

## Harm Reduction Services in Shelter

### Service and Billing Quick-Referenced Guide for Substance Use Programs in New York State

Source: [Ambulatory Patient Groups \(APG\) Clinical and Medicaid Billing Guidance. January 2023](#)

Harm Reduction Service	Substance Use Program Service			
	Matching Medicaid APG Service Category	APG Billing Code, time and frequency parameters	Billing permitted by admission status	Staff authorized to provide service
Outreach & Engagement	Peer Support Services <sup>i</sup>	H0038: 15 mins+, max 24 units (6 hours)/ day Individual services	Pre-admission Admitted Continuing care	Certified Peer Recovery Coach (CRPA)
Client Centered Assessment of needs	Screening using approved assessment tool (SBIRT) <sup>ii</sup>	H0049: 15 mins+, max 1/ episode of care	Pre-admission Admitted	SBIRT Practitioners <sup>iii</sup>
	Psychiatric assessment brief, with counseling	99202-99205 New or 99212- 99215 Existing (Add on Code 90833): 30 mins, max 1/day or (Add on Code 90836): 45-50 mins, max 1/day	Admitted	Clinical staff <sup>iv</sup> Medical staff <sup>v</sup>
	Substance Use Program Admission Assessment <sup>vi</sup>	T1023 Brief (15 mins) H0001 Normative (30 mins), max 3/episode of care. H0002 or 90791: Assessment Extended (75 mins)	Pre-admission Admitted	Clinical/medical staff
Risk Reduction Counseling & Safety Planning	Crisis intervention <sup>vii</sup>	H2011: 15 min units, max 6/day S9485: 90 min unit, max 1/day	Admitted	Clinical/medical staff or CRPA
	Individual Counseling <sup>viii</sup>	G0396 or 90832: Brief (25 minute, max 1/day) G0397 or 90834: Normative (45 min)	Pre-admission Admission Continuing care	Clinical staff
	Brief intervention (SBIRT)	H0050: 15 mins+, max 3 sessions/ episode of care	Pre-admission Admitted	SBIRT Practitioners
	Smoking cessation <sup>ix</sup>	99406: 3-10 mins or 99407: 11+ mins, max 3/episode of care	Admitted	Clinical/medical staff – trained <sup>x</sup>
	Group counseling <sup>xi</sup>	H0005 or 90853: 60 mins+	Admitted	Clinical staff
Treatment	Brief treatment <sup>xii</sup>	H0004: Brief Treatment (15+ mins 1/day)	Admitted	Clinical staff
	Addiction Medication Induction <sup>xiii</sup>	H0014: Alcohol and/or drug services Ambulatory Detoxification (Initial or Follow-up)	Pre-admission Admitted	Prescribing professional <sup>xiv</sup>
	Medication Admin/Observation <sup>xv</sup>	Details on <a href="#">Page 20</a>	Pre-admission Admitted Continuing care	Medical staff
	Medication management <sup>xvi</sup>	99202-99205: New 99211-99215: Established	Pre-admission Admitted	Prescribing professional
	Complex Care Coordination <sup>xvii</sup>	90882: 15 min units, max 4/day	Pre-admission Admitted	Clinical Staff

**Documentation requirements for reimbursement:** Client name, date and duration of the service, description of service and connection to treatment plan, signature of staff delivering service.

**Two service per day rule:** Providers can bill for only two different services per visit date, e.g., a group and an individual per person. The following services are exempt from the two service per day rule: Medication Administration, Medicaid Management, Addiction Medication Induction, Complex Care Coordination, and Peer Support Services.

## Definitions

- <sup>i</sup> **Peer Support Services** are connections delivered either in person or via Telehealth between the individual and a [Certified Recovery Peer Advocate \(CRPA\)](#) meant to support the person's engagement in treatment and overall recovery. Peer Services can be provided before and/or after admission, as well as after discharge as part of Continuing Care. Peer Support Services are designed to support the individual in recovery from the unique perspective of someone who shares similar experiences. Peer Support Services are intended to be provided to individuals not in group settings.
- <sup>ii</sup> **SBIRT approved screening tools:** AUDIT, CAGE, CAGEAID, CRAFFT, Simple Screen, GAIN Quick, ASSIST, DAST, RIASI; MAST, other OASAS approved screening for SUD. The Lie-Bet, NODS-Clip, NODS-PERC, or Brief Bio-Social Gambling Screen for gambling.
- <sup>iii</sup> **Screening Brief Intervention and Referral for Treatment** intervention can be provided by a licensed practitioner after a four hour training, and an unlicensed practitioner after a 12 hour training
- <sup>iv</sup> **Clinical Staff** as defined in the [Part 800](#) and [Part 857](#) Regulations working within their [Scope of Practice Guidelines](#).
- <sup>v</sup> **Medical staff** as defined in the [Part 800](#) regulations
- <sup>vi</sup> **Admission Assessment** is a pre-admission service delivered either onsite or via Telehealth between an individual and clinical/medical staff member for determining appropriateness for and willingness to engage in treatment. Outcomes include preliminary diagnosis, appropriate level of care, and initial plan of treatment and/or referral to other services as indicated, along with identification of services that may be needed prior to admission, i.e., Medication Assisted Treatment, Peer Support Services. Providers are required to conduct an approved mental health screening within the assessment process as given in the [Guidance for Mental Health Screening](#) document. Level of Care is determined via the [LOCADTR 3.0 for SUD](#) and [LOCADTR for Gambling](#).
- <sup>vii</sup> **Crisis Intervention** is a direct meeting by telephone, in-person or through telehealth with clinical and/or Peer staff and individuals in acute need of intervention. Crisis Intervention Services are indicated for those individuals whose behavior puts them or others at imminent risk of harm or death, including overdose, or whose mental health is deteriorating because or independent of substance use. Individuals in these situations may specifically state that they will harm themselves or others or they may have a history of at-risk behaviors, such as non-fatal overdose or self-injury, that may be exacerbated by substance use. Clinical staff and/or Peers work with the individual, their family members, and other collaterals to identify a potential mental health or personal crisis, develop a crisis management plan, and/or as appropriate, seek other supports to restore stability and function. The staff member(s) assigned to an individual in crisis will be determined by the nature of the acute incident and the risk of harm to the individual and/or others. Appropriate training and supervision should be provided to all staff who are performing this service. For further information please review: [OASAS Crisis Intervention Service Guidance Document](#)
- <sup>viii</sup> **Individual counseling:** A meeting delivered either in person or via Telehealth between an individual and clinical staff member to discuss issues of concern as well as work on identified areas for improvement, self-awareness, communication, and problem-solving skills..
- <sup>ix</sup> **Smoking Cessation** is a specific intervention provided to an individual in efforts to reduce or eliminated their tobacco use. This service can include both counseling and the provision of Nicotine Replacement Therapy (NRT).
- <sup>x</sup> Smoking cessation can be provided by clinical/Medical Staff who have been trained. OASAS provides and a free on-line training.
- <sup>xi</sup> **Group Counseling** can be delivered in person or via Telehealth in which one or more clinical staff treat multiple individuals at the same time, focusing on the needs of the individuals served and the person's on-going plan for treatment. The purpose of group counseling is to attain knowledge, gain skills and change attitudes about addiction to achieve and maintain recovery from addiction. Individuals also gain direct support, learn to communicate with other members, and gain a sense of belonging to the group through the common goals of recovery
- <sup>xii</sup> **Brief treatment** is a post admission meeting delivered either in person or via Telehealth between an individual and clinical staff member utilizing an evidence based practice to focus on a specific behavior or need
- <sup>xiii</sup> **Addiction Medication Induction:** Complex medication management involves an individual who is being considered for induction on an addiction medication, or the follow up of an individual to be induced on an addiction medication after the initial evaluation. The service may be used for starting buprenorphine, methadone, and other addiction medicines where this level of observation is clinically indicated
- <sup>xiv</sup> **Prescribing professional** as defined in the [Part 800](#) Is any medical professional appropriately licensed under New York State law and registered under federal law to prescribe approved medications.
- <sup>xv</sup> **Administration** of a dispensed medication via oral or non-oral route by a medical staff person appropriate to their [NYS Office of Professions SOP](#); delivered in conjunction with observation of the individual prior to the administration and after as appropriate. There must be an order from a prescribing professional who meets state and federal requirements for the medications dispensed to the individual.
- <sup>xvi</sup> **Medication Management** Visit either in person or via Telehealth with a prescribing professional for evaluation, monitoring, and management of prescribed medication. • Routine Medication Management involves the individual who has already been started on a medication and adjustment or monitoring of the medication needs to occur. A brief history is taken to determine. • Complex Medication Management involves an individual with one or more long term conditions who takes multiple medications. The service requires in-depth management of psychopharmacologic agents that have potentially serious side effects
- <sup>xvii</sup> **Complex care coordination** is used when there are multiple service delivery providers and care needs to be coordinated, to facilitate level of care change that require care coordination to resolve social determinants of health or coordination, or when there are complex issues presenting barriers to placement. The complex care coordination does not need to occur face-to-face with the service provider.