



FAQ on Delivering and Billing for Family and Significant Other Services in an OASAS Certified Setting

Can a certified outpatient program provide services to family members?

Yes – treatment of family members is important to treatment success.

Can a program admit a family member or significant other into treatment?

Yes - individuals who are impacted by the addiction of a family member often seek treatment to:

- support a loved one’s recovery,
- to address their own emotional stress directly related to the relationship with someone who is using substances, or problem gambling,
- to address the emotional stress of having lived with someone who had an addiction in the past, including a parent,
- to learn strategies for interacting with someone who is active in their addiction and to encourage recovery.

Does the person with the addiction need to be admitted to treatment in order to admit a significant other?

No – an individual may be admitted independent of the person who has the addiction

What diagnosis do I use?

A clinician working within their scope of practice must assess and diagnose the individual. The diagnosis should be related to the impact of living with someone who has a substance use disorder, or problem gambling issue and the focus of treatment should be on the impact of the addiction on the current symptoms.

What is the difference between a collateral visit and a significant other visit?

A collateral visit is provided to an individual for the purpose of supporting a person in treatment for a Substance Use Disorder (SUD). The collateral visit is billed to the primary client’s insurance and documented in that person’s chart. The visit occurs without the primary client present. The focus of the visit is to support the goals of the primary client. For detailed billing information for a collateral visit see the [Ambulatory Patient Groups Policy and Medicaid Billing Guidance](#).

The family member can also be seen with the client present, in this case, the program bills for a family session.

A significant other visit is provided to a person who is an admitted client. The focus of the visit is to address the goals of the individual as documented in their own treatment plan.

Is there a limit to the number of collateral visits that a person can have in a treatment episode?



Yes - 5 collateral visits are allowed within a single episode of care. There are no limits for significant other visits.

Can a person be seen as both a collateral and a significant other?

Yes - A person could attend a collateral or a family visit to learn about how to support their spouse who is being discharged home from an inpatient stay. The focus of the visit is supporting the spouse's treatment goals. They may also see a therapist at the clinic to address anxiety related to fear of relapse as a primary client also referred to as a significant other.

Do I need to complete a LOCADTR for a significant other admission?

No.

Do you complete a toxicology screen for a significant other in the course of the assessment?

Toxicology testing supports treatment for substance use disorder. Unless there is a clinical reason for toxicology screening for a significant other consistent with the goals of treatment, there is not a requirement to do toxicology testing.

What if a significant other discloses their own use and is subsequently found to have a diagnosis? Would they need to be readmitted under a primary diagnosis of SUD?

If the individual and counselor intend to change the focus of treatment from the admission diagnosis and treatment plan to work on goals related to the SUD; the individual should be readmitted as a primary client. If the focus of treatment remains the same, the person would continue treatment as a significant other. The treatment plan should include efforts to engage the significant other in treatment or recovery to address the SUD.

Can treatment with significant others be both individual and group therapy?

Yes.

Can multiple family group therapy occur with significant others, children and/or the person with a diagnosis when it would be beneficial?

Only for adolescent clients. See [Ambulatory Patient Groups Policy and Medicaid Billing Guidance](#)

Can children under 18 be admitted as significant others?

Yes. Please note clinician's providing treatment to children should be appropriately trained to work with individual's at their appropriate age and developmental level.