

## Guide to Edits – Part 599 Medicaid Billing and Fiscal Guidance

### Mental Health Outpatient Treatment and Rehabilitative Services

#### November 2023

Effective November 23, 2022, Part 599 Clinic Treatment Programs were renamed Mental Health Outpatient Treatment and Rehabilitative Services to more accurately capture the services as newly authorized under the Medicaid State Plan Rehabilitative Services benefit.

The guidance document referenced here focuses on Medicaid fee-for-service and Medicaid managed care billing and fiscal guidance only. There is a second document, [Mental Health Outpatient Treatment and Rehabilitative Service Guidance](#) that focuses on licensure, operations and service provision.

Because the previous guidance was split into two distinct documents, this summary only applies to the fiscal changes made due to the Part 599 regulations amendments effective November 2022 and subsequent changes thereafter. OMH has summarized all the changes here.

#### **November 2023 Updates:**

Page 6

- Added School-Based Mental Health (SBMH) rate codes to chart of rate codes.

Page 7

- Payment Modifiers section has been updated to include the new School-Based Mental Health (SBMH) services rate codes. These rate codes pay 125% of the base rate APG rate codes (e.g., 1504, 1516).

Page 8

- Payment Modifiers section has been updated to include new modifier combination for Language other than English when provided by a contracted vendor. This modifier will enhance the rate by an additional 35%.

Page 10

- Added SBMH rate codes to the rate codes exempt from the Utilization Threshold count.

Page 20

- Corrected transposed procedure code titles for 90849 and 90853.

Page 33

- Added detailed information regarding the School-Based Mental Health rate enhancement requirements.

**Previous Version - April 2023 Updates:**

Page 5

- Previous references to OMH specialty designated clinic services (now MHOTRS) were removed as the Medicaid FFS billing was carved into the Medicaid managed care benefit package as of 7/1/19.

Page 6

- Four new Integrated Outpatient Services (IOS) rate codes (two freestanding and two hospital-based) were added for IOS off-site services (OMH host only).

Page 7

- Three new FQHC codes were added for court mandated services.
- Off-site services are no longer limited to select children's services, or crisis intervention services for both adults and children. Also, the limit of one off-site service per client, per day has been eliminated.

Page 9

- Modifier chart has been updated
  - Reduced services modifier is no longer restricted to only school-based group services.
    - Psychotherapy -Multi-Individual group and Psychotherapy-Multi-Family/Collateral group sessions may be billed with the reduced time modifier if the service meets the 40-minute minimum.
  - Peer/Family Support Services has been added.

Page 10

- The following rate code types were added to the utilization threshold exemption list:
  - Off-site
  - Health Services/Peer Support Services
  - Crisis Intervention
  - Intensive Outpatient Program (IOP)
  - Integrated Outpatient Services (IOS-OMH Host)

Page 10

- Additional information has been added for Medicaid/Medicare crossover billing regarding MMCPs with an integrated Medicaid and Medicare product line.

Page 11

- Removed references to Licensed Mental Health Counselor and Licensed Marriage and Family Therapist when describing practitioners that cannot currently enroll in NYS Medicaid as these two provider types are now required to enroll in Medicaid.
- Added NPP as a clinician that may sign treatment plans.

Page 13

- Added information regarding ability to bill for services consistent with applicable AMA and CMS coding guidelines for service duration ranges where applicable. Please note that this change has been made throughout the document but begins on page 13.

Page 14

- Additional detail has been added to the requirements necessary to bill for Psychiatric Assessments.

Page 18

- Peer Support Services has been added as an allowable service.

Page 21

- Updated Testing Services title to include “Neurobehavioral Status Examination”. Please note that this change has been made throughout the document but begins on page 21.

Page 22

- Safety Net calculation info for FQHCs has been added.

Page 22

- Safety Net calculation for Freestanding providers has been updated to reflect that 3% of uncompensated care volume is now required for inclusion in the Safety Net pool. Previously 5% was required.

Page 23

- Added additional Safety Net detail for both FQHC and non-FQHC providers.

Page 24

- New chart has been added to outline services with their allowable time durations.

Page 33

- New contact mailbox for all MHOTRS billing and fiscal questions.