



## **OASAS Certified Part 822 Programs Services in the Community Clinical and Billing Guidance**

### **Section One: Background - Obtaining Federal Medicaid Support for Part 822**

#### **Offsite Clinic services**

1. Overall vision is to support the delivery of offsite clinic services, and to allow for Medicaid reimbursement of services.
2. OASAS Regulatory Support - The [Title 14 NYCRR Part 822 regulations](#) allow for services to be provided offsite.
3. Federal Medicaid Support - OASAS worked with the NYS Department of Health (NYS DOH) and the Federal Centers for Medicare and Medicaid Services (CMS) to obtain approval for Medicaid reimbursement for Part 822 clinic services that are provided off-site. Please see the Medicaid billing section of this guidance for detail.

### **Section Two - What services will be allowed?**

Programs will now be able to offer services to patients in the community, at a school, criminal justice setting or other site where SUD patients maybe in need of clinic services. All services that can be provided and billed in a clinic are eligible to be provided in the community including peer services. For Medicaid billing, this provision applies to Medicaid Managed Care only until the OASAS State Plan moving services to Rehab is approved. For specific billing guidance (See Section Four).

Services must be provided to individuals who are enrolled in an outpatient program or seeking services from an OASAS certified Part 822 Outpatient Clinic or Opioid Treatment Program (OTP). They must be delivered in accordance with a treatment plan that is in compliance with all OASAS and Medicaid billing regulations or delivered as a part of an assessment or continuing care plan. Treatment plans must identify services to be provided offsite and the progress note must identify the clinical or peer staff member who delivered the service and the setting in which it was delivered. All services must be delivered in accordance with confidentiality requirements.

Screening and Brief Intervention services are billable in an SUD setting. The clinic may not use the offsite provision to do screenings for a general population (for example: in a criminal justice or child welfare setting), but they may work with a program/provider to engage people who are in need of services. For example, they may provide brief intervention and referral to treatment services for individuals who have already screened positive and are in need of SUD treatment. Peer services are billable in an OASAS clinic and can be billed as an offsite service as described above. This will allow programs to provide outreach



to individuals who have become disengaged from service, and will allow for peers to work with individuals who are active or potential patients of the clinic in the community.

All other clinical services to prospective and active patients are billable offsite. This would allow for a home visit to conduct a session with someone who is unable to attend a session or an outreach visit to assess an individual in the community.

### **Section Three – Reimbursement Options - Who does this provision apply to?**

#### Non Medicaid:

Programs may provide offsite services to clients of the program with non –Medicaid payer as per individual agreements with the payer.

#### Medicaid:

Programs may provide and receive Medicaid reimbursement for offsite services consistent with the billing parameters outlined in Section Four of this guidance.

### **Section Four – Medicaid Reimbursement - Who can Bill / Claim for this service; and, where are claims submitted?**

- Programs must follow the [APG billing guidance on the staffing requirements](#) for each service.

#### **Effective Dates for Medicaid Reimbursement for Delivery of Offsite Services:**

#### **Medicaid Managed Care (MMC) / Health and Recovery Plan (HARP) Enrollees**

- For Medicaid Managed Care and HARP enrollees, Federal CMS approval was obtained via the Medicaid Section of the 1115 Partnership Plan demonstration waiver (“the managed care waiver”)
- This 1115 waiver approval means that, as OASAS Part 822 services are integrated into the MMC and HARP benefit package, such clinic services may be delivered both on-site at the Part 822 certified location AND off-site (within the community).
- The effective dates for plan reimbursement of offsite services rendered to MMC / HARP enrollees are:
  - NYC - October 1, 2015
  - Rest of State (ROS) - July 1, 2016.
- Claims for such services must be submitted to the enrollee’s MMC / HARP Plan
- Claims would utilize the appropriate APG: rate; cpt, or, HCPCS code.

#### **Medicaid fee-for-service (MAFFS) - individuals not enrolled in an MMC or HARP Plan**

- OASAS will also submit a State Plan Amendment (SPA) seeking approval to extend Medicaid Fee-for-service (MAFFS) reimbursement to Part 822 off-site clinic services. OASAS will notify the field when the State Plan is approved.



## Office of Alcoholism and Substance Abuse Services

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- Once SPA approval has been obtained, MAFFS claims would be submitted directly to the State Medicaid system.
- MAFFS claims utilize the appropriate APG: rate; cpt, or HCPCS code.
- NOTE: As most Medicaid recipients will be enrolled in MAMC / HARP plans; MAFFS while available, will be minimal.

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