



New York State Medicaid Managed Care Billing and Coding Manual

For Individuals enrolled in Mainstream, Health and Recovery Plan (HARP), and Human Immunodeficiency Virus-Special Needs Plan (HIV-SNP) Product Lines

Summary of Edits April 2024

Change #	Billing Manual Section and Page Number	Update(s) Made
1.	General Updates Throughout the Document	Changed "Plan" to "MMCP"
2.	General Updates Throughout the Document	Changed "crosswalk" to "coding taxonomy"
3.	General Updates Throughout the Document	Changed "Clinic" to "MHOTRS"
4.	General Updates Throughout the Document	Changed Office of Alcoholism and Substance Abuse Services to Office of Addiction Services and Supports.
5.	General Updates Throughout the Document	Noted wherever a behavioral health service is exclusive to a type(s) of Product Line (i.e., Mainstream/Health and Recovery Plans/HIV-Special Needs Plan/Medicaid Advantage Plus Plan).
6.	General Updates Throughout the Document	Updated document to include Community Oriented Recovery and Empowerment (CORE) Services.
7.	General Updates Throughout the Document	Removed outdated two-year/24-month reference to government rates.
8.	General Updates Throughout the Document	Added section headers for better organization and updated the Table of Contents.
9.	Title Page	Updated title to reflect all applicable product lines (Mainstream/HARP/HIV-SNP) for the behavioral health requirements.
10.	I. Introduction (Page 3)	<ol style="list-style-type: none"> 1. Added HIV-SNP. 2. Defined MMCP to include Mainstream Medicaid Managed Care Plans (MMCP), Health and Recovery Plans (HARPs), and Human Immunodeficiency Virus-Special Needs Plans (HIV-SNP) herein referred to as MMCPs unless otherwise noted. 3. Consolidated OMH-licensed services, CORE, and BH HCBS into one coding taxonomy. 4. Updated language to include CORE.

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		<p>5. Added reference for Medicaid Advantage Plus (MAP) behavioral health billing and coding rules.</p> <p>6. Provided link to OASAS-specific Coding Taxonomy.</p>
11.	II. Managed Care Contracting Requirements (Page 3)	Removed outdated contracting language and replaced it with Model Contract Section 21.19 requirements for network adequacy.
12.	Government Rates (Pages 3-4)	<p>1. Added link to BH HCBS and CORE reimbursement rates.</p> <p>2. Added Reference to Chapter 57 of the Laws of 2022, which requires MCOs to pay claims based on effective date of rate changes.</p> <p>3. Added footnote: CPEP- EOB is classified as inpatient and therefore the government rate is not required.</p>
13.	Government Rates- OMH Gov't Rate Services (Page 4)	<p>1. Replaced product line references in the title of OASAS government rate and OMH Government rate from MMC, HARP, HIV-SNP to MMCPs.</p> <p>2. Removed 1115 Waiver Demonstration Program section and added Crisis Intervention Benefit- Mobile Crisis and Crisis Residence Services to the OMH State Plan Services Section</p> <p>3. Removed IPRT from the list in OMH Government Rate Services since this service has sunset.</p>
14.	Government Rates- Adult BH HCBS (Page 4)	<p>1. Added HIV-SNP to Adult BH HCBS section.</p> <p>2. Removed BH HCB services from the list that are now transitioned to CORE.</p>
15.	Government Rates- CORE Services (Page 4)	Added CORE Services to the government rate section.
16.	Government Rates - 1115 Waiver Demonstration Programs (MMCPs) – (Page 4)	<p>Moved the following services as they are now available under the State Plan:</p> <ul style="list-style-type: none"> • SUD Residential Treatment- Per Diem (Stabilization and Rehabilitation) • OASAS Off-site SUD Services (practitioner must work for a clinic, APG rates will apply) • Community Mental Health Services (Other Licensed Practitioners, also known as Off-site Clinic/Licensed Behavioral Health Practitioner) from the 1115 Waiver Demonstration Programs list. This service is now available through MHOTRS.
17.	Claims (Page 5)	<p>1. Updated language to provide additional detail on claiming requirements:</p> <ol style="list-style-type: none"> a. Requirement for MMCPs to accept both electronic and paper billing b. Reporting rate code for all inpatient and outpatient MH/SUD services c. Required fields on the UB-04 claim form

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		<ol style="list-style-type: none"> 2. Included link to OMH Medicaid Reimbursement page for any rate updates and removed language about providing MMCPs with a complete listing of existing providers and rate codes they bill under. 3. Added "Attending and/or Ordering/Referring Practitioner NPI" under list of fields required to be complete on the claim.
18.	Claims Coding Taxonomy (Page 5)	Renamed section from Claims Coding Crosswalk to Claims Coding Taxonomy.
19.	Medicaid Managed Care Network Provider Enrollment (Pages 5-6)	Added new section after Claims Coding Taxonomy to describe Medicaid provider enrollment requirements in alignment with Department of Health issued guidance.
20.	Provider Technical Assistance (Pages 6-7)	Updated section name, removed references to Managed Care transition and carve-in and updated to include provider technical assistance Model Contract references.
21.	ACT (Page 7)	Edits were made to align with the following updated ACT guidance. <ol style="list-style-type: none"> a. ACT Program Guidelines Adult and Young Adult - 11/2023 b. ACT Billing Memo - 8/29/19
22.	Clinic (OMH-Licensed Mental Health Outpatient Treatment and Rehabilitative Services (Formerly known as Clinic) – (Page 8)	<ol style="list-style-type: none"> 1. Updated OMH Clinic name to Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS). 2. Added the following links: <ol style="list-style-type: none"> a. OMH MHOTRS Fiscal/Billing Resources b. Integrated Outpatient Services (IOS) Clinic Guidance c. Integrated Outpatient Services (IOS): Updated Billing for Offsite and Primary Care Services for OMH Host Sites d. Clinic-Based Intensive Outpatient Program (IOP) Guidance e. Mandated Rate Update: July 1, 2023 Rate Increase and New APG Rate Codes for School-Based Mental Health Services in MHOTRS Programs 3. Updated outdated language about managed care coverage for clinic services to include all enrollees not just the non-SSI population. 4. Added reference to Duals Billing Guidance for reimbursement of clinic services at the higher of Medicaid APG or Medicare rate for individuals dually enrolled in Medicaid and Medicare. 5. Moved OASAS clinic information to OASAS section.
23.	Note on Telepsychiatry in OMH Clinics: (After Clinic)	Removed telepsychiatry section from underneath OMH Clinics section, due to policy change allowing for telehealth across OMH licensed, approved, and designated programs. Moved Telehealth to Section III.B.
24.	CPEP (Pages 9-11)	<ol style="list-style-type: none"> 1. Added links to CPEP Program Guidance and CPEP MMC Guidance documents.

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		<p>2. Changed “Brief Emergency” to “Triage and Referral” throughout the CPEP section.</p> <p>3. Added the following language for Crisis Outreach Services and Interim Crisis Services:</p> <p>Note: Effective June 29, 2023, CPEP providers are approved to provide and be reimbursed for all Mobile Crisis services for adults and children under the Crisis Intervention SPA. As a result, CPEP rate code 4010 for Interim Crisis retired effective July 1, 2023, and rate code 4009 for Crisis Outreach will be retired effective July 1, 2024.</p>
26.	CPEP – Extended Observation Bed (4049)- (Pages 10-11)	<p>1. Updated CPEP EOB language to reflect billing rate code 4049 is available for use in FFS and Managed Care and removed language around using rate code 2852 as a reference for EOB rate.</p> <p>2. Removed the list of EOB providers and added an OMH link to the list of EOB providers on the OMH site.</p> <p>3. <u>Added the following language:</u> Note: For managed care and FFS billing, providers are instructed to use rate code 4049. MMCPs can refer to the OMH Medicaid Reimbursement Rates page for the list of providers and suggested per diem rates for EOB.</p>
27.	Intensive Psychiatric Rehabilitation Treatment (IPRT) – Originally Listed After CPEP	The entire IPRT section has been deleted. Service sunset in 2017.
28.	PROS (Pages 12-14)	<p>1. <u>Added:</u> Guidelines for Medicaid Managed Care Organizations regarding UM for PROS (ny.gov) link</p> <p>2. <u>Added the following language:</u></p> <p>a. Note: For all PROS elements, it is allowable for providers to bill on the discharge date. Additional information for these services can be found below.</p> <p>b. Replaced the PROS unit table for calculation with a reference link to the PROS unit table on the OMH website.</p> <p>c. PROS BIP codes are retired. Deleted the entire section.</p>
29.	Transportation (Page 14)	Moved Non-medical Transportation (only for HARP enrollees and individuals in HIV-SNPs meeting the HARP eligibility criteria and qualifying under a BH HCBS needs assessment) to Section VI.B. BH HCBS Billing Guidelines section.
30.	Telehealth Services – (Page 14)	Created a standalone section for Telehealth Services which were originally under the MHOTRS section. Revised telehealth section to align with updated telehealth regulations that allow for telehealth across OMH licensed, approved, and designated programs.
31.	IV. New York State (NYS) Office of	<ul style="list-style-type: none"> • Consolidated information • Deleted Manual Purpose Section

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	Addiction Services and Supports (OASAS) – Addiction Services and Billing (Pages 14-27)	<ul style="list-style-type: none"> • Deleted Background • Added Service Types • Deleted Sub Section one, two, three • Updated Provider Qualifications • Deleted LOCADTR Overview • Updated General Service Requirements • Updated Reimbursement Section • Moved LOCADTR under Medical Necessity and Utilization Review • Updated reimbursement information for each level of care • Deleted the 837i coding claims section • Added Section Specific OASAS Telehealth • Moved ASAM Crosswalk to Medical Necessity and UR
32.	V. Crisis Intervention (Pages 27-28)	<ol style="list-style-type: none"> 1. Changed “V. OMH 1115 Waiver Demonstration Programs” title to: Crisis Intervention. 2. Greatly expanded section, to add Mobile Crisis Services and Crisis Residence Services to align with the Mobile Crisis and Crisis Residence Authority and Reimbursement Changes. 3. Removed Crisis Intervention (per hour and per diem) billing language and added links to Mobile Crisis and Crisis Residence Benefit and Billing Guidance.
33.	VI. Adult Behavioral Health Home and Community-Based Services (HCBS) – (Pages 28-31)	Clarified Title and Section updated to remove outdated language and align with current policy.
34.	BH HCBS Utilization Threshold (Pages 28-29)	Added reference to HCBS Utilization Management rules and guidelines for exceeding them in alignment with guidance issued to MMCPs.
35.	BH HCBS Billing Guidelines (Pages 29-31)	<ol style="list-style-type: none"> 1. Removed billing guidelines for CPST, PSR, FST, and Peer Support as they have transitioned to CORE. 2. Removed Short-Term Crisis Respite and Intensive Crisis Respite as they have transitioned to Residential Crisis Services. 3. Included an example of billing for Staff Transportation. 4. Moved Non-medical transportation from the Transportation section and included under this section for clarification purposes.
36.	VII. CORE (Page 31)	Added a new section for CORE Billing Guidelines and referenced CORE Benefit and Billing Guidance and Operations Manual.
37.	VIII. Service Combinations (Pages 32-33)	<ol style="list-style-type: none"> 1. Replaced Allowable Billing Combination grid with updated OMH State Plan Services and CORE Services grid to align with previously issued guidance. 2. Added table for Allowable Billing Combinations of OASAS State Plan Services and CORE Services.