



Regulations and Guidance

[Part 599 Regulations](#)

[Part 599 Guidance Document](#)

[Clinic Standards of Care:
Anchor Elements](#)

[eMedNY manuals](#)

[OMH APG Wt. & Rates](#)

Additional Resources

[NYSCRI v3.0.0 Release Notes
\(12-8-16\)](#)

[NYSCRI \(OMH\) Compliance
Grid](#)

[Download Adobe Reader](#)
to work with the templates

Documentation Templates 3.0.0 Updated 12-8-16

Progress Notes

- [Evaluation and Management \(E & M\)](#)
- [Complex Care / Crisis Intervention / Contact Note](#)
- [Health Monitoring / Injectable Psychotropic Medication Administration / with Monitoring and Education](#)
- [Pre-Admission / Admission Decision Note](#)
- [Psychotherapy / Contact](#)

Treatment Plans

- [Discharge Summary / Plan – Part A](#)
- [Patient Safety Plan Template](#)
- [Relapse Prevention Plan](#)
- [Treatment / Recovery Plan](#)
- [Treatment / Recovery Plan Review/Revision](#)

Assessments and Addenda

- [Comprehensive Assessment](#)
- [Health Screen](#)
- [Medication List](#)
- [Substance Use / Addictive Behaviors Assessment](#)
- [Military Assessment \(Addendum\)](#)
- [Military Assessment for Significant Others \(Addendum\)](#)
- [Self-Assessment](#)

Workflow Procedures / Services

- [Initial Assessment](#)
- [Psych Assessment - 30](#)
- [Psych Assessment - 45](#)
- [Psychiatric Consultation -30](#)
- [Psychiatric Consultation - 45](#)
- [Crisis Intervention](#)
- [Injectable Psychotropic Medication Administration](#)
- [Injectable Psychotropic Med. Admin./with Monitoring and Education](#)
- [Psychotropic Medication Treatment](#)
- Psychotherapy:
 - [Individual - 30](#)
 - [Individual - 45](#)
 - [Family](#)
 - [Group](#)
- [Developmental Testing](#)
- [Psychological Testing](#)
- [Complex Care Management](#)
- [Health Physicals](#)
- [Health Monitoring](#)
- [Smoking Cessation](#)
- [SBIRT](#)
- [Treatment Plan and Review \(Rules\)](#)
- [Pre-Admission \(Rules\)](#)
- [Discharge \(Rules\)](#)
- [Credential Guidance](#)

A-31/599 Mental Health Clinic Rules – Model Encounter Form – New OMH Rules

Section A			Check boxes if applicable:				
APG	CPT Procedure – OMH Regulatory Name	CPT Codes <input checked="" type="checkbox"/>	LOE	After-Hours	Offsite	MD/NP	
323	Initial Assessment Diagnostic & Treatment Plan – 45 minutes	<input type="checkbox"/> 90791					
323	Initial Assessment Diagnostic & Treatment Plan with Medical Services– 45 Minutes	<input type="checkbox"/> 90792					
820-831	Psychiatric Assessment – 30 minutes	Section B					
820-831	Psychiatric Assessment – 45-50 minutes	Section B					
820-831	Psychiatric Consultation - New/Established Patient	Section B					
321	Crisis Intervention – 15 minutes	<input type="checkbox"/> H2011					
321	Crisis Intervention – per hour	<input type="checkbox"/> S9484					
312	Crisis Intervention – per diem	<input type="checkbox"/> S9485					
N/A	Injectable Psychotropic Medication Administration – No minimum time (Professional Claim- no rate code)	<input type="checkbox"/> 96372					
490	Injectable Psychotropic Medication Admin with monitoring and education - 15 minutes	<input type="checkbox"/> H2010					
820-831	Psychotropic Medication Treatment- DX Based	Section B					
315	Psychotherapy – Individual – 30 minutes	<input type="checkbox"/> 90832					
316	Psychotherapy – Individual – 45 minutes	<input type="checkbox"/> 90834					
317	Psychotherapy – Family with or without the client– 30 minutes	<input type="checkbox"/> 90846					
317	Psychotherapy – Family & Client – 1 hour	<input type="checkbox"/> 90847					
318	Psychotherapy – Family Group – 1 hour	<input type="checkbox"/> 90849					
318	Psychotherapy – Group – 1 hour	<input type="checkbox"/> 90853					
310	Developmental Testing – limited	<input type="checkbox"/> 96110					
310	Developmental Testing – extended	<input type="checkbox"/> 96111					
310	Psychological Testing – Various	<input type="checkbox"/> 96101					
310	Psychological Testing – Neurobehavioral	<input type="checkbox"/> 96116					
310	Psychological Testing – Various	<input type="checkbox"/> 96118					
490	Complex Care Management – by units (9/24/14 New Rule)	<input type="checkbox"/> 90882					
820-831	Health Physicals – New/Established Patient	Section B					
490	Health Monitoring – 15 minutes	<input type="checkbox"/> 99401					
490	Health Monitoring – 30 minutes	<input type="checkbox"/> 99402					
490	Health Monitoring – 45 minutes	<input type="checkbox"/> 99403					
490	Health Monitoring – 60 minutes	<input type="checkbox"/> 99404					
490	Health Monitoring Group – 30 minutes	<input type="checkbox"/> 99411					
490	Health Monitoring Group – 60 minutes	<input type="checkbox"/> 99412					
451	Smoking Cessation Treatment 3-10 minutes (Dx code 305.1)	<input type="checkbox"/> 99406					
451	Smoking Cessation Treatment >10 minutes (Dx code 305.1)	<input type="checkbox"/> 99407					
451	Smoking Cessation Treatment Group >10 minutes (Dx code 305.1)	<input type="checkbox"/> 99407-HQ					
	SBIRT	H0049 or H0050					

Section B

Check boxes if applicable:

APG	CPT Procedure – OMH Regulatory Name	CPT Codes <input checked="" type="checkbox"/>	LOE	After-Hours	Offsite	MN/NP
820-831	Psychiatric Assessment – 30 minutes – Select CPT Code from Range: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>New</p> <p><input type="checkbox"/> 99201 <input type="checkbox"/> 99204</p> <p><input type="checkbox"/> 99202 <input type="checkbox"/> 99205</p> <p><input type="checkbox"/> 99203</p> </div> <div style="width: 45%;"> <p>Established</p> <p><input type="checkbox"/> 99212 <input type="checkbox"/> 99215</p> <p><input type="checkbox"/> 99213</p> <p><input type="checkbox"/> 99214</p> </div> </div> <p style="text-align: right;">Select Diagnosis: <input type="checkbox"/></p>					
820	Schizophrenia	<input type="checkbox"/>				
821	Major Depressive Disorders & Other Psychoses	<input type="checkbox"/>				
822	Disorders of Personality & Impulse Control	<input type="checkbox"/>				
823	Bipolar Disorders	<input type="checkbox"/>				
824	Depression Except Major Depressive Disorder	<input type="checkbox"/>				
825	Adjustment Disorders & Neuroses	<input type="checkbox"/>				
826	Acute Anxiety & Delirium States	<input type="checkbox"/>				
827	Organic Mental Health Disturbances	<input type="checkbox"/>				
829	Childhood Behavioral Disorders	<input type="checkbox"/>				
830	Eating Disorders	<input type="checkbox"/>				
831	Other Mental Health Disorders	<input type="checkbox"/>				
315	Psychiatric Assessment – 30 minutes – ADD ON	<input type="checkbox"/> 90833				
820-831	Psychiatric Assessment – 45-50 minutes – Select CPT Code from Range: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>New</p> <p><input type="checkbox"/> 99201 <input type="checkbox"/> 99204</p> <p><input type="checkbox"/> 99202 <input type="checkbox"/> 99205</p> <p><input type="checkbox"/> 99203</p> </div> <div style="width: 45%;"> <p>Established</p> <p><input type="checkbox"/> 99212 <input type="checkbox"/> 99215</p> <p><input type="checkbox"/> 99213</p> <p><input type="checkbox"/> 99214</p> </div> </div> <p style="text-align: right;">Select Diagnosis: <input type="checkbox"/></p>					
820	Schizophrenia	<input type="checkbox"/>				
821	Major Depressive Disorders & Other Psychoses	<input type="checkbox"/>				
822	Disorders of Personality & Impulse Control	<input type="checkbox"/>				
823	Bipolar Disorders	<input type="checkbox"/>				
824	Depression Except Major Depressive Disorder	<input type="checkbox"/>				
825	Adjustment Disorders & Neuroses	<input type="checkbox"/>				
826	Acute Anxiety & Delirium States	<input type="checkbox"/>				
827	Organic Mental Health Disturbances	<input type="checkbox"/>				
829	Childhood Behavioral Disorders	<input type="checkbox"/>				
830	Eating Disorders	<input type="checkbox"/>				
831	Other Mental Health Disorders	<input type="checkbox"/>				
316	Psychiatric Assessment – 45-50 minutes – ADD ON	<input type="checkbox"/> 90836				
820-831	Psychiatric Consultation – New/Established Patient – 30; 45 - Select CPT Code from Range: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>New</p> <p><input type="checkbox"/> 99201 <input type="checkbox"/> 99204</p> <p><input type="checkbox"/> 99202 <input type="checkbox"/> 99205</p> <p><input type="checkbox"/> 99203</p> </div> <div style="width: 45%;"> <p>Established</p> <p><input type="checkbox"/> 99212 <input type="checkbox"/> 99215</p> <p><input type="checkbox"/> 99213</p> <p><input type="checkbox"/> 99214</p> </div> </div> <p style="text-align: right;">Select Diagnosis: <input type="checkbox"/></p>					
820	Schizophrenia	<input type="checkbox"/>				
821	Major Depressive Disorders & Other Psychoses	<input type="checkbox"/>				
822	Disorders of Personality & Impulse Control	<input type="checkbox"/>				
823	Bipolar Disorders	<input type="checkbox"/>				
824	Depression Except Major Depressive Disorder	<input type="checkbox"/>				
825	Adjustment Disorders & Neuroses	<input type="checkbox"/>				
826	Acute Anxiety & Delirium States	<input type="checkbox"/>				
827	Organic Mental Health Disturbances	<input type="checkbox"/>				
828	Mental Retardation	<input type="checkbox"/>				
829	Childhood Behavioral Disorders	<input type="checkbox"/>				
830	Eating Disorders	<input type="checkbox"/>				
831	Other Mental Health Disorders	<input type="checkbox"/>				

820-831 Psychotropic Medication Treatment- DX BASED – Select CPT Code from Range:				
	New		Established	
	<input type="checkbox"/> 99201	<input type="checkbox"/> 99204	<input type="checkbox"/> 99212	<input type="checkbox"/> 99215
	<input type="checkbox"/> 99202	<input type="checkbox"/> 99205	<input type="checkbox"/> 99213	<input type="checkbox"/>
	<input type="checkbox"/> 99203		<input type="checkbox"/> 99214	
820	Schizophrenia			<input type="checkbox"/>
821	Major Depressive Disorders & Other Psychoses			<input type="checkbox"/>
822	Disorders of Personality & Impulse Control			<input type="checkbox"/>
823	Bipolar Disorders			<input type="checkbox"/>
824	Depression Except Major Depressive Disorder			<input type="checkbox"/>
825	Adjustment Disorders & Neuroses			<input type="checkbox"/>
826	Acute Anxiety & Delirium States			<input type="checkbox"/>
827	Organic Mental Health Disturbances			<input type="checkbox"/>
829	Childhood Behavioral Disorders			<input type="checkbox"/>
830	Eating Disorders			<input type="checkbox"/>
831	Other Mental Health Disorders			<input type="checkbox"/>
820- 831 Health Physicals – New/Established Patient – Select CPT Code from Range				
	New		Established	
	<input type="checkbox"/> 99382	<input type="checkbox"/> 99385	<input type="checkbox"/> 99392	<input type="checkbox"/> 99395
	<input type="checkbox"/> 99383	<input type="checkbox"/> 99386	<input type="checkbox"/> 99393	<input type="checkbox"/> 99396
	<input type="checkbox"/> 99384	<input type="checkbox"/> 99387	<input type="checkbox"/> 99394	<input type="checkbox"/> 99397
820	Schizophrenia			<input type="checkbox"/>
821	Major Depressive & Other Psychoses			<input type="checkbox"/>
822	Disorders of Personality & Impulse Control			<input type="checkbox"/>
823	Bipolar Disorders			<input type="checkbox"/>
824	Depression Except Major Depressive Disorder			<input type="checkbox"/>
825	Adjustment Disorders & Neuroses			<input type="checkbox"/>
826	Acute Anxiety & Delirium			<input type="checkbox"/>
827	Organic Mental Health Disturbances			<input type="checkbox"/>
829	Childhood Behavioral			<input type="checkbox"/>
830	Eating Disorders			<input type="checkbox"/>
831	Other Mental Health Disorders			<input type="checkbox"/>

NYSCRI Dashboard – Article 31 Clinic

OMH Title	CPT Code	Modifiers Available	Required Credential	Abbreviated OMH Part 599 Guidance. Please refer to the full Part 599 guidance document (2015)	Abbreviated Rules for billing Medicaid Fee for Service (FFS) eMed N Y billing provider manuals & OMH APG Wt. & Rate	Minimum Durations	NYSCRI Documentation Templates OMH Standards of Care
Initial Assessment	90791	99051 U4 AF AG SA	MD NPP LMSW LCSW Licensed Psychologist RN LMHC LMFT LCAT Licensed Psychoanalysts	Initial assessment is a face-to-face interaction between a clinician and recipient and/or collaterals to determine the appropriateness of the recipient for admission to a clinic, the appropriate mental health diagnosis, and the development of a treatment plan for such recipient. Note: This service requires an assurance that a health screening has been done and is documented in the recipient's record.	No more than 3 initial assessments allowed during an episode of illness, or within 365 days of the last provided service. Notes: This service may be provided as all or part of the completion of a Comprehensive Assessment (CA). In order to be billable, the CA form and process must relate directly to a billable CPT/HCPCS code.	45 minutes	<ul style="list-style-type: none"> Pre-admission / Admission Decision Comprehensive Assessment Health Screen <p>As indicated:</p> <ul style="list-style-type: none"> Military Assessment (MA) & MA Sig. Other Patient Safety Plan Template Substance Use Assessment Relapse Prevention Plan Self-Assessment
Initial Assessment - with medical service	90792	99051 U4 AF AG SA	MD NPP	Same as 90791 + Medical services, which include biopsychosocial and medical assessment, including history, mental status, other physical exam elements as indicated and recommendations.	Same service limitations as above. This service must be provided by a physician or Psychiatric Nurse Practitioner (NPP). This service may be provided to the client and/or collateral. Sessions less than 45 minutes will not be reimbursed by Medicaid. Rounding is not permitted.	45 minutes	<ul style="list-style-type: none"> Evaluation and Management (E & M) Comprehensive Assessment Health Screen Others noted above, as Needed

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Psychiatric Assessment - 30 Minutes Minimum	Office E&M Code (Range of codes: 99201-99205, 99212-99215) AND add-on code below	99051 U4	Psychiatrist NPP PA with specialized training approved by OMH	<p>An interview with an adult or child or his or her family member or other collateral, performed by a psychiatrist or nurse practitioner in psychiatry, or physician assistant with specialized training approved by the Office.</p> <p>A psychiatric assessment may occur at any time during the course of treatment, for the purposes of diagnosis, treatment planning, medication therapy, and/or consideration of general health issues.</p> <p>The psychiatric assessment may be provided at pre- or post-admission. If at pre-admission, the service will count toward the cap of 3 services.</p>	<p>Service requires documented face-to- face contact with the recipient or collateral of at least 30 minutes. To be reimbursed properly for a 30 minute Psychiatric Assessment, the clinic must report an office E&M code (based on complexity) on one claim line and 90833 on the second claim line. Note: 90833 is not considered a separate service, it will not be discounted by 10%.</p> <p>Notes: This service may be provided as all or part of the completion of a Comprehensive Assessment (CA). In order to be billable, the CA form and process must relate directly to a billable CPT/HCPCS code.</p>	30 minutes	<ul style="list-style-type: none"> E & M <p>Others as noted in first row, plus any new or additional relevant information.</p>
	90833	99051					Document on the same note as above.

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Psychiatric Assessment - 45 Minutes Minimum	Office E&M Code (Range of codes: 99201-99205, 99212-99215) AND add-on code below	99051 U4	Psychiatrist NPP PA with specialized training approved by OMH	<p>An interview with an adult or child or his or her family member or other collateral, performed by a psychiatrist or nurse practitioner in psychiatry, or physician assistant with specialized training approved by the Office.</p> <p>A psychiatric assessment may occur at any time during the course of treatment, for the purposes of diagnosis, treatment planning, medication therapy, and/or consideration of general health issues.</p> <p>The psychiatric assessment may be provided at pre- or post-admission. If at pre-admission, the service will count toward the cap of 3 services.</p>	<p>Service requires documented face-to- face contact with the recipient or collateral of at least 30 minutes. To be reimbursed properly for a 30 minute Psychiatric Assessment, the clinic must report an office E&M code (based on complexity) on one claim line and 90833 on the second claim line. Note: 90833 is not considered a separate service, it will not be discounted by 10%.</p> <p>Notes: This service may be provided as all or part of the completion of a Comprehensive Assessment (CA). In order to be billable, the CA form and process must relate directly to a billable CPT/HCPCS code.</p>	45 minutes	<ul style="list-style-type: none"> E & M <p>Others as noted in first row, plus any new or additional relevant information.</p>
	90836	No					Document on the same note as above.

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Psychiatric Consult - 30 Minutes Minimum	99201-99205, New Patient 99212-99215) Established + 90833 30 minutes	N/A	Psychiatrist NPP PA with specialized training approved by the OMH	<p>Psychiatric consultation means a face-to-face evaluation, which may be in the form of video telepsychiatry, of a consumer by a psychiatrist or nurse practitioner in psychiatry, including the preparation, evaluation, report or interaction between the psychiatrist or nurse practitioner in psychiatry and another referring physician for the purposes of diagnosis, integration of treatment and continuity of care.</p> <p>Guidance: This service is intended to support primary care doctors in their treatment of individuals with mental illness. Consultation services can support:</p> <ol style="list-style-type: none"> 1. The treatment of mental illness in primary care settings; or 2. The transition from clinic based mental health care to primary care mental health treatment. 	<p>For this service, the referring physician cannot be employed by the clinic providing the consultation.</p> <p>A consultation must meet the following conditions:</p> <ol style="list-style-type: none"> 1. It must be performed at the request of another physician requesting advice regarding evaluation and/or management of a specific problem; 2. The request for the consultation and the reason for it must be recorded in the patient's medical record; and 3. A written report must be prepared on the findings and provided to the referring practitioner. 	30 minutes	<ul style="list-style-type: none"> • E & M

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Psychiatric Consult - 45 Minutes Minimum	99201-99205, New Patient 99212-99215) Established + 90836 45 minutes		Same as Above	Same as Above	Same as Above	45 minutes	<ul style="list-style-type: none"> E & M

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Crisis Intervention	H2011 S9484 S9485	99051 U4	MD NPP LMSW LCSW Licensed Psychologist RN LMHC LMFT LCAT Licensed Psychoanalysts	<p>(1) Crisis Intervention - Brief. This may be done face-to-face or by telephone. For services of at least 15 minutes duration, one unit of service may be billed. For each additional service increment of at least 15 minutes, an additional unit of service may be billed, up to a maximum of six units per day.</p> <p>(2) Crisis Intervention - Complex. This requires a minimum of one hour of face-to-face contact by two or more clinicians. Both clinicians must be present for the majority of the duration of the total contact. A peer advocate, family advisor, or non-licensed staff may substitute for one clinician.</p> <p>(3) Crisis Intervention - Per Diem. This requires three hours or more of face-to-face contact by two or more clinicians. Both clinicians must be present for the majority of the duration of the total contact. A peer advocate, family advisor, or non-licensed staff may substitute for one clinician.</p>	Crisis Intervention – Brief can be reimbursed by Medicaid fee-for-service for individuals regardless of whether or not they have previously received services from the clinic. Crisis Intervention – Complex and Per Diem are Medicaid reimbursable only for those individuals that have been seen by the clinic within the previous two years.	1) 15 min 2) 1 hour 3) 3+ hours	<ul style="list-style-type: none"> Complex Care/Crisis Intervention/Contact Note Patient Safety Plan Template Relapse Prevention Plan, if indicated

NYScri Dashboard – Article 31 Clinic

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Injectable Psychotropic Medication Admin.	96372	Note: FB modifier is no longer available.	MD NPP RN/LPN PA	<p>Injectable Psychotropic Medication Administration Definition: Injectable psychotropic medication administration is the process of preparing, and administering the injection of intramuscular psychotropic medications.</p> <p>Guidance: This service must be provided by an appropriate medical staff person.</p>	<p>There is no time limit and no modifiers are available.</p> <p>A: When medication obtained with cost to clinic. The clinic submits a claim off the Medicaid fee schedule claim (J Code of the drug plus CPT code 96372 for the injection). Medicaid will pay for the acquisition cost of the drug and \$13.23 for Injection.</p> <p>–or–</p> <p>B: When medication is obtained without cost to clinic (e.g., the client brings the drug to the clinic). The clinic will bill using the J Code for the drug with the FB Modifier on APG claim. The payment value is \$13.23. The FB modifier indicates that the drug was administered but the clinic did not pay for the drug.</p>	None	<ul style="list-style-type: none"> Health Monitoring/Injectable Psychotropic Medication Administration/with Monitoring and Education <p>Others as noted in first row, plus any new or additional relevant information.</p>

NYSCRI Dashboard – Article 31 Clinic

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Injectable Psychotropic Medication Admin. with Monitoring and education	H2010	99051 U4	MD NPP RN PA	<p>Injectable Psychotropic Medication Administration with monitoring and education is the process of preparing, administering, managing and monitoring the injection of intramuscular psychotropic medications. It includes consumer education related to the use of the medication, as necessary.</p> <p>Guidance: This service must be provided by an appropriate medical staff person.</p>	The clinic submits and APG claim with CPT H2010. This procedure now has a 15 minute minimum and can no longer be provided by LPN staff. When claiming H2010, you cannot claim 96372 on the fee schedule on the same day.	15 minute minimum	<ul style="list-style-type: none"> Health Monitoring/Injectable Psychotropic Medication Administration/with Monitoring and Education

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Psychotropic Medication Treatment	Office E&M Code: 99201-99205; 99212-99215	99051	Psychiatrist NPP	<p>Definition: Psychotropic medication treatment means monitoring and evaluating target symptom response, ordering and reviewing diagnostic studies, writing prescriptions and consumer education as appropriate.</p> <p>Guidance: This service must be provided by a psychiatrist or nurse practitioner in psychiatry (NPP). This service is not intended to refer to a brief evaluation of the patient's state or a simple dosage adjustment of long-term medication.</p> <p>Psychotropic Medication Treatment may also result in the identification of a need for Complex Care Management.</p>	<p>If the clinic opts to use one of the office E&M codes, the code must be chosen based on complexity, not time. NYS Medicaid requires that the doctor or NPP spends a minimum of 15 minutes with the recipient regardless of the E&M code claimed.</p> <p>This service must be a minimum of 15 minutes in length in order to be reimbursed by Medicaid. This service cannot be reimbursed by Medicaid if a psychiatric assessment or psychiatric consultation was done for the same individual on the same day. In that case, only the appropriate psychiatric assessment or psychiatric consultation code should be claimed on that day. The pharmacologic management is included as part of the E&M service by definition.</p>	Minimum of 15 minutes, regardless of code.	<ul style="list-style-type: none"> • E & M

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Psychotherapy – Individual 30 minutes minimum	90832	99051 U4 AF AG SA U5 for 20 minutes	MD NPP Licensed Psychologist LMSW LCSW RN LMFT LMHC LCAT Licensed Psychoanalysts	<p>Definition: Psychotherapy means therapeutic communication and interaction for the purpose of alleviating symptoms or dysfunction associated with an individual’s diagnosed mental illness or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual’s capacity to achieve age-appropriate developmental milestones.</p> <p>Guidance: Psychotherapy should promote community integration, and may encompass interventions to facilitate readiness for and engagement of the client and family in wellness self-management, school, and employment training services, which are provided by specialized programs and service providers. Psychotherapy may also result in the identification of a need for Complex Care Management.</p>	<p>Service requires documented face-to- face contact with the recipient of at least 30 minutes.</p> <p>Sessions less than 30 minutes will not be reimbursed by Medicaid. Rounding is not permitted.</p> <p>The recipient must be present for the entire session.</p>	30 minutes	<ul style="list-style-type: none"> Psychotherapy <p>Others as noted in first row, if indicated, plus any new or additional relevant information.</p>

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Psycho-therapy – Individual 45 minutes minimum	90834	99051 U4 AF AG SA	MD NPP Licensed Psychologist LMSW LCSW RN LMFT LMHC LCAT Licensed Psycho-analysts	<p>Same definition and guidance as 90832.</p> <p>Note: Effective January 1, 2015, the extended individual psychotherapy service (45 min) will allow for 30 minutes to be spent with the individual (with or without the collateral) and the remaining 15 minutes to be spent with the collateral (with or without the individual).</p> <p>Documentation must include the split in time between the individual and collateral. No change in billing is required.</p>	<p>Service requires documented face-to- face contact with the recipient of at least 45 minutes. Rounding is not permitted.</p> <p>For school-based services, the duration of Extended Individual Psychotherapy may be that of the school period provided the school period is at least 40 minutes (requires use of U5 modifier).</p> <p>The recipient must be present for the entire session.</p>	45 minutes	<ul style="list-style-type: none"> Psychotherapy <p>Others as noted in first row, if indicated, plus any new or additional relevant information.</p>

NYSCRI Dashboard – Article 31 Clinic

OMH Title	CPT Code	Modifiers Available	Required Credential	Abbreviated OMH Part 599 Guidance. Please refer to the full Part 599 guidance document (2015)	Abbreviated Rules for billing Medicaid Fee for Service (FFS) eMed N Y billing provider manuals & OMH APG Wt. & Rate	Minimum Durations	NYSCRI Documentation Templates OMH Standards of Care
Psycho-therapy – Family or Collateral and Client Without client 90846 With client 90847 Multi-family 90849		99051 U4 AF AG SA	MD NPP Licensed Psychologist LMSW LCSW RN LMFT LMHC LCAT Licensed Psychoanalysts	90846 – The client need not be present, though service must be for client’s benefit. 90847 - The client must be present for the majority of the time. It is not required that the family/collateral be present for the entire session. 90849 - Face-to-face service with a minimum of two multi-family/collateral units and a maximum of eight multifamily/ collateral units in the group.	90846 may be a minimum of 30 minutes All others are 60 minute visits. The patient must be present for the majority of the time. It is not required that the family/ collateral be present for the entire session.	This is a 60 minute visit	<ul style="list-style-type: none"> Psychotherapy Others as noted in first row, if indicated, plus any new or additional relevant information.
Multi-recipient Group Psycho-therapy	90853	99051 U4 AF AG SA If 40 minutes school-based only, use U5	MD NPP Licensed Psychologist LMSW LCSW RN LMFT LMHC LCAT Licensed Psychoanalysts	Psychotherapy means therapeutic communication and interaction for the purpose of alleviating symptoms or dysfunction associated with an individual’s diagnosed mental illness or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual's capacity to achieve age-appropriate developmental milestones.	Requires documented face-to-face service with a minimum of two recipients and a maximum of 12 recipients for services of a minimum duration of 60 minutes. For school-based services, the duration of such services may be that of the school period provided the school period is of duration of at least 40 minutes. (school-based group services of less than 60 minutes will be reduced using the U5 modifier).	60 minutes	<ul style="list-style-type: none"> Psychotherapy Others as noted in first row, if indicated, plus any new or additional relevant information.

NYSCRI Dashboard – Article 31 Clinic

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Developmental Testing Limited	96110	99051 U4	Clinic Professional staff -See NYCRR, 599.4(ar)	Definition: Developmental Testing is the administration, interpretation, and reporting of screening and assessment instruments for children or adolescents to assist in the determination of the individual's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes.	Medical Assistance may reimburse for this service solely for individuals admitted to the clinic. Developmental Testing services must be face-to-face with the recipient. The fee that is paid includes the expected cost of testing, including the scoring and report writing.		Reports and interim notes appropriate to the testing. (Editor's Note: Some form of encounter notation is recommended for each face-to-face visit to track dates and assist with time-keeping, such as the NYSCRI Psychotherapy/Contact Note)
Developmental Testing Extend	96111	99051 U4	Clinic Professional staff See NYCRR, 599.4(ar)	Definition: Developmental testing is the administration, interpretation, and reporting of screening and assessment instruments for children or adolescents to assist in the determination of the individual's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes.	Medical Assistance may reimburse for this service solely for individuals admitted to the clinic. Developmental Testing services must be face-to-face with the recipient. The fee that is paid includes the expected cost of testing, including the scoring and report writing.		Reports and interim notes appropriate to the testing. (Editor's Note: Some form of encounter notation is recommended for each face-to-face visit to track dates and assist with time-keeping, such as the NYSCRI Psychotherapy/Contact Note)

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Psych Test Various	96101	99051 U4	MD Licensed Psychologist	Definition: Psychological testing is a psychological evaluation using standard assessment methods and instruments to assist in mental health assessment and the treatment planning processes. <i>-Psychological testing includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psycho-pathology, e.g., MMPI, Rorschach, WAIS, etc. (NY State Medicaid Program, Clinical Psychology, Codes and Fee Schedule 2014)</i>	Medicaid may reimburse for this service solely for individuals admitted to the clinic. Psychological testing services must be face-to-face with the recipient. The regulation does not limit the number of medically necessary sessions for this service. The reimbursement includes the expected cost of testing, including the scoring and report writing.		Reports and interim notes appropriate to the testing. (Editor's Note: Some form of encounter notation is recommended for each face-to-face visit to track dates and assist with time-keeping, such as the NYSCRI Psychotherapy /Contact Note)
Psych Test Neuro-Behav	96116	99051 U4	MD Licensed Psychologist		Same as above.		Same as above.
Psych Test Various	96118	99051 U4	MD Licensed Psychologist		Same as above.		Same as above.

NYSRI Dashboard – Article 31 Clinic

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Complex Care Management	90882	99051 U4	MD NPP Licensed Psychologist LMSW LCSW RN LMFT LMHC LCAT Licensed Psychoanalysts	An ancillary service to psychotherapy, psychotropic medication treatment, or crisis intervention services. It is provided by a clinician in person or by telephone, with or without the client. It is a clinical level service which is required as a follow up to psychotherapy, psychotropic medication treatment, or crisis intervention service for the purpose of preventing a change in community status or as a response to complex conditions. (Ed Note: CCM must be “ordered” during one of the clinic visits described, above)	<ul style="list-style-type: none"> - Provided within fourteen calendar days. - A maximum of four units of at least five consecutive minutes. - Each full five-minute unit may be provided on separate days within the 14-calendar day limit, with a maximum of four full five minute units associated with each eligible clinic visit (at which the service was ordered – Editor’s note). 	5 minute units	<ul style="list-style-type: none"> • Complex Care/Crisis Intervention/Contact Note

NYSCRI Dashboard – Article 31 Clinic

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Health Physicals APG's are Dx specific	99382-99387 New Patient 99392-99397 Established Patient CPT coding is age specific	No	MD NPP PA		No more than one health physical may be claimed in one year. Health physicals will be claimed using a health service rate code and will be excluded from the utilization threshold count.	This is a 60 minute visit	<ul style="list-style-type: none"> • E & M • Health Screen <p>Others as noted in first row, if indicated, plus any new or additional relevant information.</p>

NYScri Dashboard – Article 31 Clinic

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Health Monitoring - Individual	99401 99402 30 minutes 99403 45 minutes 99404 60 minutes	N/A	MD NPP PA RN/LPN	Health monitoring is the continued Measuring of specific health Indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, and smoking cessation. For children and adolescents, these indicators include, but are not limited to, BMI percentile, activity/exercise level, and smoking status.	Health monitoring services for clinic clients are considered to be ancillary to mental health. Individuals with Medicaid Managed Care for physical health only will not need a referral to receive health monitoring services this service in a mental health clinic. These services are presumed to complement a mental health service and can be paid fee-for service.	99401 15 Min 99402 30 Min 99403 45 Min 99404 60 Min	<ul style="list-style-type: none"> Health Monitoring/Injectable Psychotropic Medication Administration/with Monitoring and Education
Health Monitoring - Group	99411 30 Min 99412 60 Min	N/A	MD NPP PA RN/LPN	See Above	Health monitoring services groups require documented face-to-face service with a minimum of two recipients and a maximum of 12 recipients for services of a minimum of either 30 or 60 minutes duration.	99411 30 Min 99412 60 Min	See Above

NYScri Dashboard – Article 31 Clinic

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Smoking Cessation	99406 3-10 Minutes 99407 >10 Minutes	N/A	MD NPP PA RN	SCC must be provided face-to-face by a physician, physician assistant, nurse practitioner, or registered nurse. Smoking cessation treatment (individual or group) is counseling that complements the use of prescription and non-prescription smoking cessation products. These products are also covered by Medicaid. Smoking cessation treatment is also allowed for both adults and children as a health monitoring service.	ICD-10 Dx Code Z71.6 is counseling for tobacco use. Please confirm with payer before submitting. -99406 individual only -99407 individual or group Use the 'HQ' modifier to indicate a group SCC session, up to eight patients in a group. Medicaid reimbursement is available for six counseling sessions during any 12 continuous months; including any combination of individual or group counseling sessions. If smoking cessation counseling is part of a psychotherapy session	99406 (3-10 Min) 99407 >10 Min	<ul style="list-style-type: none"> • Psychotherapy • Complex Care/ Crisis Intervention/ Contact Note

NYScri Dashboard – Article 31 Clinic

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SBIRT	H0049 Or H0050	N/A	Licensed Practitioners must complete an OASAS-approved SBIRT training of at least four hours ; however, if the licensed practitioner holds certification as indicated in OASAS Table 1 or 2, then the training is recommended, but not required. Health educators and unlicensed practitioners must complete at least 12 hours of training facilitated by an OASAS approved SBIRT training provider prior to offering SBIRT services	SBIRT is an evidence-based practice model which is proven to be successful in modifying the consumption/use patterns of at-risk substance users and in identifying individuals who need more extensive, specialized treatment. SBIRT is a comprehensive, integrated, public health approach that provides opportunities for early intervention before more severe consequences occur.			<ul style="list-style-type: none"> • Psychotherapy

NYScri Dashboard – Article 31 Clinic				
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Treatment Planning Treatment Planning Review	<p>A treatment plan should be a dynamic document that accurately reflects the current strengths and needs of the recipient. Review and, where clinically appropriate, revisions to the treatment plan should be made during periods of emerging stress/crisis or when significant positive changes occur. It is important that a treatment plan be regarded as an evolving “roadmap” for the clinician, to ensure that the most relevant issues are consistently addressed in the treatment sessions, and to ensure that goals and services are adjusted to reflect the recipient’s situation and needs.</p> <ul style="list-style-type: none"> •Treatment plans must be completed no later than 30 days after admission, •Treatment plans must be reviewed and updated as necessary, based upon the recipient’s progress changes in circumstances, the effectiveness of services or other appropriate considerations. This must be done no less frequently than every 90days, or the next provided service, whichever is later. <p>For Treatment Plan and Review signature requirements please refer to the OMH Part 599 Guidance Document and Regulations. Links are on the first page of this document.</p>	Treatment planning and treatment plan reviews are the products of processes that may, or may not, be accomplished during a billable encounter. If the process is completed (for instance, if the clients signature is obtained during a billable encounter) then the encounter documentation would be in addition to the treatment plan or treatment plan review document.		<ul style="list-style-type: none"> • Treatment / Recovery Plan • Treatment / Recovery Plan Review/Revision <p>Others as noted in first row, if indicated, plus any new or additional relevant information.</p>
Pre-Admission Rules	OMH allows three preadmission procedures for adults and three Pre-admission visits for children/families to help clinicians improve engagement by giving them flexibility and more time to focus on the needs of the recipient. However, Part 599 does not mandate three preadmission sessions. Multiple assessments should only be provided if medically necessary.			<ul style="list-style-type: none"> • Pre-Admission / Admission Decision Note
Discharge Rules	Among the required elements of the clinical case record: Discharge plan Discharge Summary within three business days of discharge.			<ul style="list-style-type: none"> • Discharge Summary / Plan – Part A

Credential Guidance: Staff Eligible to Deliver Mental Health Services from pages 58-59: [Part 599 guidance document \(2015\)](#)

It is a provider's responsibility to ensure that all services are provided by staff within their scopes of practice. OMH has identified the staff eligible to provide services within their scope of practice as of July 1, 2016. However, OMH is currently waiving many of these requirements as permitted by New York State Law. More information on the extension of the licensing social work exemption can be found at the [Office of the Professions website](#).

Part 599 also provides the Commissioner with authority to waive certain staffing requirements as allowable by law. Services 2, 3, and 7 below must be provided by a Psychiatrist/NPP unless an OMH waiver for another physician is received.

	Service	Staff
1	Initial Assessment	MD/NPP, LMSW, LCSW, Licensed Psychologist, RN, Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), and Licensed Creative Arts Therapist (LCAT), Licensed Psychoanalysts, non-licensed staff under appropriate supervision.
2	Psychiatric Assessment	Psychiatrist /NPP or PA with specialized training approved by the Office
3	Psychiatric Consultation	Psychiatrist /NPP or PA with specialized training approved by the Office
4	Crisis Intervention	MD/NPP, Licensed Psychologist, LMSW, LCSW, PA, RN, LMFT, LMHC, LCAT, Licensed Psychoanalysts, non-licensed staff under appropriate supervision
5	Injectable Psychotropic Medication Administration	MD/NPP/RN/LPN/PA
6	Injectable Psychotropic Medication Administration with monitoring and education	MD/NPP/RN/PA
7	Psychotropic Medication Treatment	Psychiatrist /NPP
8	Psychotherapy	MD/NPP, Licensed Psychologist, LMSW, LCSW, PA, RN, LMFT, LMHC, LCAT, Licensed Psychoanalysts, , non-licensed staff under appropriate supervision
9	Developmental Testing	Clinic professional staff
10	Psychological Testing - various	MD/Licensed Psychologist
11	Complex Care Management	MD/NPP, Licensed Psychologist, LMSW, LCSW, PA, RN, LMFT, LMHC, LCAT, Licensed Psychoanalysts, non-licensed staff under appropriate supervision
12	Health Physicals	MD/NPP/NP/PA
13	Health Monitoring	MD/NPP/NP/RN/LPN/PA
14	Smoking Cessation Counseling	MD/NP/PA/RN
15	SBIRT	Licensed practitioners must complete an OASAS approved SBIRT training of at least four hours. See required Training/Certification