



September 17, 2025

**TO: All Personalized Recovery Oriented Services (PROS) Providers**

**RE: PROS Billing & Claiming Manual Update**

**IMPACTED PLANS: MEDICAID, HIV SNP, HARP, and MAP**

Dear MetroPlusHealth Provider,

OMH has released an updated PROS Billing and Claiming Manual to clarify billing and reimbursement expectations for the PROS redesign, which were **effective as of April 1, 2025**.

The following changes are specific to reimbursement for Clinical Treatment (CT) add-ons during pre-admission:

**1. Page 9: Registration Process at Admission**

- PROS admission begins when the program enters a registration request on the CAIRS PROS Admission screen.
- Until that registration is processed, the PROS provider will not be reimbursed for any services other than pre-admission (and the Clinical Treatment add-on component, if applicable) for the member.
- Providers must submit registrations and all other reporting documents required for all members (non-Medicaid and Medicaid).

**Page 14: CLINICAL TREATMENT (CT) (RATE CODE 4525)**

- **The Clinical Treatment add-on is only reimbursable in conjunction with a Monthly Base Rate.**
  - Reimbursement for the CT Add-On Component is subject to the following rules:
    - The members must have **RRE Code 84** on their Medicaid File, or they must be in pre-admission status.
    - At least one clinical treatment service **must** be provided during the month to be reimbursed.

- The CT add-on must be billed with a Monthly Base Rate (**Rate Codes 4516-4518**).
- Members receiving Medication Management from PROS clinic **must** have at minimum, one contact with a psychiatrist or nurse practitioner in psychiatry every 3 months, or more if clinically required.
  - Contact during any of the first 3 months of the member's admission will allow billing for that month, any prior months the member was registered with PROS, and the 2 months after the month of contact.
  - Therefore, each month the member is in contact with a psychiatrist or nurse practitioner in psychiatry will enable billing for that month and the next 2 months.

**Example:** If a member is seen by the physician in February, they must be seen again by the end of May to bill for May.

#### **Allowable Monthly Billing Combinations:**

Providers can submit the following possible combinations of PROS Components/Rate Codes:

• Pre-Admission Screening Services only (4510)
• Monthly Base Rate Only (4516, 4517, or 4518)
• Monthly Base Rate (4516, 4517, or 4518) + CT Add-On (4525)
• Monthly Base Rate (4516, 4517, or 4518) + CT Add-On (4525) + IR Add-On (4526)
• Monthly Base Rate (4516, 4517, or 4518) + CT Add-On (4525) + ORS Add-On (4527)
• Monthly Base Rate (4516, 4517, or 4518) + IR Add-On (4526)
• Monthly Base Rate (4516, 4517, or 4518) + ORS Add-On (4527)
• IR Add-On Only (4526)
• ORS Add-On Only (4527)

For details, please refer to the updated manual posted at:

<https://omh.ny.gov/omhweb/pros/pros-billing-claiming-manual.pdf>.

If you have any questions regarding this memo, please contact MetroPlusHealth at:

[ProviderRelationsOps@metroplus.org](mailto:ProviderRelationsOps@metroplus.org).

Thank you.

MetroPlusHealth