

Frequently Asked Questions

Harm Reduction Services (HRS)

What are harm reduction services?

Harm reduction services represent a fully integrated, client-oriented approach to health and wellness that includes, but is not limited to, overdose prevention and response, and preventing transmission of HIV, hepatitis B and C, and other illnesses in substance users.

When will harm reduction services be available to members?

Effective July 1, 2018, HRS will be available to eligible recipients in Medicaid managed care and fee-for-service Medicaid.

Will harm reduction services be covered under all Healthfirst plans?

No, this benefit applies only to the Medicaid plan and the Personal Wellness Plan.

Which providers can provide harm reduction services?

HRS may be provided only by New York State Department of Health (NYSDOH)-authorized and waived Syringe Exchange Providers (SEPs) enrolled as Medicaid providers.

According to the guidance, a recommendation from a “physician or other licensed practitioner” to receive services is required. Does that mean referral is required?

No, a referral is not required; however, the recommendation for HRS must be in writing and maintained in the enrollee’s patient record. The licensed professional recommending the service can be a nurse practitioner; physician; physician assistant; psychiatric nurse practitioner; psychiatrist; psychologist; registered professional nurse; licensed mental health professional; licensed clinical social worker (LCSW); and licensed master social worker (LMSW) if supervised by an LCSW, a licensed psychologist, or a psychiatrist employed by the agency.

Are providers required to complete a plan of care and conduct reassessment every six months?

Harm reduction services providers (SEPs) will conduct initial assessments, reassessments, and create plans of care with tools provided from SDOH AIDS Institute. An enrollee’s plan of care for harm reduction services may be changed every six months or due to an event-driven reassessment. Reassessment will occur at least once every 12 months.

Must providers submit the Plan of Care (POC) to Healthfirst before engaging the member in services?

Yes, providers must submit the completed Plan of Care to Healthfirst before engaging a member in services.

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Must harm reduction providers notify Healthfirst that they are engaging a member in care?

Yes, harm reduction providers must notify Healthfirst by submitting the Plan of Care (POC) to Healthfirst.

How should providers submit the Plan of Care to Healthfirst?

Providers should fax the Plan of Care to **1-646-313-4612**.

Will Healthfirst require an authorization?

No, Healthfirst will not require an authorization for contracted providers. Furthermore, for the first six months (beginning July 1, 2018) Healthfirst will not deny harm reduction services provided pursuant to an individualized plan of care based on utilization review/medical necessity criteria.

Does an out-of-network harm reduction provider have to get an authorization?

Yes, harm reduction providers must get an authorization by calling **1-888-394-4327** or faxing the Plan of Care to **1-646-313-4612**.

What format should providers use to submit claims to Healthfirst?

Provider claims must be submitted to Healthfirst electronically using the 837I or via Institutional paper claims using the UB-04 claim form. In addition, providers should ensure all required fields are populated on the claim for appropriate and timely payment.

How long do providers have to submit claims to Healthfirst?

Claims must be submitted within 180 days of the date of service.

Which revenue codes should be used when submitting harm reduction claims to Healthfirst?

Revenue code 900 (Behavioral Health Treatments/Services) and revenue code 911 (Behavioral Health Treatments/Services in a psychiatric facility) should be used as the bill type for harm reduction claims.

Which bill type must be used to submit HRS claims?

Providers must use the bill type of 76x.

Which rate codes and CPT code combinations must be used for billing harm reduction services?

Harm Reduction Service Description	Units	Rate Code	CPT Code	Downstate rate per 15 minutes
Plan of Care development; initial assessment	1 unit per 15 minutes	3146	96150	\$22.47
Plan of Care development; reassessment	1 unit per 15 minutes	3146	96151	\$22.47
Individual Supportive Counseling	1 unit per 15 minutes	3146	96152	\$22.47
Medication management and treatment adherence counseling	1 unit per 15 minutes	3146	H0034	\$22.47
Group supportive counseling	1 unit per 15 minutes	3147	96153	\$3.02
Psychoeducation—support groups	1 unit per 15 minutes	3147	H2027	\$3.02

Frequently Asked Questions

Whom do I contact with questions regarding contracting, credentialing, or billing?

Our Behavioral Health Network Representatives are dedicated liaisons who will work closely with you to ensure that you get the most out of doing business with us.

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