Notice: We launched a new web site. As a result, past versions of the billing guide, such as this one, have broken hyperlinks. Please review the current guide for the correct hyperlinks.



Hospital-Based Inpatient Detoxification Provider Guide

April 1, 2015



About this guide¹

This publication takes effect April 1, 2015, and supersedes earlier guides to this program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
All	Created a clickable table of contents, fixed hyperlinks, clarified language, etc.	Routine housekeeping
Payment, Client Eligibility	Updated WAC reference for <u>payment</u> , and <u>client</u> <u>eligibility</u>	Old WAC sections repealed
Billing	Replaced form number A-19 with DSHS 13-628 under How do I bill for services provided to ITA clients?	DSHS no longer uses form A-19
Definitions	Removed <u>definition</u> for Alcohol and Drug Addiction Treatment and Support Act (ADATSA)	Program discontinued
DBHR	Replaced Division of Alcohol and Substance Abuse (DASA) with Division of Behavioral Health and Recovery (DBHR) in the <u>definitions</u> section and the <u>coverage table</u>	DASA is now known as DBHR

¹ This publication is a billing instruction.

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Resources Available

Note: This section contains important contact information relevant to the Hospital-Based Inpatient Detoxification program. For more contact information, see the agency's <u>Resources Available</u> web page.

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	
Finding out about payments, denials, claims processing, or agency managed care organizations	
Electronic or paper billing	See the agency's Resources Available web page
Finding agency documents (e.g., billing instructions, fee schedules)	
Private insurance or third-party liability, other than agency managed care	
Contacting DBHR or submitting claims for Involuntary Treatment Act (ITA) extended detoxification	Division of Behavioral Health and Recovery PO Box 45330 Olympia, WA 98504 1-877-301-4557

Definitions

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the agency's <u>Washington Apple Health Glossary</u> for a more complete list of definitions.

Chemical Dependency - An alcohol or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

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.

Free-Standing Detox Center - A facility that is not attached to a hospital and in which care and treatment is provided to persons who are recovering from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs.

Intensive Inpatient Treatment-

Nonhospital, DBHR-certified facilities for sub-acute, or detoxified clients, or both, focused on primary chemical dependency services in residential or outpatient settings.

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

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

Usual and Customary Fee - The rate that may be billed to the agency for certain

services or equipment. This rate may not exceed the following:

- The usual and customary charge that a provider bills the general public for the same services
- 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 hospital-based inpatient detoxification program?

The Hospital-Based Inpatient Detoxification program provides services to clients receiving hospital-based alcohol, or drug detoxification services, or both, in counties where no free-standing detoxification centers are available.

Note: If a provider's facility is certified to treat pregnant women under a chemically using pregnant (CUP) women agreement, the provider must use the agency's Chemically Using Pregnant (CUP) Women provider guide.

Client Eligibility

How can I verify a client's eligibility?

WAC 182-508-0005

Providers must verify that a client has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the client's eligibility for Washington Apple Health. For detailed instructions on verifying a client's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current **ProviderOne Billing and Resource Guide**.

If the client is eligible for Washington Apple Health, proceed to **Step 2**. If the client is **not** eligible, see the note box below

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's <u>Health Care</u> Coverage—Program Benefit Packages and Scope of Service Categories web page.

Note: A person who wishes to apply for Washington Apple Health can do so in one of the following ways:

- 1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org.
- 2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY).
- 3. By mailing the application to: Washington Healthplanfinder PO Box 946 Olympia, WA 98507

In-person application assistance is also available. To get information about inperson application assistance available in their area, a person may visit www.wahealthplanfinder.org or call the Customer Support Center.

Are clients enrolled in an agency managed care plan eligible?

WAC 182-538-060 and 095, or WAC 182-538-063 for GAU clients

Yes. Providers can use ProviderOne to easily check if the client is enrolled in a managed care plan. Managed care enrollment will be displayed on the Client Benefit Inquiry Screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for the following:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

Note: To prevent billing denials, please check the client's eligibility **before** scheduling services and at the **time of the service** to make sure proper authorization or referral is obtained from the plan. See the agency's <u>ProviderOne Billing and Resource Guide</u> for instructions on how to verify a client's eligibility.

Coverage

What services does the agency cover?

The agency covers the following hospital-based inpatient detoxification services only when performed in participating, agency-enrolled hospitals:

- Alcohol detoxification
- Drug detoxification
- Alcohol and drug detoxification for clients detained or involuntarily committed

Alcohol and drug detoxification

When billing, providers must use one or more of the diagnosis codes that most closely describes the diagnosis. Providers are required to use the code of *highest specificity* (five digit codes) from ICD-9-CM *whenever possible and applicable*.

Service	ICD-9-CM Diagnosis Codes	Policy
Alcohol	291.0 – 291.9 except 291.82, 303.00-303.92, 305.00-305.2,	Covered for up
detoxification	and 790.3	to three days
	Add the appropriate fifth-digit ICD-9-CM subclassification below to categories 303 and 305: 0 Unspecified 1 Continuous 2 Episodic	
Drug	292.0-292.9 except 292.85, 304.00-304.92, and 305.20-	Covered for up
detoxification	305.92	to five days
	Add the appropriate fifth-digit ICD-9-CM subclassification below to categories 304 and 305: Unspecified Continuous	
	2 Episodic	

Note: Submit claims for alcohol or drug detoxification to the agency (see <u>Resources Available</u>). When submitting claims, follow the billing instructions found in the <u>Billing</u> section.

Alcohol and drug detoxification for clients detained or involuntarily committed

Service	ICD-9-CM Diagnosis Codes	Policy
Protective custody, or	Same codes found in	RCW 70.96A.120 provides for the protective
detention, or both, of	Alcohol and Drug	custody and emergency detention of persons
persons incapacitated	Detoxification	who are found to be incapacitated or gravely
by alcohol or other	Detoxification	disabled by alcohol or other drugs in a public
drugs		place.
32.082		r
		Follow the guidelines in Alcohol and Drug
		<u>Detoxification</u> when providing services to
		clients who are both of the following:
		Detained under the protective custody
		provisions of RCW 70.96A.120; and
		Not being judicially committed to further
		care.
Involuntary	Same codes found in	RCW 70.96A.140 provides for the involuntary
commitment for	Alcohol and Drug	commitment (ITA) of persons incapacitated by
chemical dependency	<u>Detoxification</u>	chemical dependency.
		When a Petition for Commitment to Chemical
		Dependency Treatment is filed or a Temporary
		Order for Treatment is invoked on a client
		under care in a hospital, there may be a need to
		hold the client beyond the three- to five-day
		limitations described in Alcohol and Drug
		Detoxification.
		In these situations, the three-day and five-day
		limitations may be extended up to an
		additional six days. In this event, DBHR will
		pay for the following:
		The Assertance of the Assert
		Up to a maximum of nine days for Alcohol ITA Extended Detoxification
		Eleven days for Drug ITA Extended Detoxification
		Detoxification

Note: Submit claims for alcohol or drug detoxification to the agency (see <u>Resources Available</u>). When submitting claims, follow the billing instructions found in the <u>Billing</u> section.

Authorization

See the agency's <u>ProviderOne Billing and Resource Guide</u> for more information about requesting authorization.

Payment

For which services does the agency pay?

WAC <u>182-550-2650</u> (5)

The agency pays for services only when they meet all of the following conditions. The services must be:

- Provided to eligible persons (see <u>Client Eligibility</u>).
- Directly related to detoxification.
- Performed by a certified detoxification center or by a general hospital that has a contract with the agency to provide detoxification services.

The agency limits payment for detoxification services to one of the following:

- Three days for an acute alcoholic condition
- Five days for acute drug addiction

The agency pays for detoxification services only when notified <u>within ten days of the date</u> detoxification began and all eligibility factors are met.

Payment for hospital-based inpatient detoxification services is based on the following:

Hospitals	Per diem. View current per diem rates at: http://www.hca.wa.gov/medicaid/hospitalpymt/pages/inpatient.aspx
	http://www.nca.wa.gov/medicaid/nospitaipyiii/pages/inpatient.aspx
Physicians	Physician-Related Services Fee Schedule

Billing

What are the general billing requirements?

Providers must follow the agency <u>ProviderOne Billing and Resource Guide</u>. These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

How do hospitals bill?

When billing for detoxification services, use the following revenue codes **only**:

Revenue Code	Description
126	Room & Board – Semi-Private (Two Beds)
	Detoxification
136	Room & Board – Semi-Private (Three and Four Beds)
	Detoxification
156	Room & Board – Ward
	Detoxification
250	Pharmacy
260	IV Therapy
270	Medical/Surgical Supplies & Devices
300	Laboratory
320	Radiology – Diagnostic
450	Emergency Room
730	EKG/ECG (Electrocardiogram)
740	EEG (Electroencephalogram)

How do physicians bill?

Physicians wishing to bill for detoxification services provided to the agency clients must follow the instructions found in the agency's Physician-Related Services Provider Guide, Section B.

How do I bill for services provided to clients with an involuntary commitment for chemical dependency (ITA)?

To receive payment, submit both of the following forms in addition to the completed UB-04 claim form:

- A DSHS <u>13-628</u> billing form with a statement on the form that the services are "ITA Extended Detoxification"
- A copy of the **cover page** from the client's Temporary Order for Treatment or Petition for Commitment to Chemical Dependency Treatment

How do I complete the CMS-1500 claim form?

Note: Refer to the agency's <u>ProviderOne Billing and Resource Guide</u> for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to hospital-based inpatient detoxification:

Field No.	Name	Entry
24B	Place of Service	Enter "21".

How do I complete 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.