Welfare Reform Policy Regarding Alcohol and Substance Abuse Services
Welfare Reform Alcohol and Substance Abuse
Screening, Assessment and Treatment Requirements
for Public Assistance and Medicaid Applicants and Recipients

I. General Welfare Reform Requirements

Chapter 436 of the Laws of 1997, The Welfare Reform Act, mandates Local Departments of Social Services (LDSS) to screen all Public Assistance adult and head of household applicants/recipients and some Medicaid recipients for presence of an alcohol or substance abuse problem.

Department of Labor rules and regulations authorize social service districts to provide or require public assistance applicants and recipients who are considered able to work to participate in a variety of work activities. Work activities may include alcohol and substance abuse treatment. Such treatment must be part of the individual’s employment plan.

Public Assistance and Medicaid Alcohol and Substance Abuse Treatment Mandates

Receipt of Public Assistance, and in some cases Medicaid, is contingent upon receipt and compliance with mandated alcohol and substance abuse treatment requirements.

Screening:
- LDSS will utilize the Office of Alcohol and Substance Abuse Services’ (OASAS) approved alcohol and substance abuse screening instrument to identify the potential presence of an alcohol or substance abuse problem.
- Individuals with a positive screen will be assessed by the LDSS using an OASAS credentialed professional for the assessment.

Welfare Reform Mandated Assessment and Treatment:
- The OASAS credentialed professional meets with the individual and assesses the individual to determine if she/he is unemployable due to alcoholism or a substance abuse problem. If unemployable, the OASAS professional identifies the appropriate level of care for the individual.

1 Medicaid applicants or recipients who are between the ages of 21 and 65, and are not certified blind or disabled or pregnant, and who are single adults, childless couples or parents in intact households must comply with screening, assessment and treatment requirements.

2 12 NYCRR 1300.9 (a)
Screening, Assessment and Treatment Requirements for Public Assistance and Medicaid Applicants and Recipients (continued)

- The LDSS and the OASAS credentialed professional will use the results of the assessment to refer individuals to an approved OASAS-licensed provider for development of an alcohol and substance abuse (ASA) service delivery plan.
- Treatment providers will provide the LDSS with information (at least quarterly) regarding the treatment plan and client attendance, compliance and treatment progress. Providers also will provide information regarding overall/general program operations as requested by the LDSS.
- The LDSS is responsible for authorizing the level of care established by the OASAS provider.
- The assessment may indicate that the individual requires a level of care which is not covered by Medicaid (i.e., OASAS licensed residential center). In this case, neither the MCO nor fee-for-service (FFS) Medicaid is responsible for the payment.

The OASAS treatment provider will refer the recipient back to the LDSS if the:
- treatment provider determines that an alternative provider within the same level of care is more appropriate; or
- treatment provider determines that the level of care determined by the LDSS and the OASAS credentialed professional is inappropriate. In this case, the LDSS and the OASAS credentialed professional, will utilize an additional needs assessment to make a more appropriate referral based upon information from the provider.
Department of Labor rules and regulations state that:

- Local districts must make a determination whether each public assistance\(^3\) applicant must participate in work activities (and therefore is non-exempt) or need not participate in work activities, due to a statutory exemption. This determination is conducted after the alcohol and substance abuse screening process. If, while evaluating an individual for exempt or non-exempt status, the social service official has reason to believe that an individual has a substance abuse impairment, the district shall require the individual to be assessed for such abuse in accordance with regulations of the Office of Temporary and Disability Assistance (18 NYCRR 351.2). This circumstance would arise in those instances when the individual was previously screened and/or assessed, but not determined to have a substance abuse impairment.

- Social Services districts may require non-exempt public assistance applicants and recipients to participate in a variety of activities, including but not limited to employment-related activities and other activities as set forth in a local district plan, which may include ASA services.

- Districts may also determine that an individual has a mental or physical impairment (which may include an alcohol or substance abuse problem), that limits his/her ability to engage in work activities; \(^4\)

- If an individual is work limited, the social services district may assign them to work activities if the assignment is consistent with the individual’s treatment plan, when the plan is prescribed by the individual’s practitioner and/or the district practitioner. \(^5\) Treatment plans may include ASA plans established pursuant to mandated PA/MA ASA screening, assessment and treatment process.

---

\(^3\) These provisions do not apply to Medicaid only cases

\(^4\) 12 NYCRR 1300.2 (d) (13) (I)

\(^5\) 12 NYCRR 1300.2 (d) (13) (ii) (a) (b) (c)
Welfare Reform Mandated Alcohol and Substance Abuse Services
Provided to Medicaid Managed Care Enrollees

II. Welfare Reform and Medicaid Managed Care

Managed Care Organizations (MCO) are not responsible for the provision and payment of only those alcohol and substance abuse treatment services ordered by the local district and provided to Medicaid managed care enrollees, who have:

- been assessed as unable to work by the LDSS, and are mandated to receive ASA services as a condition of eligibility for Public Assistance or Medicaid, or,

- have been determined to be able to work with limitations (work limited) and are simultaneously mandated by the district into ASA treatment pursuant to work activity requirements.

For those Medicaid managed care enrollees who are not currently receiving ASA services through their MCO, district mandated Welfare Reform alcohol and substance abuse services which are covered by Medicaid, and provided by an OASAS-licensed Medicaid enrolled provider will be reimbursed on a fee-for-service (FFS) basis. Welfare Reform alcohol and substance abuse services that may be ordered by the district,\(^6\) and may be reimbursed FFS include: uncomplicated inpatient detoxification services, inpatient rehabilitation services, alcohol clinic services, alcohol day rehabilitation services, medically supervised substance abuse services (1035 facility services) and methadone maintenance treatment services (MMTP).\(^7\)

\(^6\) For a complete list of Welfare Reform alcohol and substance abuse services that may be ordered by the district and are eligible for Medicaid fee-for-service reimbursement under Welfare Reform policy and procedures please see Appendix One.

\(^7\)Please be aware that alcohol day rehabilitation, 1035 facility services and MMTP are not included within the prepaid benefit package, and are available on a fee-for-service basis. Accordingly, if these services ARE NOT ordered by the LDSS as a condition of Public Assistance or Medicaid eligibility, then the provider would bill Medicaid FFS in accordance with general Medicaid billing practices.
Managed Care Organizations retain responsibility for the provision and payment of medically complicated inpatient detoxification services in acute hospital settings.

If a Managed Care Organization is already providing ASA treatment and the district is satisfied with the level of care and treatment plan, then the Managed Care Organization will continue to be responsible for the provision and payment of the services.
III. Managed Care Organization Responsibility for Non-Welfare Reform Medicaid Covered Alcohol and Substance Abuse Services

Managed Care Organizations participating in New York’s Medicaid managed care program will continue to be responsible for a base benefit package of alcohol/substance abuse services. The base benefit package includes delivery and payment of 20 outpatient mental health visits, 60 alcohol/substance abuse outpatient visits, and 30-days combined mental health and/or alcohol/substance abuse inpatient days. Under any of the following four circumstances, the Managed Care Organization will retain responsibility for delivery and payment of the base benefit alcohol/substance abuse services provided to a Medicaid enrollee:

1) When the patient requests an evaluation visit from a Managed Care Organization network provider. (Patients are limited to one “self-referred” evaluation visit annually.) Services that are ordered by the patient’s primary care practitioner (PCP) or other plan physician as a result of the self-referral.

2) Evaluation and treatment services when the patient’s primary care practitioner (PCP) or other designated Managed Care Organization practitioner refers the patient to a provider for evaluation and/or treatment.

3) Evaluation and treatment services, when a court of competent jurisdiction requires that the patient receive alcohol and substance abuse services. (Chapter 649 of the New York Laws of 1996 amended section 364-j.4(r) of the Public Health Law to stipulate that enrollees of Managed Care Organizations, who are ordered to receive services by a court of competent jurisdiction, are the financial responsibility of the enrollee’s Managed Care Organization up to the limits of the base benefit.)

4) In addition, the Medicaid managed care base benefits package includes medically necessary complicated inpatient hospital services (i.e. complicated DRGs) in an acute hospital setting, up to 365 days per year.

In all four of the above instances, the MCO will continue to handle these services beyond the base benefit package via the stop-loss program.

---

8 Methadone Maintenance Treatment Programs (MMTP), substance abuse services provided by 1035 facilities and outpatient rehabilitation services are not included within the base benefit package and qualified Medicaid providers may bill fee-for-service for these services.
IV. Court Ordered Alcoholism or Substance Abuse Assessment and Treatment Services:

Chapter 649 of the New York Laws of 1996 amended section 364 j.4(r) of the Public Health Law, to require Medicaid Managed Care Organizations to provide services to participants, pursuant to an order of a court of competent jurisdiction, provided however, that such services shall be within the Medicaid benefit package, and are reimbursable under Title XIX of the federal Social Security Act. MCOs will be responsible for providing court-ordered services so long as they are Medicaid covered services. If an MCO enrollee exceeds the benefits while under a court order for ASA services the benefits should continue and the plan should bill Medicaid via the stop-loss program.

In accordance with the following two scenarios, all court ordered services delivered by OASAS licensed Medicaid reimbursable programs will be paid for by the Managed Care Organization.

Managed Care Organization Network Provider
- If the provider is a participating provider in the Managed Care Organization, as a member of the Managed Care Organization’s network, the rate of payment will be consistent with the negotiated contract agreement among the parties.

Non-Managed Care Organization Network Provider
- Court-directed therapy regimens, which are to be carried out by a non-network provider under an Order of the Court, are still the financial responsibility of the MCO up to the benefit limits of the MCO contract. Accordingly, the plan is obligated to pay for out of network services ordered by the court if that provider is participating in Medicaid. However, a local plan should be encouraged to include in its network service providers preferred by the court. The LDSS should help the courts understand which providers are in the plan networks. When it is necessary to use an out of network provider to comply with a court order, such reimbursement shall be at the Medicaid fee-for-service rate.
Managed Care Organizations’ Responsibility  
(Continued)

V. MCO Responsibility for Non-Welfare Reform Alcohol and Substance Abuse Services Beyond 60 Outpatient Visits and 30 Inpatient Day Limits

At this time, Managed Care Organizations are responsible for paying and coordinating non-Welfare Reform alcohol and substance abuse services, beyond the service limits provided to managed care enrollees under New York’s stop loss program. Under the stop loss program, Managed Care Organizations submit claims to the NYS Medicaid program and the Managed Care Organizations are reimbursed, on a fee-for-service basis for services in excess of the benefits limit on outpatient visits and inpatient days. Managed care enrollees must access stop loss services from their MCO’s network of providers.

Health Service Linkage

VI. Protocol for Linkage Between Managed Care Providers and Providers of District Mandated Welfare Reform Related Alcohol and Substance Abuse Services

When a managed care enrollee receives district mandated ASA treatment services, the OASAS credentialed provider will communicate in a timely fashion with the Managed Care Organization, primary care physician, and the Local Social Services District (LDSS) about the diagnosis and treatment of the enrollee. Information sharing must be consistent with confidentiality statutes, rules and regulations.

OASAS Regulations

OASAS regulations for chemical dependence outpatient services require that providers of outpatient alcohol and substance abuse services which are under OASAS jurisdiction/authorization establish and adhere to written service plans for the provision or referral of ASA service clients, to primary and other health services. OASAS reviews these procedures at least every three years. These written procedures address a variety of service areas, including but not limited to:

- Each outpatient service provider must directly provide, or make arrangements to provide or refer for additional services, including screening and referral for physical or psychiatric services associated with an alcohol or substance abuse problem. If a comprehensive evaluation indicates that the individual needs health
Health Service Linkage  
(Continued)

services beyond the capacity of the outpatient service provider, referral to appropriate services shall be made. If the patient is enrolled in Medicaid Managed care, they must be referred back to their MCO for health services. Identification of such referrals and the results of those referrals to identified programs(s) shall be documented in the patient record. OASAS providers shall establish individual treatment plans which will include a description of the nature of the referred service, a record that referrals for such service have been made, and the results of the referral; and

- Cooperative arrangements with other chemical dependence and mental health services, in addition to other services that the patient may need.

When providing LDSS mandated ASA services, OASAS providers are expected to have mechanisms in place to ensure continuity and coordination of care. Mechanisms will address referrals for procedures and services covered by the MCO (e.g., inpatient, emergency, hospitalizations etc.). OASAS providers will establish procedures for obtaining consent to share and transfer patient specific information. These procedures will be consistent with confidentiality statutes, rules and regulations. Exchange of patient information is intended to ensure that Welfare Reform and MCO services are medically compatible and in the best interest of the patient. Both the MCO and LDSS will designate a liaison who will serve as the central point of contact, and who will assist in coordination of care. The LDSS will provide OASAS providers with a list of MCO liaisons.

Hospitalization
The Managed Care Organization is responsible for medically complicated acute inpatient detoxification hospitalization services, that are included within the base benefit package, or are available through the stop loss program. The enrollee will be referred back to the MCO in those non-emergent instances, where the district/OASAS credentialed provider determines a need for inpatient detoxification services. The Managed Care Organization must approve such non-emergent detoxification hospitalization and direct patient to network hospital.

Emergency Room Payment Policies
Emergency room payment policies for Welfare Reform recipients, who are also enrolled in Medicaid managed care, will be the same as for other clients enrolled in managed care. Such payment policies will be in accordance with prevailing State and MCO regulations, statute, local district contracts and billing policies, including but not limited to Chapter 705 of the Laws of 1996.
Future Service Plans

VII. Future Plans-County Pilots and Extended Benefit Program

NYSDOH and OASAS are working with the local districts to develop a program to manage and coordinate alcohol and substance abuse services in excess of the Managed Care Organization base benefit package for managed care enrollees. This program is called the Extended Benefit program. To implement this program county administered pilot management projects may be implemented in the following counties: Albany, Broome, Chautauqua, Dutchess, Erie, Monroe, Nassau, Oneida, Onondaga, Orange, Suffolk, Sullivan, Ulster, Westchester, Oneida and Onondaga.

- **Pilot Programs**

  Although pilots may vary, these pilots will manage the delivery of alcohol and substance abuse services through a combination of case management and prior authorization mechanisms.

- **Implementation Extended Benefit Program**

  Based upon the results of the pilots, the State Department of Health and the Office of Alcohol and Substance Abuse Services will develop a statewide locally administered Extended Benefit program which will manage and coordinate the delivery of alcohol and substance abuse services provided to managed care enrollees but outside the direct responsibility of Medicaid managed care.

- **Discontinue Medicaid Managed Care Stop Loss and Switch to Benefit Limit**

  Future modifications are planned to the State Medicaid payment and information system, which will discontinue the Managed Care Organization’s responsibility for delivery and payment of alcohol and substance abuse services in excess of the Medicaid managed care base outpatient and inpatient benefit limits. Once these changes have been made, responsibility for delivery of services in excess of the base benefit will either be the responsibility of the local pilot project or the Extended Benefit program, once it is in place. Under this change, OASAS providers will submit claims to MMIS directly and NYS Medicaid program will reimburse providers via MMIS at existing Medicaid rates for services provided to managed care enrollees in excess of benefit limits.
If you have any questions concerning the program or reimbursement policies included within or attached to this letter, please call:

<table>
<thead>
<tr>
<th>Managed Care Organizations Alcohol and Substance Abuse Policy / Billing Questions</th>
<th>Ilyana Meltzer</th>
<th>(518) 473-7467</th>
</tr>
</thead>
<tbody>
<tr>
<td>OASAS Provider Policy / Billing Questions</td>
<td>Rick Herr</td>
<td>(518) 485-2171</td>
</tr>
<tr>
<td>Public Assistance Cases ASA Eligibility Requirements</td>
<td>Appropriate Regional Representative</td>
<td>Region I (518) 473-0332; Region II (518) 474-9344; Region III (518) 474-9307; Region IV (518) 474-9330; Region V (518) 473-1469; Region VI (212) 383-1658</td>
</tr>
<tr>
<td>Medicaid Only Cases ASA Eligibility Requirements</td>
<td>Ellen Bayewitz</td>
<td>(518) 473-2279</td>
</tr>
<tr>
<td>Entry or Removal of the “83” Recipient Exception Code</td>
<td>Michele Leonard</td>
<td>(518) 473-5337</td>
</tr>
<tr>
<td>Department of Labor Work Assignments and ASA requirements</td>
<td>Mike Leonard</td>
<td>(518) 485-6996</td>
</tr>
</tbody>
</table>
ATTACHMENT ONE - PROVIDER BILLING INSTRUCTIONS

Provider Billing Instructions for ALL Mandated Welfare Reform Alcohol and Substance Abuse Services

General Billing Policy for Welfare Reform Mandated Alcohol and Substance Abuse Services Rendered to ALL Public Assistance and Medicaid Recipients Regardless of Enrollment in Medicaid Managed Care. The following policy applies to services ordered by the local district for those individuals who have been assessed by the district as unemployable/unable to work due to an alcohol or substance abuse problem or have been determined to be able to work with limitations (work limited) and are simultaneously mandated by the district into ASA treatment as part of their work assignment in accordance with 12 NYCRR 1300.9(a).

- Effective 12/1/98, after exhausting all other relevant third party liability options, OASAS certified/Medicaid qualified alcohol and substance abuse providers will utilize the Medicaid fee-for-service (FFS) process to bill the Medicaid Management Information System (MMIS) at prevailing Medicaid rates and existing rate and procedure codes for those alcohol and substance abuse services mandated by the Local Department Social Service (LDSS) District as a condition of Public Assistance or Medicaid eligibility. This applies to ASA treatment services provided to both Medicaid FFS and Medicaid managed care enrollees.

- OASAS providers will be required to maintain documentation which will distinguish Welfare Reform related ASA services or procedures from other alcohol and substance abuse services that are an MCO’s responsibility. Documentation must demonstrate that the FFS billed ASA services are mandated by a LDSS as a requirement for receiving Public Assistance or Medicaid in accordance with Welfare Reform requirements and/or must demonstrate if there is a court order. NYSDOH will audit these claims. Any claims without supporting documentation may be retroactively denied and payments recouped.

- If a Welfare Reform ASA service recipient is enrolled in Medicaid managed care, then FFS billing is ONLY permissible for district mandated Welfare Reform ASA services. All other non-Welfare Reform ASA services that are included within the base benefit package and/or are otherwise the responsibility of a client’s MCO, must be billed in accordance with each Medicaid Managed Care Organizations’ service and billing policies and procedures.
I. Billing for Base Benefit Package Services

For Medicaid managed care enrollees, benefit package alcohol and substance abuse services, other than those services that are provided pursuant to welfare reform (alcohol and substance abuse screening, assessment and treatment requirements for public assistance and/or Medicaid only recipients, included in Appendix A of this document), must be billed to the enrollee’s managed care organization in accordance with the plan’s specific reimbursement arrangements. Typically, reimbursement arrangements between managed care organizations and their network service providers involve monthly per member per month capitation rates, or negotiated fee schedules. Non-network alcohol and substance abuse and health only providers should not provide services to a plan’s enrollee without first obtaining prior - approval from the members managed care organization.

Medicaid managed care organizations are responsible for payment of an enrollee’s ASA services when:

1. an annual evaluation visit is requested by the patient (i.e., self-referral);
2. the assessment and treatment services have been ordered by the Managed Care Organization, Primary Care Provider or other providers authorized by the Managed Care Organization; and
3. assessment and treatment services are mandated by a court of competent jurisdiction. Network providers submit claims to the Managed Care Organization and the Managed Care Organization will reimburse network providers at negotiated rates. Managed Care Organizations must reimburse non-network providers of Court Ordered services at Medicaid rates.

II. Services in Excess of Base Benefit Package

Until further notice, qualified Medicaid providers must continue to submit claims to the Managed Care Organizations for provision of alcohol and substance abuse services beyond the stop loss of sixty (60) outpatient visits and (30) thirty inpatient days. The Managed Care Organizations will reimburse the claiming provider according to the provider contract. Managed Care Organizations will submit claims to NYS Medicaid program, and NYS Medicaid program will reimburse the Managed Care Organization

---

9Currently, the inpatient limit is for any combination of mental health and/or substance abuse services. Once program features and systems capabilities are developed, this will change to 30 inpatient days for substance abuse services only and the outpatient limit will change from 60 visits to 20 visits.
under the stop loss program.

III. **Complicated Inpatient Detoxification Services**

For Medicaid managed care enrollees, Managed Care Organizations will retain responsibility for the provision and payment of medically complicated inpatient detoxification services in acute hospital settings. Welfare Reform FFS payment policies do not apply to this service. The Managed Care Organization must approve hospitalizations and direct patients to network hospitals.

IV. **Alcohol and Substance Abuse Services Not Included in the Base Benefit Package**

The following alcohol and substance abuse services are not included within the prepaid benefit package. For these services, the provider would bill Medicaid FFS in accordance with general Medicaid billing practices. However, the LDSS may still mandate these services as part of the Public Assistance or Medicaid eligibility process.

**Methadone Maintenance Treatment Program (MMTP)**
Consists of drug detoxification, drug dependence counseling and rehabilitation services which include chemical management of the patient taking methadone. Facilities that provide methadone maintenance as their principal mission are certified by the Office of Alcohol and Substance Abuse Services under 14 NYCRR Part 1040.1.

**Substance Abuse Services Provided by 1035 Facilities**
These programs provide medically supervised ambulatory substance abuse treatment that focuses on medical oversight of clients with health conditions in addition to their substance abuse. Individual and group counseling for the primary client and his/her significant others, psychological evaluations, and educational, vocational and social services are made available to each client to help the client address and resolve the substance abuse problem. These facilities are certified by OASAS under 14 NYCRR, Part 1035.

**Outpatient Alcoholism Rehabilitation Services**
Outpatient alcoholism rehabilitation programs provide intensive full or half day services to meet the needs of a specific target population. When appropriate, they may be operated independently of outpatient clinics if they remain affiliated with an accessible clinic program. Most outpatient rehabilitation programs will have a separate identifiable and specially designed environment and specific target population of chronic alcoholic persons who need a range of services which are different from those typically provided in an alcoholism outpatient clinic. These services are certified by OASAS under 14 NYCRR, Part 380.3.
ATTACHMENT THREE
MEDICAID BILLING INSTRUCTIONS FOR THE LOCAL DISTRICT RELATED TO
THE PROVISION OF WELFARE REFORM MANDATED ALCOHOL AND
SUBSTANCE ABUSE SERVICES

- Effective December 1, 1998.

- The Local Social Services District staff will identify a Public Assistance individual
  or a Medicaid individual subject to Welfare Reform alcohol and substance abuse
  service requirements. The 83 Recipient Exception Code will be in production
  on December 1, 1998. It may be backdated to an 11/01/98 program “Begin
  Date.”

- Following identification, the district staff will attach the Welfare Reform recipient
  exception code (REC) to this individual and enter the Welfare Reform exception
  code (83) into the Restriction/Exception subsystem.

- The use of the Welfare Reform REC code will apply to ALL individuals referred
  for Welfare Reform ASA treatment services, REGARDLESS of their enrollment in
  a Medicaid managed care organization. The Welfare Reform REC code will allow
  fee-for-service reimbursement for certain alcohol and substance abuse services
  rendered to Medicaid managed care enrollees mandated into ASA treatment by the
  districts.

- If the LDSS fails to attach the recipient exception code to the client’s WMS file,
  the OASAS provider will not receive reimbursement for district mandated Welfare
  Reform alcohol and substance abuse assessment and treatment services rendered to
  individuals enrolled in Medicaid managed care.

- The LDSS will refer these individuals to an OASAS credentialed provider.

- Only those ASA services listed in Appendix A of this document may be billed in
  accordance with Welfare Reform fee-for-service billing policies and procedures.
  Other services will be the responsibility of the MCO.

- The State intends to review the claims file against the matrix/list of Welfare
  Reform ASA services. Any payments for non-Welfare Reform ASA or other
  services, or payments for unauthorized providers who have inappropriately billed
  FFS via the REC, would be recovered.
## APPENDIX A

<table>
<thead>
<tr>
<th>Rate</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1615</td>
<td>LAAM</td>
</tr>
<tr>
<td>1671</td>
<td>Methadone Maintenance - Free Standing D&amp;TC</td>
</tr>
<tr>
<td>2957</td>
<td>Alcoholism Rehabilitation - (DRG Exempt) (Inpatient Hospital)</td>
</tr>
<tr>
<td>2973</td>
<td>Methadone Maintenance - Hospital Based</td>
</tr>
<tr>
<td>2993</td>
<td>Drug Rehabilitation (Substance Abuse) DRG Exempt (Hospital Inpatient)</td>
</tr>
<tr>
<td>4202</td>
<td>State Operated Adult Inpatient Rehabilitation</td>
</tr>
<tr>
<td>4203</td>
<td>Free Standing Adult Primary Care (Alcohol) - [Federally Participating - under 21 or over 64 years of age] [ Federally qualified alcoholism detoxification services]</td>
</tr>
<tr>
<td>4204</td>
<td>Free Standing Adult Inpatient Rehabilitation (Alcohol) - [Federally Participating - under 21 or over 64 years of age] [ Federally qualified alcoholism rehabilitation services]</td>
</tr>
<tr>
<td>4212</td>
<td>Free Standing Adult Primary Care (Alcohol) (Free Standing inpatient facility - Alcohol Detoxication)</td>
</tr>
<tr>
<td>4213</td>
<td>Free Standing Adult Inpatient Rehab (Alcohol) [ Freestanding inpatient facility - alcohol rehabilitation]</td>
</tr>
<tr>
<td>4250</td>
<td>Alcoholism Clinic Treatment - Regular</td>
</tr>
<tr>
<td>4251</td>
<td>Alcoholism Clinic Treatment - Brief</td>
</tr>
<tr>
<td>4254</td>
<td>Alcoholism Clinic Treatment - Collateral</td>
</tr>
<tr>
<td>4260</td>
<td>Alcoholism Day Rehabilitation - Full Day</td>
</tr>
<tr>
<td>4261</td>
<td>Alcoholism Day Rehabilitation - Half Day</td>
</tr>
<tr>
<td>4262</td>
<td>Alcoholism Day Rehabilitation - Collateral</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Service Description</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>W0098</td>
<td>Physician Operated Methadone Maintenance Service (Regular Weekly Fee)</td>
</tr>
</tbody>
</table>

**DRG Codes** | **Service Description**
--- | ---
DRG - 743 | Substance or Alcohol Detoxification - Opioid abuse or dependence left against medical advice
DRG - 745 | Substance or Alcohol Detoxification - Opioid abuse or dependence without complications or comorbidities
DRG - 746 | Substance or Alcohol Detoxification - Cocaine or other drug abuse or dependence left against medical advice
DRG - 748 | Substance or Alcohol Detoxification - Cocaine or other drug abuse or dependence without complications or comorbidities
DRG - 749 | Substance or Alcohol Detoxification - Alcohol abuse or dependence left against medical advice
DRG - 751 | Substance or Alcohol Detoxification - Alcohol abuse or dependence without complications or comorbidities