

Assertive Community Treatment (ACT)

The Office of Mental Health (OMH) outlines specific claim requirements for Assertive Community Treatment (ACT) services delivered to New York Medicaid members. This behavioral health service must be billed under Medicaid fee-for-service rate codes by OMH-licensed or OASAS-certified programs. These guidelines do not apply to office-based practitioner billing.

Claim Requirements

ACT claims must follow the corresponding rate code, procedure and modifier combination as determined by the [Office of Mental Health Coding Crosswalk](#)

- Submit claims monthly using only one rate code per month
 - Use the last day of the month as the date of service; it represents all days in the month
- Report the actual number of contacts during the month in the unit field on the claim.
 - Each unit of service represents one contact of at least 15 minutes.
- Use procedure code H0040 for all ACT services, regardless of the rate code billed
- Include the appropriate modifier(s) indicated for the applicable rate code

All ACT services should be billed with procedure code H0040			
Rate Code	Rate Code Description	Modifier	Units of Service
4508	Adult ACT Intensive Full Payment	--	6+
4509	Adult ACT Intensive Part Payment	U5	2-5
4511	Adult ACT Inpatient	U1, U5	2+
4513	Youth ACT Intensive Full Payment	HA	6+
4514	Youth ACT Intensive Part Payment	HA, U5	2-5
4515	Youth ACT Inpatient	HA, HK	2+

Common Claim Denial Reasons

- Invalid procedure/modifier combination
- Multiple ACT service lines billed
- Invalid date
- Missing/invalid value code
- Previously submitted/duplicate claim
- Untimely submission

Questions?

For additional ACT billing guidance, review the [Medicaid Managed Care Behavioral Health Billing and Coding Manual](#). If you have additional questions, contact your Provider Relations Advocate or email nynetworkmanagement@optum.com.