Office of Mental Health | Office of Addiction Services and Supports

New York State (NYS) Certified Community Behavioral Health Clinic (CCBHC) Billing FAQ

October 30, 2024 | FAQs from New CCBHC Providers

#	Topic	Question	Answer
1.	Codes	Is there a list of CPT codes for the CCBHCs?	Yes, there is an up-to-date list of allowable CCBHC CPT codes that can be found at https://omh.ny.gov/omhweb/bho/ccbhc.html.
2.	Codes	Is there a specific taxonomy code that should be used on claims?	Taxonomy codes are not submitted on claims. The taxonomy code is chosen by the provider when applying for an NPI. This 10-digit code describes the kind of specialty provider they are. The NPI associated with the CCBHC rate code (1147) must be used on the claim.
3.	Codes	In the materials provided for billing, there is no mention of whether or not Medicaid claims should be using the telehealth modifiers: 95, FQ, GT for video and audio telehealth respectively. There are modifiers for on-site and off-site services in the guidance. Should agencies use the off-site U2 modifier for telehealth, or is the U2 only applicable to in-person off-site?	Yes, U2 is used for off-site service and is not solely used for in-person off site. • U1 - Service provided by CCBHC provider at CCBHC location. • U2 - Service provided by CCBHC provider at other than a CCBHC location. • U3 - Service provided by Designed Collaborating Organization (DCO) at CCBHC location. • U4 - Service provided by DCO at other than a CCBHC location.
4.	Codes	Does the agency location matter, meaning can a CCBHC use one location for all their billing regardless of where it is actually provided?	A CCBHC cannot use one location for all their billing regardless of where it is actually provided. The zip+4 of the CCBHC location where the visit took place (or originated from for off-site services) must be used.
5.	Codes	HCPC codes must be present on all CCBHC	Box 44 of the UB-04 claim form is where the CPT/HCPC

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		Medicaid claims. Which box on the claim form should this information be placed into?	procedure codes with all modifiers must be entered. There are multiple lines available for multiple procedure codes. All Procedure codes that reflect the services rendered for the visit should be entered on the claim. Please refer to MCTAC's virtual UB-04 claiming guidance at https://billing.ctacny.org/.
6.	Billing	A program is serving individuals at their main CCBHC location who are also being seen by an Article 31 provider outside their system. Can the program bill the CCBHC rate if the other Article 31 is also billing?	Co-enrollment in CCBHC and Mental Health Outpatient Treatment and Recovery Services (MHOTRS) is not allowable, as this is considered a duplication of services. Please see additional guidance at: https://omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf
7.	Billing	What is the process to bill for individuals that have commercial insurance as primary and Medicaid Managed Care (MMC) or Fee-for-Service (FFS) Medicaid as secondary?	Medicaid is the payor of last resort; therefore, the provider will bill the client's commercial insurance first and cross the claim to Medicaid for reimbursement of the co-pay/deductible.
8.	Billing	What is the process to bill for individuals dually enrolled in Medicaid and Medicare?	The provider will bill for CCBHC services the same way that they would bill for any other services where a client is dually enrolled (i.e. covered by both Medicare/Medicaid). Medicaid is the payor of last resort. As such, the provider will bill the client's Medicare first, and then cross the claim to Medicaid. The payment received by Medicaid will be the difference between the Medicaid PPS payment and what was received by Medicare (the "higher-of").
9.	Billing	When submitting a Medicaid claim and the provider is not a licensed clinician for Medicare, do we need to include an attending/referring provider NPI on the claim?	A Medicaid claim must always include a valid Type 1 NPI of a Medicaid-enrolled practitioner on the referring line of the claim. If a claim is being submitted for a dually enrolled individual and the attending is not a Medicare enrollable type, the claim may be zero-filled.

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			Additional guidance can be found at: https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no18_dec20.pdf
10.	"U" Modifier	For the U1 modifier (U1 - Service provided by CCBHC provider at CCBHC location), does this represent in-person sessions?	Yes, the U1 modifier indicates an in-person session.
11.	"U" Modifier	Is there a scenario where a telehealth session would receive the U1 modifier?	No, U1 is only used for in-person sessions. • U1 - Service provided by CCBHC provider at CCBHC location. • U2 - Service provided by CCBHC provider at other than a CCBHC location. • U3 - Service provided by Designed Collaborating Organization (DCO) at CCBHC location. • U4 - Service provided by DCO at other than a CCBHC location.
12.	"U" Modifier	For the U2 Modifier (U2 - Service provided by CCBHC provider at other than a CCBHC location), does this represent all telehealth sessions, like audio/visual? If so, would the 95 modifier also need to be included along with the U2 modifier?	Yes, U2 can be used to represent audio/visual service delivery, and the 95 modifier would need to be included. Modifiers to be used when billing for Telehealth services include 95, GT, and FQ. Telehealth Services that include video require either the GT or 95 modifier. Modifier 95 may only be appended to the specific services listed in Appendix P of the AMA's CPT Professional Edition 2023 Codebook. Note, modifier GT is only for use with those services for which modifier 95 cannot be used. For audio only services use modifier FQ.

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13.	Training	How are the Office of Addiction Services and Supports (OASAS) clinics reported on the CFR (separate or combined into clinics)?	The link below contains additional information: NYSED::RSU: Consolidated Fiscal Report Manuals. Refer to Appendix GG for detailed instructions on the Allocation methodology for IOS and CCBHC for SUD and MH clinics. Providers may also use the CCBHC consolidation Fiscal report visit Excel worksheet to aid in the calculation as outlined in the CFR manual.
14.	Billing	In some cases modifiers are used to increase the rate. Do the increases/rules also apply to the CCBHC?	No, the increases do not apply. CCBHC claims submitted with rate code 1147 are paid a specific PPS rate regardless of the number or types of services provided to an individual in a day.