

Washington State Health Care Authority

Medicaid Provider Guide

Chemical-Using Pregnant (CUP) Women Program

[WAC 388-533-0701 - WAC 388-533-0730]



Washington State
Health Care Authority

A Billing Instruction

About this publication

This publication supersedes all previous Department/MPA *Chemical-Using Pregnant (CUP) Women Program Billing Instructions*.

Note: The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

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Additional Resource Material

The information contained in this billing instruction serves as a guide to develop CUP Women program policies and procedures in the provider facility's program manuals, per WAC 388-533-0300. Additional resource material can be found in:

- DBHR's "[Pregnant Women Chemical Dependency/Abuse Information Resource Guide](#);"
- The Department/MPA "[ABC's Of First Steps Manual](#)"; and
- The Department of Health's (DOH) "[Substance Abuse During Pregnancy: Guidelines for Screening](#)" revised edition 2008.

You can obtain information on the Maternal Substance Abuse Screening Initiative and Guidelines at <http://www.doh.wa.gov/cfh/mch/documents/ScreenGuideline.pdf>.

How Can I Get Department/MPA Provider Documents?

To download and print Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

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Important Contacts

Note: This section contains important contact information relevant to the Chemical Using Pregnant (CUP) Women program. For more contact information, see the Department/MPA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/MPA <i>Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Who do I contact if I'm interested in becoming a CUP Women program provider or have questions regarding CUP Women program policy?	<p>Community Services Manager Division of Behavioral Health and Recovery (DBHR) 1-360-438-8087</p> <p>CUP Women Program Manager 1-360-725-1950</p>
Who do I contact if I want to request an extended stay?	<p>CUP Women Program Manager Division of Healthcare Services Community Services Section PO Box 45530 Olympia, WA 98504-5530 lawerle@dshs.wa.gov 1-360-725-1950</p>

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Alcohol & Drug Addiction Treatment & Support Act (ADATSA) - A state program which funds medical and treatment services for persons who are incapable of gainful employment due to alcohol or other drug addiction.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Chemical-Using Pregnant (CUP) Women Program – The CUP Women program is a Medicaid-funded, hospital-based, intensive detoxification and medical stabilization program for alcohol or drug using/dependent) pregnant women and their exposed fetuses.

Department - The state Department of Social and Health Services [the Department].

Detoxification - Care and treatment in a residential or hospital setting of persons intoxicated or incapacitated by alcohol or other drugs during the period in which the person is recovering from the transitory effects of intoxication or withdrawal. Acute detoxification provides medical care and physician supervision; subacute detoxification is non-medical.

Division of Behavioral Health and Recovery (DBHR) – The Division of Behavioral Health and Recovery (DBHR) provides support for Mental Health, Chemical Dependency, and Problem Gambling Services. The public mental health programs promote recovery and resiliency and reduces the stigma associated with mental illness. The substance abuse prevention and chemical dependency treatment programs promote strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency. The problem gambling program mitigates the effects of problem gambling on the family and helps families remain economically self-sufficient without requiring assistance from other state programs. DBHR brings operational elements like medical assistance, chemical dependency and mental health into closer working relationships that serve clients more effectively and efficiently than before.

Hospital-Based Medical Stabilization - Medical hospital inpatient care to medically manage the acute detoxification and medical stabilization of a pregnant woman and her fetus.

Intensive Inpatient Treatment- Nonhospital, DBHR-certified facilities for sub-acute/detoxified patients focused on primary chemical dependency services in residential or outpatient settings.

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Maximum Allowable - The maximum dollar amount that a provider may be reimbursed by the Department for specific services, supplies, or equipment.

Medically Necessary – See WAC 388-500-0500.

Medical Identification card(s) – See *Services Card*.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

For example: 123456789WA.

Rehabilitation Services - Hospital-based intensive inpatient substance abuse treatment, medical care, and assessment and linkages.

Services Card – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Transaction Control Number (TCN) - A unique field value that identifies a claim transaction assigned by ProviderOne.

Usual and Customary Fee - The rate that may be billed to the department for a certain service or equipment. This rate *may not exceed*:

- The usual and customary charge that you bill the general public for the same services; or
- If the general public is not served, the rate normally offered to other contractors for the same services.

About the Program

What Is the Purpose of the CUP Women Program?

[Refer to WAC 388-533-0701]

The intent of the CUP Women program is to:

- Reduce harm to a mother and her fetus who need medical stabilization for obstetric and perinatal complications often present in chemically-dependent pregnant women; and
- Provide all of the following services in one setting to improve the health of the woman and the fetus:
 - ✓ Immediate access to care;
 - ✓ Medical detoxification/stabilization; and
 - ✓ Chemical dependency treatment.

The CUP Women program is designed to change the behavior of pregnant women and improve birth outcomes. Chemical-using pregnant women are high-risk for medical complications and often resistant to change. However, during pregnancy, they are more likely to accept treatment and successfully change their behavior. Substance abuse remains one of the most overlooked obstetric complicating factors during prenatal care. Prenatal substance abuse screening, treatment, and medical care should be initiated as early as possible during pregnancy.

How Is the CUP Women Program Different from Other Chemical Dependency Programs?

The CUP Women program is the only program that offers all of the following services **in a hospital setting**:

- Acute, medical detoxification;
- Stabilization;
- Medical; and
- Chemical dependency treatment.

Note: The CUP Women program is reimbursed by the Department, not by any other state or county program.

This acute level of care does not exist in other intensive inpatient treatment facilities. Due to the potential for serious health risks when detoxifying a chemical-using pregnant woman and fetus, acute medical services must be present. Once the client is medically stabilized, chemical dependency treatment begins.

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The CUP Women program is an entry point into a larger care continuum. When a pregnant woman is ready to enter treatment, the ability to place her quickly into a safe environment is critical. A number of intervention and referral sources exist in community, medical, and treatment agencies. Often, several providers are linked in motivating the same pregnant woman to access care. Other substance abuse treatment programs exist for pregnant women that can be served in a non-hospital based setting. These intensive inpatient treatment models such as social detoxification, outpatient services, or residential facilities, often link with prenatal care providers, but are not equipped to meet the acute medical needs associated with these high-risk pregnancies. The CUP Women program is a unique partnership between many multidisciplinary providers. The program provides immediate access to care by removing the barriers of a prerequisite ADATSA referral, Medicaid eligibility, or limited referral source existing in other programs.

How Are Hospitals Reimbursed for CUP Women Services?

Hospitals are reimbursed based on a per diem rate assigned by the Department. Ancillary (e.g., lab, pharmacy, etc.) charges related to the CUP Women stay may be billed on the same claim with the CUP Women services. Charges for delivery, premature labor, or any another acute medical inpatient stay must be billed on a separate claim form. **There is no separate funding or approval required for CUP Women program reimbursement.**

Where Are CUP Women Services Provided?

CUP Women services are provided at acute care hospital-based inpatient facilities approved by the Department in the Division of Behavioral Health and Recovery (DBHR). The Department does not cover CUP Women services provided out-of-state.

Who May Refer to the CUP Women Program?

Referrals to the CUP Women program may include, but are not limited to:

- The client or family member;
- A local substance abuse outreach program;
- A First Steps Provider;
- A First Steps Social Worker;
- The Children's Services Division;
- A Medical provider; or
- DBHR-certified agencies.

The CUP Women hospital facility coordinates with all agencies that provide services to a referred client.

Client Eligibility

Who Is Eligible to Receive CUP Women Services?

[Refer to WAC 388-533-0710 (1)]

Adult and adolescent women are eligible for CUP Women services if they are:

- Pregnant;
- Have a medical need (including observation or monitoring);
- Have a substance abuse history and are screened “at risk”; and
- Have a current Services Card (or have a pending application for one).

Please see the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client’s eligibility.

Note: Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

Note: If a CUP woman is not currently a Medicaid client, initiate a Medicaid application within five days of admission. If a client has not had an ADATSA or chemical dependency assessment, contact the ADATSA Assessment Center DBHR 24-Hour Help Line at 1-800-562-1240 (or the local number of the Center, if known) within the initial five-day period. If a client is not eligible for the CUP Women program, refer them to the local chemical dependency center, or call the 24-hour DBHR Help Line for local resources at 1-800-562-1240.

Note: If a client is not pregnant at admission, she is not eligible for CUP Women services. Clients receiving three-day or five-day detoxification services through the Department are not eligible for the CUP Women Program. Three- to five-day detoxification is funded at the county level and contains no medical component. [Refer to WAC 388-533-0710 (3)]

Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-533-0710 (2)]

Yes, but outside of their managed care plan through the Department's fee-for-service system. If the client delivers during the 26-day stay, or during an approved extension, then delivery and newborn care must be billed fee-for-service. Coverage and billing guidelines found in these billing instructions apply to managed care clients. Bill the Department directly.

When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen.

Note: To prevent billing denials, please check the client's eligibility prior to scheduling services and at the time of the service and make sure proper authorization or referral is obtained from the plan. See the Department/MPA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Coverage

What Is Covered? [Refer to WAC 388-533-0730 (1)-(3)]

The maximum length of treatment per inpatient stay that the Department will pay for is 26 days. Often, medical episodes, long-term substance abuse, resistance to treatment, or other factors slow treatment progression. An approval for extended days may be requested (see page C.4).

The Department pays for the following covered services for a pregnant client and her fetus under the CUP Women program:

- **Acute Detoxification/Medical Stabilization/Rehabilitation Services**
 - ✓ **Primary Acute Detoxification/Medical Stabilization** - approximately 3-5 days.
 - ✓ **Secondary Sub-Acute Detoxification/Medical Stabilization** - approximately 7-10 days.
 - ✓ **Rehabilitation/Treatment** - remainder of stay may include the following:
 - Assessment for ongoing treatment/clean and sober housing;
 - Referrals and linkage to all providers and case managers;
 - Chemical dependency education;
 - Ongoing medical attention including obstetrical appointments;
 - Ultrasounds or medical services;
 - Methadone maintenance when appropriate;
 - Reintegration/reentry into the community;
 - Ongoing treatment if need assessed;
 - Referrals as appropriate;
 - Partial hospitalization/day treatment; and
 - Outpatient services.
 - ✓ **Other Services** - In addition to the core services of detoxification, medical stabilization, and rehabilitation, other services **may** include, but are not limited to:
 - Medical nutrition therapy;
 - Childbirth preparation and delivery;
 - Art and movement therapy;
 - Drug education and awareness for family;
 - Self-reliance education;
 - Parenting education in the care of alcohol/drug-affected infants;
 - Family dynamics education;
 - Vocational counseling;

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- ✓ **Other Services (cont.)**
 - Psychological counseling;
 - Psychotherapy and group therapy;
 - **Life skills, including use of Medicaid transportation;**
 - Financial management;
 - Household management;
 - Physical appearance consultation; and
 - Day Treatment - Outpatient Treatment.

Note: In the event that needed services are not available on site, refer clients to applicable community services. In these situations, the client remains an inpatient and is not discharged and then re-admitted to the CUP Women program. Often a case manager or attendant escorts the client off-site or the service visit occurs at the hospital.

- **Transportation Services**

CUP Women services include the use of Medicaid-funded transportation to and from medical services while the woman is an inpatient at the CUP Women facility.

Clients sometimes travel to see an established provider and require an attendant away from the hospital. The Department's Transportation Services program has contracted brokers who provide this service. The Department covers the transportation of the client and an attendant.

For further information regarding DSHS's Transportation Services program:

Access the Transportation Services website at:
<http://hrsa.dshs.wa.gov/transportation/index.html>

or call:
1-800-562-3022

- **Interpreter Services**

CUP Women services include the use of interpreter services.

The Department covers:

- ✓ Interpreter services for the client during a medical appointment; and
- ✓ Interpreter services requested by a chemical dependency provider/ADATSA center.

For further information regarding DSHS's Interpreter Services program access the Interpreter Services website at:
<http://hrsa.dshs.wa.gov/InterpreterServices>

What If the Pregnancy Ends Before the Client Completes the CUP Women Program? [Refer to WAC 388-533-0730 (4)]

If the pregnancy ends before completing the CUP Women program, regardless of the reason, providers may continue a client's treatment if recommended by the treatment planner. If a less restrictive alternative treatment option is more appropriate, refer the client to the best setting. Whenever appropriate, make every effort to keep the mother and child together.

Length of Treatment – Request for Extended Stay

The maximum length of treatment, without approval for extended stay, is 26 days. There is no minimum length of stay. If an extended stay is needed, a request must be made to the Department (see *Important Contacts*). The Department may approve additional days, when justified.

Determine if the length of treatment may need to be extended by examining the:

- Needs of the individual;
- Progress made;
- Medical status; and
- Individualized treatment plan.

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When requesting additional days, include the following in your verbal or written request to the Department's CUP Women Program Manager (see *Important Contacts* section):

- Client's patient identification code (PIC);
- Date of admit;
- Number of additional days needed;
- Hospital's name and address; and
- Justification of need for additional days.

After an extended stay request is received, the Department's CUP Women Program Manager will review the request and send a written decision to the provider.

Provider Requirements

Who Is Approved to Provide CUP Women Services?

[Refer to WAC 388-533-0720 (1)]

The Department pays only those providers who:

- Have been approved by the Department to provide CUP Women program services;
- Have been certified as chemical dependency service providers by the **Division of Behavioral Health and Recovery (DBHR)** as described in Chapter 388-805 WAC;
- Meet hospital standards as prescribed by the Joint Commission on Accreditation of Healthcare Organization (JCACHO);
- Meet the general provider requirements in Chapter 388-502 WAC; and
- Are not licensed as an Institution for Mental Disease (IMD) under Centers for Medicare and Medicaid (CMS) criteria.

Program Administration [Refer to WAC 388-533-0720 (2)]

Chemical-using pregnant (CUP) women program service providers must:

- Report any changes in their certification, level of care, or program operation to the Department's CUP Women Program Manager (see *Important Contacts*). Prior to providing CUP Women services, you must submit your program application to, and receive approval from, **DBHR** and the Division of Healthcare Services (DHS) (see *Important Contacts*);
- Have written policies and procedures that include a working statement describing the purpose and methods of treatment for chemical-using/abusing pregnant women;
- Provide guidelines and resources for current medical treatment methods by specific drug and or alcohol type;
- Have linkages with state and community providers to ensure a working knowledge exists of current medical and substance abuse resources; and

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- Ensure that an Alcohol and Drug Addiction Treatment and Support Act (ADATSA) or chemical dependency assessment of the client has been completed:
 - ✓ By an ADATSA assessment agency;
 - ✓ Using the latest criteria of the [American Society of Addiction Medicine](#) (ASAM) which may include:
 - Pregnancy, post-pregnancy, and parenting status;
 - Number of children, custody status, residence, and visitation schedule;
 - History of Child Protective Service intervention;
 - History of death or loss of children;
 - Childcare needs;
 - Family Planning practices and needs;
 - Suicidal/homicidal ideation;
 - Domestic violence history;
 - Sexual assault history;
 - Ongoing mental health needs;
 - Current and past history of chemical use during pregnancy;
 - Previous pregnancy prenatal care;
 - Relationship addiction;
 - Family dynamics;
 - Family reunification plans;
 - Living situation/housing;
 - Legal issues; and
 - Eating disorders; and
 - ✓ No earlier than six months before, and no later than five days after, the client's admission to the CUP Women program.

Notifying Clients of Their Rights (Advance Directives) (42 CFR, Subpart I)

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give **all adult clients** written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

How Do I Bill for CUP Women Services?

Use the UB-04 claim form to bill the hospital-based intensive CUP Women services provided to the client. Follow these guidelines when billing:

1. In order to facilitate processing of claims under this program, **the Department has established a daily room and board revenue code. The revenue code is 129.** This revenue code is used for the entire CUP stay. You must indicate this revenue code *in form locator 51* of the UB-04. The Department reimburses for daily room rate charges **only** with this revenue code.

Note: For stays that exceed 26 days, bill:

- Hardcopy by attaching a copy of the Department's written approval for extended stay with the claim;
- Electronically by entering the date of approval and dates of service approved in the **Remarks** field.

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2. All claims for CUP Women services must have a primary diagnosis code related to pregnancy and a secondary diagnosis code related to alcohol or drug abuse. When billing the Department for CUP Women services, you must use the appropriate diagnosis codes from the following list of ICD-9-CM diagnosis codes:
 - a) **Primary diagnosis**
 - i. 648.33 (drug dependency – antepartum);
 - ii. 648.34 (drug dependency – postpartum);
 - iii. 648.43 (for alcohol dependency – antepartum); or
 - iv. 648.44 (for alcohol dependency – postpartum).
 - b) **Secondary diagnosis**
 - i. 304 through 304.93 (drug dependency); or
 - ii. 303 through 303.93 (alcohol dependency).
3. For all other (ancillary) revenue codes, refer to the current Department/MPA *Inpatient Hospital Billing Instructions*.
4. When billing:
 - a) Hardcopy - Enter an “N” on your claim in *form locator 56*.
 - b) Direct Entry - Request an S batch (inpatient non-DRG) when calling the Claims Control Unit at 1-360-725-1950 for batch activation.
 - c) Electronically - CUP Women services must be shown as follows:

RECORD TYPE: 10
RECORD NAME: Provider Data
FIELD NUMBER: 2

Indicate the type of batch equivalent to an S batch (inpatient non-DRG).

How Do I Bill for Physician/ARNP Services?

Physicians, physician's assistants-certified (PACs), and advanced registered nurse practitioners (ARNPs) may provide inpatient hospital medical services during the CUP Women stay. To bill the Department, use the Current Procedural Technology (CPT®) code from the current Department/MPA *Physician-Related Services (RBRVS) Billing Instructions* that most closely describes the service actually provided (CPT codes 99221 through 99238, and/or 99431 and 99433).

Note: Prior to billing for CUP Women services, providers must verify that the client meets eligibility requirements. (See the *Client Eligibility* section for more information.)

Use the CMS-1500 Claim Form when billing for physician/ARNP services.

Physicians and ARNPs may provide continuation of medical services to pregnant clients on an outpatient basis separate from the CUP Women Program. To bill the Department in this instance, use the CPT code from the current Department/MPA *Physician-Related Services (RBRVS) Billing Instructions* (CPT codes 99201 through 99215), that most closely describes the service provided.

You must use the following ICD-9-CM diagnosis codes when billing the Department for these services:

- Primary diagnosis: 648.33 (drug dependency - antepartum) or 648.34 (drug dependency – postpartum); and
- Secondary diagnosis: choose the appropriate alcohol or drug abuse diagnosis code(s) from among codes 303 through 304.9.

Completing the UB-04 Claim Form

Detailed instructions on how to complete and bill according to the official UB-04 Data Specifications Manual is available from the National Uniform Billing Committee at: <http://www.nubc.org/index.html>.

For more information, read # Memorandum [06-84](#).

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