

NYS opioid legislation regarding initial 14 days of inpatient substance use disorder (SUD) treatment



Frequently Asked Questions

1. What changes were made?
Effective January 1, 2017, we are required to remove the preauthorization requirement for inpatient substance use disorder admissions for participating NYS Office of Alcoholism and Substance Abuse Services (OASAS) facilities.
2. What is a NYS OASAS facility?
A NYS OASAS facility is a substance abuse facility that has an operating license in New York state with OASAS.
3. What is considered inpatient substance use disorder?
Inpatient admissions include detoxification, inpatient rehabilitation, and residential treatment centers.
4. Do I need to get preauthorization for the admission?
No, preauthorization is not required for the initial 14 days of treatment; however, you need to notify BlueCross BlueShield of Western New York within the first 48 hours of the admission, and submit an initial treatment plan.
5. Will I need to submit the treatment plan on a specific form?
Submit the initial treatment plan along with a cover sheet identifying the clinical as **Initial Inpatient Substance Abuse Admission**. Fax the cover sheet and treatment plan to **1-866-390-0864**.
6. How do I notify BlueCross BlueShield of the admission?
Call **1-877-837-0814, option 3**, to notify us of the admission.
7. Will I receive confirmation that the treatment plan has been received?
Yes, we will call to confirm receipt of the admission notification and treatment plan.
8. What happens after I submit the treatment plan?
We will begin concurrent reviews to determine medical necessity, based on Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) on day 14 of the patient's admission.
9. What happens if I do not notify BlueCross BlueShield of the admission or submit the treatment plan within 48 hours of the admission?
We can begin the clinical review process at the time of notification based on LOCADTR criteria.
10. What happens during the initial 14 days of treatment?
You are required to perform daily clinical reviews to ensure OASAS LOCADTR criteria continues to be met and treatment plan continues to address member needs.

11. Can the initial 14 days be denied?

A retrospective medical necessity review will be done on day 14 of the patient's admission of the treatment provided during and including the initial 14-day period. Medical necessity denials up to and including the initial 14 days may be issued if the admission is not supported by the LOCADTR tool.

12. If the admission is denied, can I balance bill the patient?

No, in accordance with your BlueCross BlueShield Participating Provider Agreement and the New York state legislation, it is a violation of the law to bill the patient for services that do not meet the LOACDTR criteria.

13. Who should I call if I have questions?

Call **1-877-837-0814, option 3**, or contact your Provider Practice Consultant at 1-800-666-4627.