



PREADMISSION SERVICES GUIDANCE (See Appendix B)

Services provided prior to admission can assist a person in need to stabilize while beginning the treatment process. Peer Services, Medication Assisted Treatment, Brief Intervention, when provided prior to admission can smooth the path to engagement in treatment. The following documents provides guidance to providers on how to utilize these services and what is allowable in terms of reimbursement. After reading through this document you have further questions please contact the Practice Innovation and Care Management (PICM) Mailbox, PICM@oasas.ny.gov for further assistance.

Preadmission Peer Services

Who can provide peer services prior to admission?

Programs can bill for outreach services provided by a Certified Recovery Peer Advocate (CRPA) prior to admission to engage individuals who need of SUD treatment and/or recovery support.

Is there any limit on the number of services?

There is no hard limit on the number of services. Each visit should be documented in the chart and should include the purpose of the visit, response of the individual and progress.

What if we provide services and the individual does not enter treatment?

The goal of the outreach is to engage the person in treatment, but not every individual will enter treatment. They may engage in other recovery supports, choose a different program, or decline treatment. There is no requirement of successful admission to bill for the services. Services must meet the billing requirements as defined in regulation, and APG guidance for peer services.

Can a Part 822 program bill for assessment, group or individual counseling by a CRPA?

No. The peer service is restricted to billing code H0038 and CRPAs are not authorized to provide these services.

Can a Part 822 program bill for a group outreach service provided by a CRPA using this code?

No. Outreach is an individual face to face service.

Who bills for preadmission peer services?

The pre-admission peer services are billed by the OASAS certified Part 822. The program would use the appropriate rate code in combination with the H0038 HCPCS code.

If the service recipient is not enrolled in a Medicaid managed care plan, but is enrolled in Medicaid fee for service (FFS) can the program bill?

Currently, the program may bill for CRPA outreach services provided prior to admission for FFS prospective clients only when provided within the four walls of the clinic. However, OASAS has requested authority from the federal CMS to allow for the service for individuals in FFS Medicaid to be provided in community or outside the four walls of the clinic and we anxiously await federal approval.

Note: There is an exception to this FFS rule - If the client or prospective client is homeless; the program may bill for services provided outside of the clinic.

**Preadmission Medication Visits for OASAS Certified Part 822 Programs
(See Appendix A)**

Initial Screening – All individuals who are calling an outpatient clinic or opioid treatment program should have a screening completed by staff trained to identify those in need of an immediate appointment. Individuals in need of an immediate assessment, include people actively using opioids and people who are actively using alcohol and/or benzodiazepines in a pattern (frequency, amount and duration) that is likely to require a medical assessment for withdrawal. If the screen is positive, the individual should be seen on the same day by clinical/medical staff to assess the severity of potential withdrawal and identify who can initiate treatment. Screening should include:

- Reason for the call and caller (relation to the potential client)
- Substance(s) currently used
- Most recent use
- Frequency, amount, duration
- Imminent need for emergency intervention – unconscious, semi-conscious, ingested unknown amount, quantity type of substance, current intoxication with unknown or combination of substances – if yes, refer to Emergency Department (ED) and ensure the caller has safe transport.
- Obstacles to attending or getting to clinic

If the screen is negative for urgent or emergency need – the individual and/or family member should be given an intake appointment within 72 hours.

Same Day Appointment – Scheduled with a staff member who can assess the clinical and medical condition of the client and may be completed by more than one staff member. The assessment should include:

- Presenting problem and current symptoms
- Toxicology and other lab testing, as indicated
- Medical assessment
- Substance use history and current, recent use
- Current living situation including family or significant others
- Other relevant information related to presenting problem

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The medical assessment will lead to an initial treatment plan based on findings (see flow chart). This initial treatment plan should include options for immediate medication and medical staff should begin treatment immediately as indicated by the medical assessment. An initial treatment plan should be developed with the client and documented in the medical note.

Initial Treatment plan- The initial treatment plan should be documented in the progress note that will include initial information gathered during the medical assessment process that led to the plan. If an individual indicates that they are not willing to use medication or if it is medically contraindicated, the medical staff should include the LOCADTR recommendation and linkage to withdrawal management in a safe, supportive setting.

Individuals should be informed about all treatment options, including the use of medication to assist with their treatment. If medication is chosen, the plan should include medication induction, recovery supports, and a plan for continued assessment and formal admission to the program. The medical professional should prescribe amounts of medication that are consistent with the current stability of the client and that supports their stabilization.

Ancillary Withdrawal - Programs that are intending to manage withdrawal through tapering medications will need to have a protocol approved by the OASAS Medical Director and approval for the service as designated on the program's operating certificate. **A program does not need an Ancillary Withdrawal designation to provide an induction to buprenorphine to initiate maintenance with buprenorphine or to utilize injectable naltrexone.** The program will need this designation to provide medication to taper individuals from opioid, alcohol and/or benzodiazepine.

Brief Intervention

Where can I find evidence-based manuals for providing Brief Interventions?

<https://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions>

Can the program provide Screening or Brief Interventions as an offsite/in community service?

OASAS providers many not bill for off-site or in community **screening services**, however, there is no restriction on providing and billing for **brief intervention services** in the community.

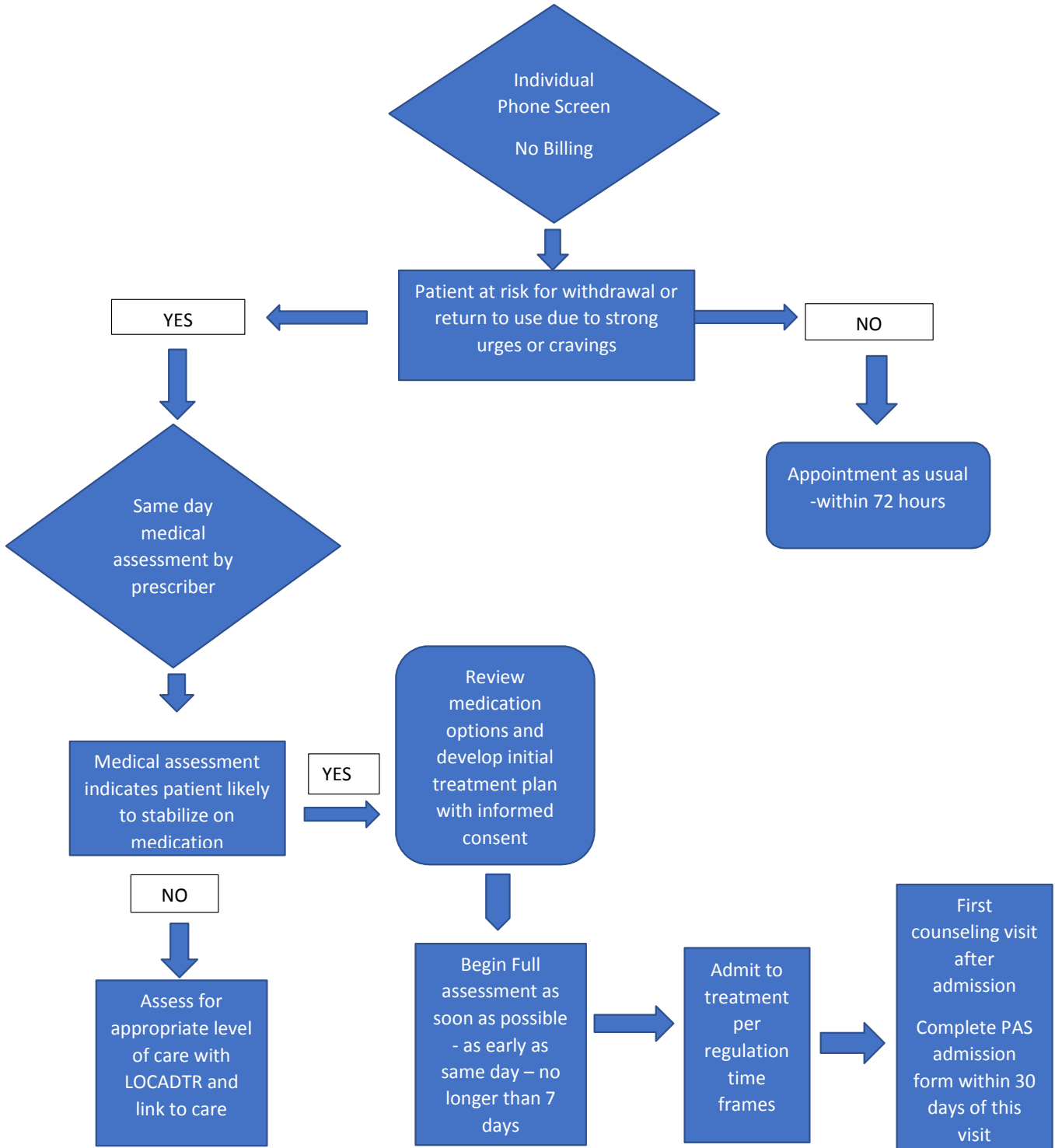
Can brief intervention be provided after admission?

Generally, no. One exception would be providing a brief intervention to a family member who has been admitted as a significant other and who reports use of substances that is "risky", as defined by a formal screening or through report of amount, frequency and duration of their own use of alcohol or other substances.

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Appendix A Medication Assisted Treatment Workflow



Appendix B Pre Admission Services

Service*	Procedure Code (s)	Limits on service	Documentation
Peer Services for outreach/engagement	H0038	There is no hard service limit. Services must be for the purpose of engaging individuals in need of treatment for Substance Use Disorder and connecting them to treatment and/or other recovery support.	Each visit must be documented and must answer two questions: 1. What did the peer do? (shared their own experience, helped individual to remove a barrier to tx) 2. How did this help to engage the individual in thinking about entering treatment or moving in some way towards recovery goal?
Withdrawal management and stabilization services	H0014 99201- 99205 New	The program should schedule an assessment visit as soon as possible and no longer than 7 days from this service.	The prescribing professional should document the initial treatment plan within the progress note for this visit (s).
Brief Intervention	H0050	Up to but not exceeding 3 Brief Intervention visits prior to admission.	<p>Program must document each visit, the purpose of the brief intervention, and results of the intervention.</p> <p>This code is often used in primary care settings for individuals who have screened positive for risky substance use. It can be used in OASAS certified settings when an individual does not, or likely does not meet the diagnostic criteria for admission but would benefit from a brief intervention. Brief intervention services are an evidence – based intervention and should be delivered with fidelity.</p>
Assessment	T1023 H0001 H0002 or 90791	Up to three assessment visits prior to admission.	All information, findings, and clinical decisions obtained through the assessment should be documented in the chart.

Please refer to the [APG Guidance Manual](#) for additional service description and requirements including, time, staff qualifications, and components of service.