

Coding Crosswalk (from rate code to procedure (Px) code and modifiers) for Medicaid Advantage Plus (MAP) Plans Behavioral Health Carve-in Services

Note: Inpatient service and services that are reimbursed using the APG methodology by Medicaid are not included on this spreadsheet. Government rates must be used for Medicaid covered services. Please refer to MAP plans Behavioral Health Billing and Coding Manual for additional details. MAP plans will need to program their payment systems to accept these coding combinations and then look through the Rate Table (https://omh.ny.gov/omhweb/mcicaid_reimbursement/) to ascertain the correct payment amount for the various unique coding combinations (specified using procedure codes, modifier codes, and units of service - all cross-walking to rate code) and the specific provider and BH service (based on MMIS provider ID or NPI and rate code).

1-Jul-22

Program	Rate Code	Rate Code / Service Title	Px Code	Px Code Description	Modifiers	Units of Service	Specialty Code	Notes
Assertive Community Treatment (ACT)	4508	ACT Intensive Full Payment	H0040	Assert comm tx pgm per diem	None	6+	816: OMH ACT	Billed on a monthly basis. Use per diem code, with number of contacts during month in the unit field. Each unit represent one contact of at least 15 minutes.
	4509	ACT Intensive Part Payment	H0040	Assert comm tx pgm per diem	U5	2-5	816: OMH ACT	Billed on a monthly basis. Use per diem code, with number of contacts during month in the unit field. Each unit represent one contact of at least 15 minutes.
	4511	ACT Inpatient	H0040	Assert comm tx pgm per diem	U1, U5	2+	816: OMH ACT	Billed on a monthly basis. Use per diem code, with number of contacts during month in the unit field. Each unit represent one contact of at least 15 minutes.
Continuing Day Treatment (CDT)	4310	Continuing Day Treatment Half Day 1-40	H2012	Behav hlth day treat, per hr	U1, U5	2-3	317: OMH CDT 312: CDT (State Op)	Billed on a daily basis using three tiers of declining payment, which are derived from the number of hours of service provided previously in the month. Payment is for full day or half day.
	4311	Continuing Day Treatment Half Day 41-64	H2012	Behav hlth day treat, per hr	U2, U5	2-3	317: OMH CDT 312: CDT (State Op)	Billed on a daily basis using three tiers of declining payment, which are derived from the number of hours of service provided previously in the month. Payment is for full day or half day.
	4312	Continuing Day Treatment Half Day 65+	H2012	Behav hlth day treat, per hr	U3, U5	2-3	317: OMH CDT 312: CDT (State Op)	Billed on a daily basis using three tiers of declining payment, which are derived from the number of hours of service provided previously in the month. Payment is for full day or half day.
	4316	Continuing Day Treatment Full Day 1-40	H2012	Behav hlth day treat, per hr	U1	4-5	317: OMH CDT 312: CDT (State Op)	Billed on a daily basis using three tiers of declining payment, which are derived from the number of hours of service provided previously in the month. Payment is for full day or half day.
	4317	Continuing Day Treatment Full Day 41-64	H2012	Behav hlth day treat, per hr	U2	4-5	317: OMH CDT 312: CDT (State Op)	Billed on a daily basis using three tiers of declining payment, which are derived from the number of hours of service provided previously in the month. Payment is for full day or half day.
	4318	Continuing Day Treatment Full Day 65+	H2012	Behav hlth day treat, per hr	U3	4-5	317: OMH CDT 312: CDT (State Op)	Billed on a daily basis using three tiers of declining payment, which are derived from the number of hours of service provided previously in the month. Payment is for full day or half day.
	4325	Continuing Day Treatment Collateral	H2012	Behav hlth day treat, per hr	UK	1	317: OMH CDT 312: CDT (State Op)	Billed daily. Payment is based on half day payment for highest CDT tier. Minimum of 30 minutes. 30 minutes counts as one unit in this case.
	4331	Continuing Day Treatment Group Collateral	H2012	Behav hlth day treat, per hr	UK, HQ	1	317: OMH CDT 312: CDT (State Op)	Billed daily. Payment based on half day payment for highest CDT tier. Minimum of one hour.
	4337	Continuing Day Treatment Crisis	H2012	Behav hlth day treat, per hr	U8	1	317: OMH CDT 312: CDT (State Op)	Billed daily. Payment is based on half day payment for highest CDT tier. No minimum duration.
	4346	Continuing Day Treatment Pre-Admission	H2012	Behav hlth day treat, per hr	U9	1	317: OMH CDT 312: CDT (State Op)	Billed daily. Payment is based on half day payment for highest CDT tier. Minimum of one hour.
Comprehensive Psychiatric Emergency Program (CPEP)	4007	Brief Evaluation	90791	Psych Dx Eval (code also used in OMH Clinic)	HK, U5	1	992: OMH CPEP	Known as "brief emergency visit". Billed on a daily basis.
	4008	Full Evaluation	90791	Psych Eval (code also used in OMH Clinic)	HK	1	992: OMH CPEP	Known as "full emergency visit". Billed on a daily basis.
	4009	Crisis Outreach Visit	S9485	Crisis Intervention mental health services, per diem	HK	1	992: OMH CPEP	These are emergency services provided outside an emergency room setting. Code also pays in HCBS and APGs so use the HK modifier to differentiate the claim. Billed daily.
	4010	Interim Crisis Visit	H0037	Comm psy sup tx pgm per diem	HK	1	992: OMH CPEP	These are emergency services provided outside an emergency room setting to persons released from CPEP. Code also pays in APGs. Billed daily.
	4049	Extended Observation Beds (EOB)		See note (to the right).			992: OMH CPEP	Use same coding rules as used with rate code 2852 (inpatient psych per diem).
Partial Hospitalization	4349	Partial Hospitalization Regular - 4 hours	H0035	MH partial hosp tx under 24h	U4, [UA]	4	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 4 units. This code does not pay in APGs. Add the UA modifier if the service is a pre-adr
	4350	Partial Hospitalization Regular - 5 hours	H0035	MH partial hosp tx under 24h	U5, [UA]	5	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 5 units. This code does not pay in APGs. Add the UA modifier if the service is a pre-adr
	4351	Partial Hospitalization Regular - 6 hours	H0035	MH partial hosp tx under 24h	U6, [UA]	6	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 6 units. This code does not pay in APGs. Add the UA modifier if the service is a pre-adr
	4352	Partial Hospitalization Regular - 7 hours	H0035	MH partial hosp tx under 24h	U7, [UA]	7	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 7 units. This code does not pay in APGs. Add the UA modifier if the service is a pre-adr
	4353	Partial Hospital Collateral - 1 hour	H0035	MH partial hosp tx under 24h	U1, HR or HS	1	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 1 unit. Use HR or HS modifier (in addition to U1). This code does not pay in APGs.
	4354	Partial Hospital Collateral - 2 hours	H0035	MH partial hosp tx under 24h	U2, HR or HS	2	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 2 units. Use HR or HS modifier (in addition to U2). This code does not pay in APGs.
	4355	Partial Hospital Group Collateral - 1 hour	H0035	MH partial hosp tx under 24h	U1, HQ, HR or HS	1	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 1 unit. Use HQ (group) modifier. Also use HR or HS modifier (in addition to HQ and U1)

Program	Rate Code	Rate Code / Service Title	Px Code	Px Code Description	Modifiers	Units of Service	Specialty Code	Notes	
Partial Hospitalization (PH)	4356	Partial Hospital Group Collateral - 2 hours	H0035	MH partial hosp tx under 24h	U2, HQ, HR or HS	2	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Billed daily. Code with 2 units. Use HQ (group) modifier. Also use HR or HS modifier (in addition to HQ and U2)	
	4357	Partial Hospitalization Crisis - 1 hour	S9484	Crisis intervention per hour	HK, U1, [UA]	1	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim from clinic (APGs). Billed daily. Add the UA modifier	
	4358	Partial Hospitalization Crisis - 2 hours	S9484	Crisis intervention per hour	HK, U2, [UA]	2	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim from clinic (APGs). Billed daily. Add the UA modifier	
	4359	Partial Hospitalization Crisis - 3 hours	S9484	Crisis intervention per hour	HK, U3, [UA]	3	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim from clinic (APGs). Billed daily. Add the UA modifier	
	4360	Partial Hospitalization Crisis - 4 hours	S9484	Crisis intervention per hour	HK, U4	4	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim from clinic (APGs). Billed daily.	
	4361	Partial Hospitalization Crisis - 5 hours	S9484	Crisis intervention per hour	HK, U5	5	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim. Billed daily.	
	4362	Partial Hospitalization Crisis - 6 hours	S9484	Crisis intervention per hour	HK, U6	6	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim from clinic (APGs). Billed daily.	
	4363	Partial Hospitalization Crisis - 7 hours	S9484	Crisis intervention per hour	HK, U7	7	318: OMH Partial Hosp 313: OMH Partial Hosp (S.O.)	Also pays in APGs. Use HK modifier to differentiate claim from clinic (APGs). Billed daily.	
Personalized Recovery Oriented Services (PROS)	4510	PROS Preadmission	H0002	Behavioral health screening, admission eligibility	HE	1	829: OMH PROS	Billed monthly. Limited to 2 consecutive months. Cannot be billed in same month as PROS monthly base rate services code or other PROS rate codes. This code pays in APGs. Use HE modifier to differentiate claim from clinic (APGs).	
	4520	PROS Comm Rehab Srvc 2-12 Units	H2019	Ther behav svc, per 15 min	U1	2-12	829: OMH PROS	Billed monthly. The PROS units for the month are determined by using the "PROS Unit Conversion Chart" on a daily basis and then totaling for the month. Use the per diem code and show total PROS units for the month. The number of units coded does not affect payment, as payment is the same throughout the range.	
	4521	PROS Comm Rehab Srvc 13-27 Units	H2019	Ther behav svc, per 15 min	U2	13-27	829: OMH PROS	Billed monthly. The PROS units for the month are determined by using the "PROS Unit Conversion Chart" on a daily basis and then totaling for the month. Use the per diem code and show total PROS units for the month. The number of units coded does not affect payment, as payment is the same throughout the range.	
	4522	PROS Comm Rehab Srvc 28-43 Units	H2019	Ther behav svc, per 15 min	U3	28-43	829: OMH PROS	Billed monthly. The PROS units for the month are determined by using the "PROS Unit Conversion Chart" on a daily basis and then totaling for the month. Use the per diem code and show total PROS units for the month. The number of units coded does not affect payment, as payment is the same throughout the range.	
	4523	PROS Comm Rehab Srvc 44-60 Units	H2019	Ther behav svc, per 15 min	U4	44-60	829: OMH PROS	Billed monthly. The PROS units for the month are determined by using the "PROS Unit Conversion Chart" on a daily basis and then totaling for the month. Use the per diem code and show total PROS units for the month. The number of units coded does not affect payment, as payment is the same throughout the range.	
	4524	PROS Comm Rehab Srvc 61+ Units	H2019	Ther behav svc, per 15 min	U5	61+	829: OMH PROS	Billed monthly. The PROS units for the month are determined by using the "PROS Unit Conversion Chart" on a daily basis and then totaling for the month. Use the per diem code and show total PROS units for the month. The number of units coded does not affect payment, as payment is the same throughout the range.	
	4525	PROS Clin Trmt Add-On	Medicare procedure code https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912				1	829: OMH PROS	Medicaid Rate Code + Medicare Procedure Code/Revenue Code. Notes: Currently PROS clinic in MAP is reimbursed at Medicare negotiated rate, and Medicaid only pays cost-sharing. Effective January 2023, MAP plans will pay the "higher of" Medicare and Medicaid rate for PROS clinic services and procedures that are allowable under both Medicare and Medicaid, and will pay Medicaid rate if the service and the professional performing the service are allowable under Medicaid, but not allowable under Medicare.
	4526	PROS Int Rehab	H2018	Psyc soc rehab svc, per diem	HE	1	829: OMH PROS	Billed monthly. Requires at least 6 units of PROS in the CRS base (billed on separate line using H2019 - and showing total PROS units for the month). These two "base" units could include CRS, Clinic, Intensive Rehab, or ORS. Show only 1 unit on this line.	
	4527	PROS Ongoing Rehab & Support	H2025	Supp maint employ, 15 min	HE	1	829: OMH PROS	Requires at least 2 units of PROS in the CRS base (billed on separate line using H2019 - and showing total PROS units for the month). These two "base" units could include CRS, Clinic, IR, or ORS. Show only 1 unit on this line.	
	4531	Pre-admission - AH/NH/PC	H0002	Behavioral health screening, admission eligibility	UB, HE	1	829: OMH PROS	Billed monthly. Used instead of rate code 4510, but only for the BIP population. Limited to 4 (instead of only 2) consecutive months. Cannot be billed in same month as PROS monthly base rate services code or other PROS rate codes. This code pays in APGs. Use HE modifier to differentiate claim from clinic (APGs).	
	4532	Enhanced CRS 2 Contact - AH/NH/PC	H2019	Ther behav svc, per 15 min	UB, U2	1	829: OMH PROS	This is a monthly add-on to the base rate and can be billed in combination with other add-ons. Two or three services are required (see billing manual), but use one (1) as the billing unit.	
4533	Enhanced CRS 4 Contact - AH/NH/PC	H2019	Ther behav svc, per 15 min	UB, U4	1	829: OMH PROS	This is a monthly add-on to the base rate and can be billed in combination with other add-ons. Four or more services are required (see billing manual), but use one (1) as the billing unit.		
4534	Intensive Rehabilitation - AH/NH/PC	H2018	Psyc soc rehab svc, per diem	UB, HE	1	829: OMH PROS	This code is used in place of 4526 for the BIP population. The billing requirements are the same as 4526, but also include the UB modifier.		
Telephonic Crisis	4609	Telephonic crisis response - Licensed (up to 90 min)	H2011	Crisis Intervention service, per 15 min	GT	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Telephonic Crisis.	
	4610	Telephonic crisis response (up to 90 min) - unlicensed Masters level	H2011	Crisis Intervention service, per 15 min	GT, HO	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Telephonic Crisis.	
	4611	Telephonic crisis response - Licensed (Above 90 min - 3 hours)	S9485	Crisis Intervention service, per diem	GT	1/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Telephonic Crisis.	
	4612	Telephonic crisis response - unlicensed Masters level (Above 90 min - 3 hours)	S9485	Crisis Intervention service, per diem	HO	1/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Telephonic Crisis.	
	4613	Telephonic Crisis follow up - Licensed	H2011	Crisis intervention service, per 15 minutes	TS, GT	4/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Telephonic Crisis.	
	4614	Telephonic Crisis follow up - Certified Peer	H2011	Crisis intervention service, per 15 minutes	TS, HM	4/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Telephonic Crisis.	
Mobile Crisis Response MCR	4615	Mobile crisis response - one person response, Licensed - up to 90 min	H2011	Crisis Intervention service, per 15 min	HE	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response	
	4616	Mobile crisis response - two person response - Licensed and Unlicensed/Certified Peer- up to 90 minutes	H2011	Crisis Intervention service, per 15 min	HK	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response	
	4617	Mobile crisis response - two person response, both Licensed - up to 90 minutes	H2011	Crisis Intervention service, per 15 min	HE, HK	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response	
	4618	Mobile Crisis Response (90 - 180 minutes) Two person response - Licensed and Unlicensed/Certified Peer	S9485	Crisis intervention mental health services, per diem	HE, U5	1/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response	
	4619	Mobile Crisis Response (90 - 180 minutes) Two person response, both Licensed	S9485	Crisis intervention mental health services, per diem	HE, HK, U5	1/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response	
	4620	Mobile Crisis Response- Per Diem Requires a minimum 3 hours of face-to-face contact - Two person response, Licensed and Unlicensed/Certified Peer	S9485	Crisis intervention mental health services, per diem	HE	1/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response	

Program	Rate Code	Rate Code / Service Title	Px Code	Px Code Description	Modifiers	Units of Service	Specialty Code	Notes
	4621	Mobile Crisis Response- Per Diem. Requires a minimum 3 hours of face-to-face contact - Two person response, both Licensed.	S9485	Crisis Intervention mental health service, per diem	HE, HK	1/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response
	4622	Crisis follow up - face to face - One person response, Licensed - up to 90 minutes	H2011	Crisis intervention service, per 15 minutes	TS	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response
	4623	Crisis follow up - face to face - One person response, Unlicensed/Certified Peer - up to 90 minutes	H2011	Crisis intervention service, per 15 minutes	TS, HE	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response
	4624	Crisis follow up - face to face - Two person response, one Licensed and one Unlicensed/Certified Peer - up to 90 minutes	H2011	Crisis intervention service, per 15 minutes	TS, SC	6/Day	824	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Mobile Crisis Response
Residential Crisis Support (RCS)	4625	Residential Crisis Support (RCS)	T2034	Crisis intervention, waiver; per diem	HE	1/Day	365	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Residential Crisis Services.
Intensive Crisis Support (ICR)	4626	Intensive Crisis Residence (ICR)	T2034	Crisis intervention, waiver; per diem	ET	1/Day	365	Billed daily, use CPT and modifier combination to differentiate between services. This service is a part of Residential Crisis Services.
	7784	1115 Psychosocial Rehab - Indv - on-site	H2017	Psychosocial rehabilitation services; per 15 minutes	U1		836	On-site rate code. Use U1 modifier. Do not bill transportation supplement.
	7785	1115 Psychosocial Rehab - Indv - off-site	H2017	Psychosocial rehabilitation services; per 15 minutes	U2		836	Off-site rate code. Use U2 modifier. Bill transportation supplement as appropriate.
	7810	Psychosocial Rehabilitation- Employment Focus (On-site or Off-site)	H2017	Psychosocial rehabilitation services; per 15 minutes			836	Service must be one-to-one. Bill transportation supplement as appropriate.
	7811	Psychosocial Rehabilitation- Education Focus (On-site or Off-site)	H2017	Psychosocial rehabilitation services; per 15 minutes	TF		836	Service must be one-to-one. Bill transportation supplement as appropriate.
	7786	1115 Psychosocial Rehab - Group 2-3	H2017	Psychosocial rehabilitation services; per 15 minutes	UN or UP Add TF if with Education Focus Add TG if with Employment Focus		836	On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient).
	7787	1115 Psychosocial Rehab - Group 4-5	H2017	Psychosocial rehabilitation services; per 15 minutes	UQ or UR Add TF if with Education Focus Add TG if with Employment Focus		836	On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient).
	7788	1115 Psychosocial Rehab - Group 6-10	H2017	Psychosocial rehabilitation services; per 15 minutes	US Add TF if with Education Focus Add TG if with Employment Focus		836	On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient). Maximum group size is 10.
Community Oriented Recovery and Empowerment (CORE)	7790	1115 CPST (physician)	H0036	Community Psychiatric Supportive Treatment, face-to-face; per 15 min	AF		839	Off-site only. Use appropriate modifier. Bill transportation separately. No groups.
	7791	1115 CPST (NP, Psychologist, Physician's Assistant)	H0036	Community Psychiatric Supportive Treatment, face-to-face; per 15 min	Use SA modifier for Nurse Practitioner or AH modifier for Psychologist or U1 modifier for Physician's Assistant		839	Off-site only. Use appropriate modifier. Bill transportation separately. No groups.
	7792	1115 CPST (RN, LMHC/MHC-LP, LMFT/MFT-LP, LCSW, LMSW/MSW-LP, LCAT/CAT-LP, Psychoanalyst, CRC)	H0036	Community Psychiatric Supportive Treatment, face-to-face; per 15 min	Use TD modifier for Registered Nurse or AJ modifier for all other allowable professions		839	Off-site only. Use appropriate modifier. Bill transportation separately. No groups.
	7793	1115 CPST (LPN)	H0036	Community Psychiatric Supportive Treatment, face-to-face; per 15 min			839	Off-site only. Bill transportation separately. No groups.
	7794	1115 Peer Supports - by credentialed staff	H0038	Self Help / Peer Services, per 15 minutes	HE or HF		837	On-site or off-site. Use HE modifier for an "OMH service" or the HF modifier for an "OASAS service". Bill transportation supplement as appropriate.
	7799	1115 Family Support / Training (individual)	H2014	Skills training and development; per 15 minutes	HR or HS		855	On-site or off-site. Bill transportation supplement as appropriate. Use modifiers. No modifier is needed if FST is delivered one-on-one with the individual only.
	7800	1115 Family Support / Trn (group of 2 or 3)	H2014	Skills training and development; per 15 minutes	HR or HS, UN or UP		855	On-site or off-site. Bill transportation supplement as appropriate. Use modifiers.
	7808	1115 Provider Travel Supplement (per mile)	A0160	Non-emergency transportation: per mile - case worker or social worker	U2	1-60/day/round trip	835	Billing is at the recipient level. 58 cents (per Federal guidelines). Billed on a daily basis. Only one claim is allowed per recip per day.
	7809	1115 Provider Travel Supplement (public transport)	A0160	Non-emergency transportation: per mile - case worker or social worker	U3	31/month	835	Billing is at the recipient level. Bill monthly. Use first day of the month as the date of service.