

# Office of Mental Retardation and Developmental Disabilities (OMRDD)

## Date of Service (DOS) eMedNY Billing Rules for OMRDD Services:

1. For non-monthly services, the provider should use the actual date of service on claims submitted to eMedNY. Non-monthly services would include, but are not limited to: At-Home Residential Habilitation, Family Care Residential Habilitation, Day Habilitation, Prevocational Services, Hourly Respite, Free-Standing Respite, Family Education and Training, Plan of Care Support Services, Consolidated Supports and Services (Portal), Intermediate Care Facilities, and Day Treatment.
2. For monthly services, the provider should use the rules listed below. Monthly services would include, but are not limited to: Medicaid Service Coordination, Supported Employment, Consolidated Supports and Services (non-Portal); and Individualized Residential Habilitation and Community Residence Residential Habilitation. Note, both Individualized Residential Habilitation and Community Residence Residential Habilitation allow 1<sup>st</sup> Half and 2<sup>nd</sup> Half month units in addition to a Full month unit.
  - a. If the billing standard for a "Full" month unit has been met and the individual is (a) still alive as of the 1<sup>st</sup> of the month following the service month and (b) still has Medicaid coverage as of the 1<sup>st</sup> of the month following the service month, the 1<sup>st</sup> of the month following the service month should be used. **Example:** Face-to-face visit for Medicaid Service Coordination (MSC) was conducted on June 5<sup>th</sup>, individual was still alive with Medicaid coverage on July 1<sup>st</sup>, July 1<sup>st</sup> is used as the DOS for the MSC claim.
  - b. If the billing standard for a "Half" month unit has been met (for services which allow 1<sup>st</sup> Half and 2<sup>nd</sup> Half month units), and the individual is (a) still alive as of the 1<sup>st</sup> of the month following the service month and (b) still has Medicaid coverage as of the 1<sup>st</sup> of the month following the service month, the provider determines if a 1<sup>st</sup> Half or 2<sup>nd</sup> Half month claim should be billed.
    - (1) If there are less than 11 days left in the service month when service ends, the provider should use the 2<sup>nd</sup> of the month following the service month as the DOS. **Example:** Individual moves from IRA on April 21<sup>st</sup> to Family Care (still alive May 1<sup>st</sup> with Medicaid coverage). Full month standard hasn't been met, and there are less than 11 days left in April that IRA Res Hab could possibly be delivered. IRA provider would use May 2<sup>nd</sup> as the DOS for the 2<sup>nd</sup> Half month unit claim.
    - (2) If there are more than 11 days left in the service month when the service ends, the provider should use the 1<sup>st</sup> of the month following the service month as the DOS. **Example:** Individual moves from IRA on May 15<sup>th</sup> to own apartment (still alive June 1<sup>st</sup> with Medicaid coverage). Full month standard hasn't been met, and there are more than 11 days left in May that IRA Res Hab could possibly be delivered. IRA provider would use June 1<sup>st</sup> as the DOS for the 1<sup>st</sup> Half month unit claim.
  - c. If the billing standard for a "Half" month unit has been met, Consolidated Supports and Services (non-Portal), and the individual is (a) still alive as of the 1<sup>st</sup> of the month following the service month and (b) still has Medicaid coverage as of the 1<sup>st</sup> of the month following the service month, the 1<sup>st</sup> of the month following the service month should be used (with appropriate Locator Code).

- d. If an individual receiving a monthly service loses Medicaid coverage during the service month, the last date of Medicaid coverage should be used as the date of service. If the billing standard for a full month has not been met, and the service allows for 1<sup>st</sup> Half or 2<sup>nd</sup> Half month units, the 11 day rules identified in (1) and (2) should be applied to determine the Rate Code to use on a claim where the half month billing standard has been met.
- e. If an individual receiving a monthly service dies during the service month, the date of death should be used as the date of service. Claims using the date of death should pend for manual review. If a claim is denied due to the date of service, the local Medicaid district should be contacted to confirm that the date of death has been entered on the individual's Medicaid record.

Questions specific to date of service on eMedNY claims for OMRDD services may be directed to Earl Jefferson or Matt Breslin at (518) 402-4333.