



**Office of Addiction
Services and Supports**

**COVID-19 Reimbursement
Addendum**

MARCH 2021

OASAS Certified Programs

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Section One: Introduction

On **March 7, 2020** Governor Cuomo issued [Executive Order 202 Declaring a Disaster Emergency in the State of New York](#) due to the outbreak of Corona Virus 19 (COVID-19). The Emergency Order and all subsequent Emergency Orders allow State agencies to take appropriate action to respond to the state disaster emergency. The Emergency Orders also provides the ability to temporarily suspend laws and regulations that might hinder appropriate response during the emergency.

The U.S. Department of Health and Human Services (HHS) declared a [public health emergency](#) for the United States on January 31, 2020. The public health emergency was extended multiple times and is currently effective through April 2021. The nationwide public health emergency provides the states with flexibility to waive certain federal statutes, rules and regulations as well. National agencies, such as SAMHSA and the Drug Enforcement Agency, have subsequently issued guidance allowing for flexibility in the delivery of addiction services.

Since the original Executive Order was issued in New York, a number of updates, edits, and regulatory waivers have been issued pursuant to Executive Order 202 so that State Agencies and providers of services could continue service provision during the disaster emergency. The Emergency Executive Orders are reviewed and renewed every thirty (30) days.

The New York State Office of Addiction Services and Supports (OASAS or the Office) has utilized the Governor's Executive Orders to support regulatory relief for OASAS Certified Programs during this time. The COVID Addendum is meant to provide a snapshot of the statutory, regulatory, clinical, and reimbursement changes that were put into place since the beginning of the declared disaster emergency. Providers should use this information, along with other guidance in delivering and seeking reimbursement for addiction treatment.

Questions should be directed to PICM@oasas.ny.gov

Section Two: Regulatory Relief Timeline:

The below section provides a timeline of executive orders and OASAS' response to these orders. Each citation gives a high level overview of the action. Where available providers should review the included links for full information and understanding. Broadcast emails that are not posted on the web can be requested through the PICM Mailbox.

Action	Date	Impact
No. 202	3/7/2020	<ul style="list-style-type: none"> Allowed for the temporary suspension or modification of certain statutes, rules and regulations of any agency which would prevent, hinder, or delay action necessary to cope with the disaster emergency
Telepractice Waiver Guidance	3/9/2020	<ul style="list-style-type: none"> Waiver of standard Telepractice designation process Emergency Telepractice Attestation to provide services via Telepractice during the COVID-19 Emergency Waived the initial in-person evaluation session to determine patient suitability for telepractice
No. 202.1	3/12/2020	<ul style="list-style-type: none"> Waive provisions of PBH § 2999-cc to: Allow additional Telepractice provider categories and modalities <ul style="list-style-type: none"> Other practitioners within Scope of Practice can provide Telepractice Services Expansion of types of technology that can be utilized for Telepractice
Telepractice Waiver Update	3/13/2020	<ul style="list-style-type: none"> During COVID-19 disaster emergency Telephonic-only service delivery is acceptable for services delivered via Telepractice Claims should be filed as normal with addition of appropriate modifier(s)
Billing Guidance for OTP's Amid COVID-19 (issued 5/12/20)	3/16/2020	<ul style="list-style-type: none"> Bundled Rate Codes for OTP's for Methadone and Buprenorphine
Telepractice Service Modifiers Crosswalk	3/17/2020	<ul style="list-style-type: none"> Modifier crosswalk to be utilized for Telepractice in all OASAS Programs.
No. 202.5	3/18/2020	<ul style="list-style-type: none"> Allow physicians, nurse practitioners, physician assistants, nurses licensed in other states to practice medicine in NYS Allow to extent necessary temporary deviation from individual's service plan
No. 202.6	3/18/2020	<ul style="list-style-type: none"> As of 3/20 not for profits will utilize to maximum extent telecommuting

Action	Date	Impact
Telepractice Waiver Update - 3/18/20	3/18/2020	<ul style="list-style-type: none"> • Peer Services can be delivered via Telepractice • CASAC-T's, unlicensed practitioners, and Limited Permit holders can provide services via Telepractice • Guidance issued on telephone-only as allowable Telepractice service delivery method • MAT induction allowed via Telepractice due to guidance issued by the DEA: https://www.deadiversion.usdoj.gov/coronavirus.html
Regulatory Relief for Providers amid COVID-19 (updated 7/24/2020)	3/20/20	<ul style="list-style-type: none"> • Waiver of regulations to allow for staffing and space in residential facilities • Use of Telepractice • Criminal Background Checks accepted from previous agencies • CASAC-T's allowed to act as QHP's • Provisional QHP's can act as QHP's • Extension of CFR to August 1, 2020 • Hold placed on expiration date for credentials effective 3/17/2020 until 3/21/2021 • Requirement to maintain records of all COVID-19 expenses • Contract recoveries and annual reconciliation withholds postponed • X restrictions lifted where necessary • Recertification Reviews suspended • No penalty for Prevention Programs not meeting standards • Support for mall OTP providers
OCR Guidance on the use of Telepractice	3/23/2020	<ul style="list-style-type: none"> • Granted flexibility in use of technologies for Telepractice even if not fully compliant with HIPAA Rules • Allowed use of any non-public-facing communication product • Allow for documentation of "Informed Consent for receipt of services via Telepractice" in case record until actual signed consent form could be obtained.
No. 202.11	3/27/2020	<ul style="list-style-type: none"> • Extension of re-certification deadlines for direct support professionals

Action	Date	Impact
No. 202.13	3/29/2020	<ul style="list-style-type: none"> Suspends background checks for those who have previously been screened
Buprenorphine Induction via Telephone	3/31/2020	<ul style="list-style-type: none"> DEA guidance allowing use of telephonic means to prescribe buprenorphine without first conducting examination of patient.
No. 202.15	4/9/2020	<ul style="list-style-type: none"> Allows for mental health counselors and psychoanalysts licensed and in good standing in any state to practice in NY without penalty.
No. 202.17	4/15/2020	<ul style="list-style-type: none"> Any individual over age two and able to medically tolerate a face covering shall be required to cover nose and mouth when in a public place.
No. 202.18	4/16/2020	<ul style="list-style-type: none"> Allows physicians, physician assistants, nurse practitioners, nurses, social workers, licensed and in good standing in Canada to practice in NYS without penalty.
COVID-19 Guidance for Outpatient Programs	4/19/2020	<ul style="list-style-type: none"> Reduce in-person visits Maximize use of Telepractice On site staff as needed for urgent in person services only No in-person groups No toxicology testing unless benefit outweighs the risk No in-person procedures unless medically necessary and critical for near term health.
COVID Regulatory Waiver Draft – Letter to the Field	5/12/2020	<ul style="list-style-type: none"> Admission Procedures via Telepractice Counseling Services: <ul style="list-style-type: none"> As much as possible Telepractice Social Distancing if in-person MAT assessment and buprenorphine initiation allowed via Telepractice/Telephone Peer Advocate Services should be provided via Telepractice including telephone Regulatory Flexibility/Waivers: <ul style="list-style-type: none"> Staffing ratios waived, sufficient staff to cover shifts/ensure safety

Action	Date	Impact
		<ul style="list-style-type: none"> ○ Suspension of internal UR ○ Admission procedures not medically necessary shall be postponed ○ In person medical assessment for OTP admission still required for those utilizing methadone ○ “Formal” treatment/recovery plan updates not required, BUT providers must document progress, changes through progress notes. ○ If Formal treatment plans are completed they should be signed by the appropriate level of staff. ○ Written, signed Consent for Release of information continues to be “required” unless there is a medical emergency. ● Reduction in time minimums for billing: <ul style="list-style-type: none"> ○ One on one contacts must be a minimum of five minutes to count as one billable service, except for: <ul style="list-style-type: none"> ▪ Individual Counseling must be 15 minutes ▪ Group Counseling must be 15 minutes ○ Services delivered via Telepractice can be done at a 25% reduction. <p>Services delivered on site can be done at a 25% reduction (this allowance ended on July 1, 2020).</p>
Telepractice Rate Code FAQs for Opioid Treatment Programs	5/12/2020	<ul style="list-style-type: none"> ● Information on the COVID bundled rate codes for OTP’s.
Telepractice FAQs (update of 3/20/20 FAQs)	5/12/2020	<ul style="list-style-type: none"> ● Added TRS 66 Informed Consent Form ● Updated to allow for telephonic delivery of MAT Induction services ● Programs encouraged to limit in-person contact with patients

Action	Date	Impact
<u>Updated Preliminary Guidance to OASAS Certified Programs Reopening</u>	6/11/2020 8/25/20	
Outpatient Medicaid Time Duration Changes (letter to the Field)	7/6/2020	<ul style="list-style-type: none"> • Ended on site service 25% time reduction as of July 1, 2020 • Lowered Group duration to 60 minutes • IOS lowered to 2.25 hours per day • OPR ½ day lowered to 1.5 hours per day • OPR full day lowered to 3 hours per day
<u>Regulatory Relief for Providers amid COVID-19 (update from 3/20/2020)</u>		<ul style="list-style-type: none"> • Relaxes Residential admission criteria for those in Phase one reopening • Residential and Inpatient in Phase 3 regions can begin to allow visitation to and from programs • Outpatient Programs Phase 1: <ul style="list-style-type: none"> ○ Telepractice still preferred ○ In person individual sessions with mask and social distancing ○ Toxicology can resume in the context if another in person visit is taking place ○ In person groups can meet outdoors • Outpatient Program Phase 3: • May resume in-person groups indoors
<u>Opioid Treatment Program Reopening Guidance</u>	8/25/20	<ul style="list-style-type: none"> • Blanket waivers remain in effect • Continue with COVID Take Home Schedules, minimize need for on-site dosing. • Minimal in person counseling until Region is in Phase 3 or 4 of reopening. • OTP's in regions at Phase 3 or 4 may: <ul style="list-style-type: none"> ○ Resume in person group counseling indoors with restrictions ○ Groups of 10 or less with proper social distancing ○ Group duration of less than 1 hour ○ In person medical visits minimally and only when

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Action	Date	Impact
		<ul style="list-style-type: none"> ○ medically necessary <ul style="list-style-type: none"> ○ Phase 3 or 4 can resume physical exams ● Not recommending permanent decrease in program hours ● Continue requirement of no administrative discharges

Section Three COVID Outpatient Program Billing

As indicated above the COVID Emergency Order allowed for changes to both regulatory and billing practices to allow for programs to continue delivering services during the pandemic. This section provides information specific to reimbursement during the COVID Emergency for Outpatient levels of care.

I. COVID Outpatient Programs Reimbursement Timeline

Effective Date	Reference	Action	Expiration Date	
3/9/2020	Telepractice Waiver Guidance	Allows providers who attest to deliver services via Telepractice	Emergency Order	
3/13/2020	Telepractice Waiver Update	Telephonic Service Delivery	Emergency Order	
3/16/2020	Billing Guidance for OTP's Amid COVID-19	<u>Bundled Rate Codes</u>	Emergency Order	
		Rate Codes		Rate per week
		7969/7973 Methadone Dispensing/Counseling		\$207.49
		7970/7974 Methadone Administration		\$35.28
		7971/7975 Buprenorphine Dispense/Counseling		\$258.47
		7972/7976 Buprenorphine Administration	\$86.26	
3/17/2020	Telepractice Service Modifiers Crosswalk	<ul style="list-style-type: none"> • Modifiers to be utilized for Telepractice in all OASAS Programs. 	On going	
3/18/2020	Telepractice Waiver Update - 3/18/20	<ul style="list-style-type: none"> • Peer Services via Telepractice • Telephone Telepractice • MAT induction via Telepractice 	Emergency Order	
3/16/2020	COVID Regulatory Waiver Draft – Letter to the Field	<ul style="list-style-type: none"> • Reduction in time minimums for billing: <ul style="list-style-type: none"> ○ One on one contacts must be a minimum of five minutes to count as one billable service, except for: 	Emergency Order	

		<ul style="list-style-type: none"> ▪ Individual Counseling must be 15 minutes ▪ Group Counseling must be 15 minutes ○ Services delivered via Telepractice can be done at a 25% reduction. ○ Services delivered on site can be done at a 25% reduction (this allowance ended on July 1, 2020). 	
7/6/2020	Outpatient Medicaid Time Duration Changes – Letter to the Field	<ul style="list-style-type: none"> • Ended on site service 25% time reduction as of July 1, 2020 • Lowered Group duration to 60 minutes • IOS lowered to 2.25 hours per day • OPR ½ day lowered to 1.5 hours per day • OPR full day lowered to 3 hours per day 	Emergency Order

II. Outpatient Clinic and Rehab

A. General Reimbursement Allowances:

- Where appropriate all services may be delivered via Telepractice
- Services can be delivered via Telepractice by all clinical, medical, and peer staff working within their Scope of Practice
- Telephone contact included in Telepractice
- Reduction of Medicaid Time Duration Requirements

B. Telepractice:

Claiming should be done following normal claiming processes, with the addition of the appropriate Telepractice Modifier as given in the chart below. Services delivered via Telepractice, including by telephone are reimbursed as the same reimbursement amount as on-site services. These modifiers apply to all Clinic, Rehab, and Integrated Service Providers.

C. Outpatient Clinic/Rehab and Integrated Services Telepractice Modifiers

Procedure	HCPSC Code	Telehealth Modifier	CPT Code	Telehealth Modifier
Screening	H0049	GT		
Brief Intervention	H0050	GT		
Smoking Cessation Treatment	99406	GT	99406	95
Smoking Cessation Treatment	99407	GT	99407	95
Assessment - Brief	T1023	GT		
Assessment - Normative	H0001	GT		
Assessment - Extended	H0002	GT	90791	95
Individual Therapy - Brief	G0396	GT	90832	95
Individual Therapy - Normative	G0397	GT	90834	95
Brief Treatment	H0004	GT		
Family/Collateral Therapy with patient	T1006	GT	90846	GT
Family without patient			90847	95
Group Therapy	H0005	GT	90853	GT
Group Therapy - Adolescent Family Group			90849	GT
Addiction Medication Induction/Withdrawal Mgmt	H0014	GT		
Medication Management NEW			99201-99205	95
Medication Management Existing			99211-99215	95
Physical Exam NEW			99382-99387	GT
Physical Exam Existing			99392-99397	GT
Complex Care Coordination			90882	GT
Intensive Outpatient Services (IOS)	S9480	GT		
Outpatient Rehabilitation - Half Day	H2001	GT		
Outpatient Rehabilitation - Full Day	H2036	GT		

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III. Outpatient Opioid Treatment Programs (OTP's)

A. General Reimbursement Allowances:

- Bundled Rate Codes
- Where appropriate all services may be delivered via Telepractice
- Services can be delivered via Telepractice by all clinical, medical, and peer staff working within their Scope of Practice
- Telephone contact included in Telepractice
- Reduction of Medicaid Time Duration Requirements

B. Telepractice:

Claiming should be done following normal claiming processes, with the addition of the appropriate Telepractice Modifier as given in the chart below. Services delivered via Telepractice, including by telephone are reimbursed as the same reimbursement amount as on-site services. These modifiers apply to **Opioid Treatment Programs**.

C. OTP Bundle Rate with Modifiers:

Program Type	COVID OTP Rate Code	Procedure	HCPCS Code	Telehealth Modifier	Rate Per week
Freestanding - COS 0160	7969	Methadone Dispensing or Counseling	G2067	GT	\$207.49
Hospital - COS 0287	7973				\$207.49
Freestanding - COS 0160	7970	Methadone Administration	H0020	GT	\$35.28
Hospital - COS 0287	7974				\$35.28
Freestanding - COS 0160	7971	Buprenorphine Dispensing or Counseling	G2068	GT	\$258.47
Hospital - COS 0287	7975				\$258.47
Freestanding - COS 0160	7972	Buprenorphine Administration	H0033	GT	\$86.26
Hospital - COS 0287	7976				\$86.26

D. OTP APG Telepractice Modifiers:

Procedure	HCPCS Code	Telehealth Modifier	CPT Code	Telehealth Modifier
Screening	H0049	GT		
Brief Intervention	H0050	GT		
Smoking Cessation Treatment	99406	GT	99406	95
Smoking Cessation Treatment	99407	GT	99407	95
Assessment - Brief	T1023	GT		
Assessment - Normative	H0001	GT		
Assessment - Extended	H0002	GT	90791	95
Individual Therapy - Brief	G0396	GT	90832	95
Individual Therapy - Normative	G0397	GT	90834	95
Brief Treatment	H0004	GT		
Family/Collateral Therapy with patient	T1006	GT	90846	GT
Family without patient			90847	95
Group Therapy	H0005	GT	90853	GT
Group Therapy - Adolescent Family Group			90849	GT
Medication Admin & Observ--Oral 1st Visit of the Week with KP modifier	H0033	GT		
Medication Admin & Observation - Oral Medication - Additional Visits During the Week	H0033	GT		
Medication Admin & Observ--Methadone 1st Visit of the Week with KP modifier	H0020	GT		
Medication Admin & Observ—Methadone Additional Visits During the Week	H0020	GT		
Addiction Medication Induction/Withdrawal Mgmt	H0014	GT		
Medication Management NEW			99201-99205	95
Medication Management Existing			99211-99215	95
Physical Exam NEW			99382-99387	GT
Physical Exam Existing			99392-99397	GT
Complex Care Coordination			90882	GT

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IV. Telepractice Minimum Time Duration Relief for All Outpatient Programs

Service	Procedure Code	Original Minimum Time	Telephonic Minimum	Telepractice 25% Reduction/Rounding Allowance ¹
Screening	H0049	15	5	11
Brief Intervention	H0050	15	5	11
Smoking Cessation Brief	99406	3	NA	2
Smoking Cessation Brief	99407	11	5	8
Assessment Brief	T1023	15	5	11
Assessment Normative	H0001	30	NA	23
Assessment Extended	H0002/90791	75	NA	56
Individual Counseling Brief	G0396/90832	25	15	19
Individual Counseling Normative	G0397/90834	45	NA	34
Brief Treatment	H0004	15	5	11
Group Counseling	H0005/90853	60	15	45
Multi-Family Group	90849	60	15	45
Family Services w/o patient	T1006/90846	30	5	23
Family Services w/patient	90847	30	5	23
Peer Advocate Service	H0038	15	5	11
Intensive Outpatient Services	S9840	180	NA	135

¹ The 25% reduction was allowed for on-site services until July 1, 2020.

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A. On-Site Outpatient Medicaid Time Duration Reductions:

In response to the June 2020 [Preliminary Guidance for Reopening](#), OASAS reduced the time minimum for group counseling and other services that include group counseling. These minimums were **effective on July 1, 2020** and will run until the end of the COVID Emergency.

Procedure	Code	Current Minimum	Temporary Minimum
Group Counseling	H0005/90853	60 minutes	50 minutes
Intensive Outpatient ¹ Services	S9480	3 hours per day	2 ¼ hours per day
Outpatient Rehab Half ^{1,2} Day	H2001	2 hours per service date	1.5 hours per service date
Outpatient Rehab Half ^{1,2} Day	H2036	4 hours per service date	3 hours per service date

¹ Discrete services may also be used for reimbursement as long as the services support the level of care needs of those identified via the LOCADTR 3.0 as needing this level of care.

² For Outpatient Rehab Services a group counseling session of 50 minutes will meet the OPR service requirement.