Complex Coordination Guidance:

Effective August 8, 2023, several changes went into effect for OASAS complex care management provided in OASAS Part 822 (outpatient) programs billing under APGs.

Background:

- Complex Care Coordination (CCM) is provided to a patient in treatment when the individual's condition requires coordination with other service providers.
- CCM may be used to facilitate level of care changes that require care coordination to resolve social determinants of health issues or when there are issues presenting barriers to placement.
- CCM does not need to occur face-to-face with the other party (entity).
- CCM must be provided by clinical staff, not administrative staff.

April 1, 2023 changes to Complex Care Management (procedure code 90882):

- CCM may involve coordination with other service providers *or with any employment, housing, or governmental entity*.
- Billing will continue to be under APGs using procedure code 90882, however, billing will be in 5-minute increments, instead of 15-minute increments. The new payment for 5 minutes service will be equal to the old payment for 15 minutes of service, thus payment will effectively triple.
- Maximum units billable per day will remain at four (4), meaning a drop in the maximum billable time from one hour to 20 minutes. The maximum units billable in a week will be twelve (12), with a week being defined as Monday thru Sunday.
- There is no longer a requirement that CCM must occur within 14 days after counseling.
- Services provided no longer need to be characterizable as "critical" or "serious", but they do need to be "non-routine", with "routine" being defined as any specific activity that applies to the majority of clinic patients or in the majority of circumstances.

Item	Pre-April 2023	April 2023
Billing Increments	15-minute unit of service	5-minute unit of service
Maximum Billable Units Per Day	Four (4) 15-minute units (60 minutes)	Four (4) 5-minute units (20 minutes)
Maximum Billing Units Per Week	No limit	12 units per week (60 minutes, Monday – Sunday)

The list of allowable and non-allowable complex care management services is as follows:

Service/Action/Item	Billing Previously Allowed	Billing Allowed Under April 2023 OASAS CCM Policy?
Referral to housing or legal services	No	Yes
Interaction with landlord or potential landlord	Yes	Yes
Interaction with employer or potential employer	No	Yes
Coordinating with PCP	Yes	Yes
CPS/ACS Hotline Report (mandated)	No	No
Meeting with youth's service providers (or adults)	Yes	Yes
Referral to treatment	No	Yes
Regular/routine contacts with foster care agency, foster parents, bio parents	No	No
Exceptional contacts with foster care agency, foster parents, bio parents	Yes	Yes
Completion of HRA housing application	No	Yes
Updated psychosocial assessment for residential program	No	Yes
SPOA application to get ICM worker (when needed to get additional medical services)	No	Yes
Documentation related to AOT order (applies to OMH only)	No	No
Referral to higher level of care	No	Yes
Letters to obtain entitlements/benefits	No	Yes
Calls related to referrals	Yes	Yes
Routine clinic paperwork related to billing, case notes, etc.	No	No
Internal interaction with supervisors. clinical staff, billing staff, etc.	No	No
Any other service/action/item not listed above	No	No

There are no APG grouper-pricer changes associated with these complex care changes. These are strictly policy changes, which, in effect triple payment and allow a broader range of services to be provided under the rubric of complex care management. Plan will have 60 days from the date of this notice to recognize/implement these changes in their management and reimbursement systems.

Please address any questions to PICM@oasas.ny.gov.