



14 NYCRR Part 599

Express terms

1. Subdivision (l) of section 599.4 of Title 14 NYCRR is amended to read as follows:

(l) *Complex care management* means 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.

2. Subdivision (c) of section 599.14 of Title 14 NYCRR is amended to read as follows:

(c) Medicaid claims may be submitted for no more than three services per day for any individual, not including crisis intervention or complex care management services. For the purposes of this subdivision, psychotropic medication treatment, injectable psychotropic medication administration, [and] injectable psychotropic medication administration with monitoring and education, and complex care management services may be counted as either health services or psychiatric services. No more than one health physical may be claimed in one year. Medicaid claims may be submitted for no more than one off-site service per child, per day, excluding crisis intervention services.

3. Paragraph (9) of subdivision (d) of Section 599.14 of Title 14 NYCRR is amended to read as follows:

(9) [Complex] Effective October 1, 2014, complex care management must be provided within [five working] fourteen calendar days following a face-to-face psychotherapy, psychotropic medication treatment, or crisis intervention service. [Only one] A maximum of four units of at least five consecutive minutes of complex care [procedure shall] management may be billed following each face-to-face psychotherapy, psychotropic

medication treatment, or crisis intervention service. [To bill medical assistance, this service requires at least 15 minutes of continuous time, not including standard reporting writing or brief follow-up calls.] 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. The time spent documenting the provision of complex care management or in other documentation activities shall not be included in the calculation of time for the purposes of billing of complex care management.

599.text.9.24.14