s system (e.g., CMCM, PCSS, CAH, State Paid Service Coordination, etc.\*) or person moves on the 1<sup>st</sup> of a month from an OPWDD certified supervised or supportive IRA or CR to their own home or apartment where the person is responsible for their own living expenses. \*Note: effective 3/1/2014 (March 2014 service month) ICF is not considered prior case management for purposes of determining if the MSC transition rate may be billed for service to an individual.

“Month following” would apply when person moves on a day other than the 1<sup>st</sup> of a month from an OPWDD certified supervised or supportive IRA or CR to their own home or apartment where the person is responsible for their own living expenses.