

# PROS Redesign Billing Basics

## The PROS Unit

- A PROS unit is equal to 15 minutes of service provided 1:1 or 30 minutes of service provided in a group.
- A maximum of 5 PROS Units (unadjusted for off-site provision) may be accumulated per calendar day.

## Monthly Base Rate & Add-Ons

- PROS is billed using a monthly base rate and add-on components based on enrollment and service utilization.
- Participants must be enrolled in the correct components and RRE Codes through CAIRS.
- The base rate tier is calculated by adding all units accrued during the month.
- A minimum of 4 units of CRS Services, unadjusted for off-site provision, are required to bill the base rate.
- Add-on components *may* be billed in the month of admission if billing thresholds are met.

## Off-site Services

- *Off-site* is any appropriate location in the community where an individual may receive services. Off-site does not include the PROS site or space that is co-located at the same address as a PROS site.
- The number of PROS units accrued off-site is doubled when counted toward the base rate tier. 5 PROS Units provided off-site would count as 10 units toward the base rate.
- Participants may receive a combination of onsite and off-site services in a single day. Only the units accrued off-site may be adjusted (doubled) when counted toward the base rate tier.

Add-on Component Rate Codes & Rates*			
Rate Description	Region	Rate Code	Rate
Clinical Treatment	Upstate	4525	\$335.08
	Downstate	4525	\$368.03
Intensive Rehabilitation	Upstate	4526	\$496.81
	Downstate	4526	\$546.09
Ongoing Rehabilitation & Support	Upstate	4527	\$427.40
	Downstate	4527	\$468.27

\*Rates effective April 1, 2024

PROS Monthly Base Rate								
Region	PROS Monthly Base Rates – Current*				PROS Monthly Base Rates – Proposed Redesign			
	Rate Code	Tier	Units	Rate	Rate Code	Tier	Units	Rate
Upstate	4520	1	2-12	\$282.29	4516	1	4-11	\$353.70
Downstate	4520	1	2-12	\$309.98	4516	1	4-11	\$388.99
Upstate	4521	2	13-27	\$663.51	4517	2	12-43	\$680.40
Downstate	4521	2	13-27	\$729.45	4517	2	12-43	\$748.30
Upstate	4522	3	28-43	\$947.11	4518	3	44+	\$1,120.63
Downstate	4522	3	28-43	\$1,040.75	4518	3	44+	\$1,232.46
Upstate	4523	4	44-60	\$1,036.84				
Downstate	4523	4	44-60	\$1,142.32				
Upstate	4524	5	61+	\$1,197.76				
Downstate	4524	5	61+	\$1,316.43				

\*Rates effective April 1, 2024

## Clinical Treatment (CT)

- Must have a minimum of one (1) CT service in the month to bill the add-on.
- May not be billed as a stand-alone component; must be billed in combination with the monthly base rate.
- Individuals receiving the Medication Management service must have at least one contact with a psychiatrist or nurse practitioner in psychiatry every three months.

## Intensive Rehabilitation (IR)

- Must accrue a minimum of 6 total PROS Units (unadjusted for off-site provision) in the month.
- The participant must receive a minimum of 1 IR service in the month.
- The participant must receive at least one PROS service in-person, or through audio-visual telehealth.
- May be billed with or without the monthly base rate. When billing without a monthly base rate, the full minimum of 6 PROS Units (unadjusted for off-site provision) must consist of IR services.
- Cannot be billed in combination with the ORS component.

## Ongoing Rehabilitation & Support (ORS)

- Must accrue a minimum of 4 ORS PROS Units over at least two separate dates of service (e.g., two 30-minute ORS services OR one 15-minute ORS service + one 45-minute ORS service, etc.)
- At least one of the ORS services per month must be with the participant only (no collateral present).
- Must be provided 1:1 and off-site or through telehealth.
- May be billed with or without the monthly base rate.
- May not be billed in combination with the IR component.

## Questions & Technical Assistance

- Fee for Service Billing Questions: [MedicaidFFSBillingHelp@omh.ny.gov](mailto:MedicaidFFSBillingHelp@omh.ny.gov)
- Managed Care Billing Questions: [OMH-Managed-Care@omh.ny.gov](mailto:OMH-Managed-Care@omh.ny.gov)
- RRE Code / CAIRS Registration Questions: [PROSPROgramBillingRelatedInquiries@omh.ny.gov](mailto:PROSPROgramBillingRelatedInquiries@omh.ny.gov)
- Program Operations: [PROS@omh.ny.gov](mailto:PROS@omh.ny.gov)

Note that this one-pager has been issued as a resource in advance of CMS approval of the proposed State Plan Amendment (23-0098) and is subject to change. Current Medicaid Reimbursement Rates are posted on the OMH Website: [https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/pros.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/pros.xlsx)