



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 specific billing guidance (See Section Four).

Services must be provided to individuals who are enrolled in an outpatient program or considering 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 compliant with all OASAS and Medicaid billing regulations or delivered as a part of engagement, assessment or continuing care plan. Treatment plans must identify services to be provided offsite and the progress note must identify the clinical, medical, 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 a 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 need 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 Advocate 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 Managed Care and Fee for Service reimbursement** for offsite services consistent with the billing parameters outlined in Section Four of this guidance.

- Programs must follow the [APG billing guidance on the staffing requirements](#) for each service.
- Claims must include rate code and procedure codes appropriate to the service being provided.