

OASAS Encounter Form Model

Patient Name: Jane Doe
Address: 1234 Main Street, Apartment B-22
City, State, Zip: Rochester, NY 14611
Phone: _____
Primary Insurance: _____
Subscriber #: _____
Client Medicaid ID # _____
Relationship to Insured: _____
DX1: _____
DX2: _____
DX3: _____

Date of Birth: mm/dd/yyyy
Age: _____
Sex: _____

Date of Appt: _____
Time of Appt: _____
Appt. Type: _____

Case #: _____ **Date of Next Appt:** _____
Patient #: _____ **Time of Next Appt:** _____

Referral to/# of Visits/Notes:

Provider Signature: _____
Total Charges: \$ _____
Total Payment: \$ _____

Payment Method:
 Cash Check # _____ MC VISA Discover AmEx

Treating Provider Name: _____

NPI: _____

OASAS Unlicensed Practitioner Number (02249145): _____

APG	OASAS Service Category Description	CPT Codes <input checked="" type="checkbox"/>	CPT Code Description	HCPCS Codes <input checked="" type="checkbox"/>	HCPCS description
315	Psychiatric Assessment with Counseling – Brief (30 minute min)	<input type="checkbox"/> E&M Code Plus 90833	Psychiatric Assessment with Counseling-30 minutes Select E&M Code from Range: 99201-99205, 99211-99215 PLUS Add-on Code 90833	N/A	
316	Psychiatric Assessment with Counseling (45-50 minute min)	<input type="checkbox"/> E&M Code Plus 90836	Psychiatric Assessment with Counseling-45-50 minutes Select E&M Code from Range: 99201-99205, 99211-99215 PLUS Add-On Code 90836	N/A	
315	Individual Therapy – Brief 25 minute minimum	<input type="checkbox"/> 90832	Alcohol/Substance Interview (Individual Brief 25 minutes minimum)	<input type="checkbox"/> G0396	Alcohol/Substance assessment and brief intervention
316	Individual Therapy – Normative 45 minute minimum	<input type="checkbox"/> 90834	Alcohol/Substance Interview (Individual Normative 45 minutes minimum)	<input type="checkbox"/> G0397	Alcohol/Substance assessment and brief intervention
317	Family/Collateral Therapy w/o patient 30 minute minimum	<input type="checkbox"/> 90846	Family/Couple Counseling (30 minute minimum) w/o patient	<input type="checkbox"/> T1006	Alcohol/Substance services family / couple counseling
318	Group Therapy 60 minute minimum	<input type="checkbox"/> 90853	Alcohol &/or Drug Services (group counseling by a clinician)	<input type="checkbox"/> H0005	Alcohol/Substance ; group counseling by a clinician
318	Group Therapy 60 minute minimum	<input type="checkbox"/> 90849	Multiple Family Group (adolescent patients) (60-90 minutes)	N/A	
322	Medication Administration & Observation No min. time		N/A	<input type="checkbox"/> H0033	Oral Medication, direct observation
322	Medication Administration & Observation No min. time		N/A	<input type="checkbox"/> H0020	Alcohol / drug services methadone admin
323	Assessment – Normative 30 minute minimum		N/A	<input type="checkbox"/> H0001	Alcohol / drug assessment
323	Assessment – Extended 75 minute minimum	<input type="checkbox"/> 90791	Behavioral Health Screening – Admission Eligibility (75 minute minimum)	<input type="checkbox"/> H0002	Behavioral health screening to determine admission eligibility
324	Assessment – Brief 15 minute minimum		N/A	<input type="checkbox"/> T1023	Determine appropriateness of individual for participation in a program
324	Screening 15 minute minimum		N/A	<input type="checkbox"/> H0049	Alcohol &/or Drug Screening
324	Brief Intervention 15 minute minimum		N/A	<input type="checkbox"/> H0050	Alcohol &/or Drug Svcs, Brief Intervention – 15 min service
324	Brief Treatment 15 minute minimum		N/A	<input type="checkbox"/> H0004	Alcohol &/or Drug Svcs, Brief Treatment – 15 min service
426	Addiction Medication Induction/Withdrawal Management 30 minute minimum		N/A	<input type="checkbox"/> H0014	Alcohol &/or Drug Svcs, Ambulatory Detox
426	Medication Management & Monitoring – Routine 10 minute min		N/A	<input type="checkbox"/> M0064	Visit for Drug Monitoring – Psychotropic
426	Medication Management & Monitoring – Complex 30 minute min	<input type="checkbox"/> E&M Code	Medication Management-Complex (15 minute minimum) Select E&M Code from Range: 99201-99205, 99211-99215	N/A	
451	Smoking Cessation Treatment 3 to 10 minutes		N/A	<input type="checkbox"/> 99406	Behavior change Smoking prevention intervention counseling
451	Smoking Cessation Treatment >10 minutes		N/A	<input type="checkbox"/> 99407	Behavior change Smoking prevention non-counseling

APG	OASAS Service Category Description	CPT Codes <input checked="" type="checkbox"/>	CPT Code Description	HCPCS Codes <input checked="" type="checkbox"/>	HCPCS description
490	Complex Care Coordination 45 minute minimum	<input type="checkbox"/> 90882	Environmental Manipulation – Complex Care Coordination	N/A	
490	Peer Counseling 30 minute minimum		N/A	<input type="checkbox"/> H0038	Self-Help/Peer Services-per 15 minutes
327	Intensive Outpatient Program 9hrs/week at 3hrs / day		N/A	<input type="checkbox"/> S9480	Intensive Outpatient Program
328	Outpatient Rehabilitation 2-4 Hour Duration		N/A	<input type="checkbox"/> H2001	Rehab program per ½ day
328	Outpatient Rehabilitation 4 Hour and Above Duration		N/A	<input type="checkbox"/> H2036	Alcohol / drug program per diem

APG	OASAS Service Category	CPT/HCPCS Codes <input checked="" type="checkbox"/>	CPT/HCPCS Code Service Description
840-843	Physical Health – New/Existing Patient – Select CPT Code from Range:		
	New:	Existing:	
	<input type="checkbox"/> 99201	<input type="checkbox"/> 99204	<input type="checkbox"/> 99211
	<input type="checkbox"/> 99202	<input type="checkbox"/> 99205	<input type="checkbox"/> 99212
	<input type="checkbox"/> 99203	<input type="checkbox"/> 99213	<input type="checkbox"/> 99215
			Select Diagnosis: <input checked="" type="checkbox"/>
840	Physical Health – Opioid Dependence	<input type="checkbox"/>	Evaluation & Management – No Counseling
841	Physical Health – Cocaine Dependence	<input type="checkbox"/>	Evaluation & Management – No Counseling
842	Physical Health – Alcohol Dependence	<input type="checkbox"/>	Evaluation & Management – No Counseling
843	Physical Health – Other CD	<input type="checkbox"/>	Evaluation & Management – No Counseling
840-843	Physical Exam – New/Existing Patient – Select CPT Code from Range:		
	New:	Existing:	
	<input type="checkbox"/> 99382	<input type="checkbox"/> 99385	<input type="checkbox"/> 99392
	<input type="checkbox"/> 99383	<input type="checkbox"/> 99386	<input type="checkbox"/> 99395
	<input type="checkbox"/> 99384	<input type="checkbox"/> 99387	<input type="checkbox"/> 99393
			<input type="checkbox"/> 99396
			<input type="checkbox"/> 99397
			Select Diagnosis: <input checked="" type="checkbox"/>
840	Physical Exam – Opioid Dependence	<input type="checkbox"/>	Physical Exam – New/Established Patient
841	Physical Exam – Cocaine Dependence	<input type="checkbox"/>	Physical Exam – New/Established Patient
842	Physical Exam – Alcohol Dependence	<input type="checkbox"/>	Physical Exam – New/Established Patient
843	Physical Exam – Other CD	<input type="checkbox"/>	Physical Exam – New/Established Patient

APG Buprenorphine Billing by Part 822 OASAS Certified Opiate Treatment Programs:

To receive reimbursement for Buprenorphine, OASAS Certified Opiate Treatment Programs must submit two separate episode claims for one weekly patient episode:

- The first episode claim would use the APG Opiate APG episode rate code and at the line level reflect the counseling services delivered during a single weekly episode and would indicate the OASAS Counseling Service Category and corresponding HCPCS / CPT code,
- The second episode claim would use the Buprenorphine weekly dosage based rate code:
 - The program would use the rate code that corresponds to the last dosage amount provided during the weekly billing; and,
 - At the line level for each date of services indicated in the episode the program would codes with the HCPCS code H0033 - Oral Medication Administration on each date of service line

2531	<input type="checkbox"/>	Low Dose 2-10mg
2532	<input type="checkbox"/>	Medium Dose 12-20mg
2533	<input type="checkbox"/>	High Dose-22-26 mgs
2534	<input type="checkbox"/>	Max. Dose-28+mgs