



**Community Mental Health Assessment (CMHA) Billing Policy**

On April 1, 2017, New York State (NYS) will institute a process change for billing the Community Mental Health Assessment (CMHA). Care Management Agencies (CMA) will bill NYS Medicaid directly through the eMedNY system. This process will be used for newly and previously completed assessments for individuals enrolled in Health and Recovery Plan (HARP) or HARP-eligible individuals enrolled in HIV Special Needs Plans. For dates of service beginning October 1, 2015, in New York City and July 1, 2016, throughout the rest of NYS, claims for unpaid assessments completed for these enrolled individuals can be directly submitted to eMedNY. This will be the process until direct billing to Medicaid Managed Care Organizations (MMCO) is implemented, targeted to begin Fall 2017.

To assist CMAs with retroactive billing, NYS will provide payment data indicating which assessments were previously paid using the original billing process.

1. New York State will provide MMCOs with information on assessment payments that have been paid by the State to the Plan. This information will include payment amount, rate code, member ID, date of service, etc.
2. The MMCOs will communicate this payment information to the Health Homes.
3. The Health Homes will communicate the previous payment information to the CMA. The CMA will use this information to determine assessment payments that are still outstanding.
4. The CMA will then be able to invoice eMedNY directly for unpaid assessments for HARP enrolled individuals, using the appropriate rate code.

The CMA will submit the institutional claim using **rate code 7778** and **procedure code H0002** for the Behavioral Health Home and Community Based Services (BH HCBS) Brief Assessment (referred to as the NYS Eligibility Assessment) , or **rate code 7779** and **procedure code H0031** for the BH HCBS Full Assessment (referred to as the Community Mental Health Assessment).

Behavioral Health Home and Community Based Services – Updated Assessment Rates					
Rate Code	Rate Code Description	Procedure Code	Unit Measure	Upstate Fee (paid to provider)	Downstate Fee <sup>1</sup> (paid to provider)
7778	BH HCBS Brief Assessment	H0002	None, code 1 unit	\$ 71.33	\$ 80.00

<sup>1</sup> The Downstate region consists of NYC and the counties of Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess. This is the same rule used for OMH clinics.



**Department  
of Health**

**Office of  
Mental Health**

**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner of Health, DOH

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner, OMH

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.**  
Commissioner, OASAS

7779	BH HCBS Full Assessment	H0031	None, code 1 unit	\$ 93.62	\$ 105.00
------	-------------------------	-------	-------------------	----------	-----------

NOTE: Effective March 7 only the Brief Assessment (NYS Eligibility Assessment) is required to establish BH HCBS eligibility and provide access to these services.

For questions regarding this process change for billing for the CMHA, please contact the NYS Office of Mental Health at [OMH-Managed-Care@omh.ny.gov](mailto:OMH-Managed-Care@omh.ny.gov).