Attachment C Behavioral Health Services New York Medicaid Billing Codes

Listed below are the New York Medicaid program DRGs, procedure, fee, and rate codes for the Behavioral Health Services that are not in the Medicaid managed care **SSI** benefit and that are reimbursed via eMedNY on a Medicaid fee for service basis. Qualified mental health and chemical dependency providers enrolled in the New York State Medicaid program appropriately rendering services to individuals with SSI enrolled in Medicaid managed care, must enter the correct codes and other patient information to receive appropriate reimbursement. In addition, qualified participating providers must also have the correct category of service and specialty codes on file with eMedNY. In some cases, eMedNY will assign specialty codes. Providers who want to determine what specialty codes are on file, may contact1-800 343-9000 and select option 5.

As with all Medicaid claims, appropriate submission requires that providers check the individual's Medicaid eligibility, aid category, managed care enrollment status and enrollee's health plan. (See Attachment D "Determining Managed Care enrollee Status". This document reminds providers to check eMedNY for current eligibility and plan enrollment information.) Providers must also follow all policy and billing guidelines outlined in the eMedNY manuals and other guidance material found at http://www.emedny.org.

Physician/Psychologist Procedure/Fee Codes				
Service Description	Category of Service On File	Specialty Code On File	Procedure/Fee Codes Entered on the claim	
Physician - General Evaluation and Management Services Office visits/hospital outpatient services	0460 Physician	191 Child Psychiatry 192 Psychiatry	99201-99205 New Patient (Problem visit) 99211-99215 Established Patient (Problem visit)	
Physician - General Evaluation and Management Services Hospital Inpatient Services	0460 Physician	191 Child Psychiatry 192 Psychiatry	99221-99223 New or Established Patient	
Physician - General Evaluation and Management Services Observation or Inpatient Care Services including admission and discharge services	0460 Physician	191 Child Psychiatry 192 Psychiatry	99234-99236	
Physician - General Evaluation and Management Services Hospital discharge services	0460 Physician	191 Child Psychiatry 192 Psychiatry	99238-99239	
Psychiatry Office insight oriented, behavior modifying and/or supportive psychotherapy	0460 Physician	191 Child Psychiatry 192 Psychiatry	90804-90809	
Psychiatry Interactive psychotherapy (office)	0460 Physician	191 Child Psychiatry 192 Psychiatry	90810-90815	
Psychiatry Inpatient or Outpatient hospital, partial hospital or residential care facility; Insight oriented, behavior modifying and/or supportive psychotherapy	0460 Physician	191 Child Psychiatry 192 Psychiatry	90816-90819 90821-90822	
Psychiatry Interactive Psychotherapy (inpatient or outpatient hospital)	0460 Physician	191 Child Psychiatry 192 Psychiatry	90823-90824 90826-90828	
Psychiatry Other psychotherapy	0460 Physician	191 Child Psychiatry 192 Psychiatry	90846-90849 90853-90857	
Other Psychiatric Services or Procedures	0460 Physician	191 Child Psychiatry 192 Psychiatry	90862, 90870,90899	
Psychiatry administration Risperal Consta	0460 Physician	191 Child Psychiatry 192 Psychiatry	J2794	

Physician/Psychologist Procedure/Fee Codes				
Service Description	Category of Service On File	Specialty Code On File	Procedure/Fee Codes Entered on the claim	
Clozapine	0460	191 Child Psychiatry 192 Psychiatry	W0141	
Psychologist	0580 Psychologist	N/A	90806,90808,90812,90814,90818,90821,90826, 90828,90853,96101	

Mental Health Clinic and Programs (Article 31) and COS/RATE CODES				
Service Description	Category of Service on File	Specialty Code On File	Rate Codes Entered on Claim	
OMH Comprehensive			5200 (ICM Voluntary,	
Medicaid Case			5203 (ICM State Operated),	
Mgmt.	0265	N/A	5205 (SCM Community 20-1),	
(CMCM)			5206 (SCM Community 30-1), 5250-5259 (Blended)	
(Adults & Children) OMH Clinic ¹	0160/0287	310	5250-5259 (Blended) 4301-4306 (Adults & Children)	
OWIII CHINC	0100/0287	311	4601-4606 (Children in Managed Care)	
		315	4093-4098 (MC only CSP/COPS rate	
		316	codes)	
		352	4099 (children's evening/ weekend clinic	
		353	4669-(Clinic plus children) effective 3/08/07	
			4670 Clinic plus children) effective 3/08/07	
OMH Intensive	0160/0287	314	4364-4368 (Adult)	
Psychiatric Rehab. Treatment (IPRT)		319		
OMH Comprehensive	0287	992	4007-4010 (Adults & Children)	
Psychiatric Emergency				
Program				
(CPEP)	04 60 10 00	212	1207 1210 (1.1.1)	
OMH Continuing	0160/0287	312	4307-4348 (Adults)	
Day Treatment OMH Day Treatment	0160/0287	317 975	(Add-on CSP and COPS) 4060-4068 (Children)	
OMH Day Treatment	0100/0287	975	4000-4006 (Cilidreii)	
OMH Inpatient	0285	770	4001-4004 (State Operated);	
(Adults & Children)	0200		2852 (Psychiatric Units);	
(2858;2896 (Private Psychiatric Hospital);	
			2962; 2963 (ALC)	
OMH Community	0260/0268	326	4369-4371 (Adult Voluntary Operated);	
Residences		327	4383-4385 (Child Voluntary Operated);	
		329	4389-4391 (Adult State Operated);	
	00.00.00.00	330	4392-4394 (Child State Operated)	
OMH Family Based	0260/0268	328	4386-4388 (Children)	
Treatment (FBT)				
OMH Teaching Family	0260/0268	331	4395-4397 (Children)	
Homes	0200/0200	331	Cinuicii)	
(TFH)				
OMH Partial	0160/0287	313	4349-4363 (Adult)	
Hospitalization		318		
OMH HCBS Waiver	0268	N/A	4650-4670	
For Children				
OMH Prepaid Mental	0220	-	4530 estimated to be effective July 1, 2007.	
Health Plan				
(PMHP)				
Assertive Community	0268	N/A	4508-4509 & 4511-4512	
Treatment	0260	NT/A	4510 9 4520 4520	
PROS	0268	N/A	4510 & 4520-4529	

¹ Clinics designated as SEd clinics may only bill Medicaid FFS for Medicaid managed care enrolled child when the child has an SED diagnosis.

* Clinics listed on this table with category of service 0160/0287 or clinics with multi-specialty codes on file must enter Service Authorization Exception Code 7 on the claim form when submitting claims for SSI recipients enrolled in Medicaid Managed Care. The addition of service Authorization Exception Code 7 will help assure that eMedNY assigns the correct clinic specialty code.

Inpatient Hospital					
Mental Illness DRG Codes					
DRG	Category of Service	DRG			
Description	On File	Number Codes*			
O.R. Procedure w/Principal Diagnoses of Mental Illness - Acute Adjustment Reaction & Disturbance of Psychosocial Dysfunction	0285 Inpatient Hospital	0424			
Acute Adjustment Reaction & Disturbance of Psychosocial Dysfunction	0285	0425			
Depressive Neuroses	0285	0426			
Neuroses (except depressive)	0285	0427			
Disorders of Personality &					
Impulse control	0285	0428			
Psychoses	0285	0430			
Childhood Mental Disorders	0285	0431			
Other Mental Disorder					
Diagnoses	0285	0432			

^{*}Hospitals must provide correct diagnosis information on claim to assure that eMedNY correctly derives the appropriate DRG.

OASAS Programs (Articles 32 & 33) and COS/Rate Codes					
Service Description	Category of Service	Specialty Code On File	Rate Codes/ Procedure Codes Entered on Claim		
Methadone Maintenance	0160	922	1671, 1615, & 2973–. 3230 &3231 (subway tokens to NYC MMTP clinics)		
Methadone Maintenance Methadone Maintenance - Physician	0287 0460	922 750	2973 H0020		

OASAS Consolidated Services (Effective Date of December 2, 2002) Service Category of **Specialty Code** Article 32 **Article 28** Service On File **Description Rate Codes Rate Codes Entered** on Entered on Claim Claim **CD Medically Supervised** 0160/0287 986 4214 4273 **Outpatient** Clinic Assessment **CD Medically** 986 4274 **Supervised** 0160/0287 4215 **Outpatient** Clinic Individual session 0160/0287 **CD Medically Supervised** 986 4216 4275 **Outpatient** Clinic **Group session CD Medically** Supervised 987 4217 4276 0160/0287 Rehabilitation Assessment **CD Medically Supervised** 0160/0287 987 4218 4277 Rehabilitation Rehab session at least 4 hours **CD Medically Supervised** 0160/0287 987 4219 4278 Rehabilitation Rehab session at

least 2 hours

^{*}If any of the clinics listed in this table have multi-specialty codes on file, the clinics must enter Service Authorization Exception Code 7 on the claim form when submitting claims for SSI recipients enrolled in Medicaid Managed Care. The addition of service Authorization Exception Code 7 will assure that eMedNY assigns the correct clinic specialty code.

Outpatient Chemical Dependency Program for Youth

(Effective Date of December 2, 2002)

Service Description	Category of Service on File	Specialty Code on File	Article 32 Rate Codes Entered on Claim	Article 28 Rate Codes Entered on Claim
Outpatient Chemical Dependency Program for Youth Assessment	0160/0287	959	4280	4283
Outpatient Chemical Dependency Program for Youth Individual session	0160/0287	959	4281	4284
Outpatient Chemical Dependency Program for Youth Group session	0160/0287	959	4282	4285

^{*}If any of the clinics listed in this table have multi-specialty codes on file, the clinics must enter Service Authorization Exception Code 7 on the claim form when submitting claims for SSI recipients enrolled in Medicaid Managed Care. The addition of Service Authorization Exception Code 7 will assure that eMedNY recognizes the correct clinic specialty code.

Chemical Dependence Inpatient Rehabilitation Services				
Service Description	Category of Service	Specialty Code On File	Article 32 Rate Codes Entered on Claim	Article 28 Rate Codes Entered on Claim
CD Inpatient Rehabilitation	0285		4204	N/A
CD Inpatient Rehabilitation, State Operated Addiction Treatment Center	0285		4202	N/A
Chemical Dependence Inpatient Rehabilitation	0285		4213	2957