

Medicaid Purchasing Administration (MPA)



Hospital-Based Inpatient Detoxification Billing Instructions

About This Publication

This publication supersedes all previous Department/MPA *Hospital-Based Inpatient Detoxification Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services.

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

The effective date of this publication is: 05/09/2010.

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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 <u>http://hrsa.dshs.wa.gov</u> (click the *Billing Instructions and Numbered Memorandum* link).

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Important Contacts

Note: This section contains important contact information relevant to the Hospital-Based Inpatient Detoxification program. For more contact information, see the Department/MPA *Resources Available* web page at: <u>http://hrsa.dshs.wa.gov/Download/Resources_Available.html</u>

Торіс	Contact Information
Becoming a provider or	
submitting a change of address or	
ownership	
Finding out about payments,	
denials, claims processing, or	
Department managed care	
organizations	See the Department/MPA <i>Resources Available</i> web page at:
Electronic or paper billing	http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding Department documents	
(e.g., billing instructions, #	
memos, fee schedules)	
Private insurance or third-party	
liability, other than Department	
managed care	
Contacting DASA or submitting	Division of Behavioral Health and Recovery
claims for Involuntary Treatment	PO Box 45330
Act (ITA) extended	Olympia, WA 98504
detoxification	1-877-301-4557

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 <u>http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html</u> 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 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 intoxification 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, DASA-certified facilities for sub-acute/detoxified patients focused on primary chemical dependency services in residential or outpatient settings.

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

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.

Note: This is the new Medicaid Management Information System. A Medicaid agency is required to have an MMIS.

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.

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.

Hospital-Based Inpatient Detoxification

About the Program

The Department of Social & Health Services (the Department) Hospital-Based Inpatient Detoxification program covers services provided to clients receiving hospital-based alcohol and/or drug detoxification services in counties where no free-standing detoxification centers are available.

Note: If your facility is certified to treat pregnant women under a chemically using pregnant (CUP) women agreement, do not use these billing instructions. Use the current Department/MPA *Chemically Using Pregnant (CUP) Women Billing Instructions*.

Payment [Refer to WAC 388-800-0020]

The Department only pays for services that are:

- Provided to eligible persons (see *Client Eligibility*);
- Directly related to detoxification; and
- Performed by a certified detoxification center or by a general hospital that has a contract with the Department to provide detoxification services.

The Department limits on paying for detoxification services are:

- Three days for an acute alcoholic condition; or
- Five days for acute drug addiction.

The Department only pays for detoxification services when notified within ten days of the date 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://hrsa.dshs.wa.gov/HospitalPymt/Inpatient/PPSHospital.htm	
Physicians	Physician-Related Services Fee Schedule	

Authorization

Please see the Department/MPA *ProviderOne Billing and Resource Guide* at <u>http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html</u> for more information on requesting authorization.

Client Eligibility

Who Is Eligible? [Refer to WAC 388-800-0030]

Hospital-based alcohol and/or drug detoxification services are available to all eligible Department of Social & Health Services (the Department) clients. If the person is not currently eligible, but may qualify, the hospital must contact the local Department Community Services Office (CSO) on the first working day following admission to initiate an application. The person may qualify for retroactive benefits back to the date of admission, but the Department will not pay for services until eligibility is established.

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

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

Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

YES! 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. 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:

- Payment of covered services; and
- 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 **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?

The Department of Social & Health Services (the Department) covers the following hospitalbased inpatient detoxification services when performed in participating, Department-enrolled hospitals ONLY:

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

Alcohol and Drug Detoxification

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

ICD 0 CM Diagnosis Codes	Dalian
0	Policy
291.0 – 291.9 except 291.82, 303.00-303.92, 305.00-305.2,	Covered for up
and 790.3	to three days
Add the appropriate fifth-digit ICD-9-CM subclassification	
0 Unspecified	
1 Continuous	
2 Episodic	
292.0-292.9 except 292.85, 304.00-304.92, and 305.20-	Covered for up
305.92	to five days
Add the appropriate fifth-digit ICD-9-CM subclassification	
0 Unspecified	
1 Continuous	
2 Episodic	
	Add the appropriate fifth-digit ICD-9-CM subclassification below to categories 303 and 305:0Unspecified 11Continuous 22Episodic292.0-292.9 except 292.85, 304.00-304.92, and 305.20- 305.92Add the appropriate fifth-digit ICD-9-CM subclassification below to categories 304 and 305:0Unspecified 11Continuous

Note: Submit claims for alcohol or drug detoxification to the Department (see *Important Contacts*). When submitting claims, follow the billing instructions found in the *Billing and Claim Forms* section.

Alcohol and Drug Detoxification for Clients Detained or Involuntarily
Committed

Service	ICD-9-CM Diagnosis Codes	Policy
Protective	Same codes found in	RCW 70.96A.120 provides for the protective
Custody/Detention of	Alcohol and Drug	custody and emergency detention of persons
Persons Incapacitated	Detoxification section.	who are found to be incapacitated or gravely
by Alcohol or Other		disabled by alcohol or other drugs in a public
Drugs		place.
		Follow the guidelines in the Alcohol and Drug
		Detoxification section (see page C.1) when
		providing services to clients who are both:
		• 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	<i>Detoxification</i> section.	chemical dependency.
1 5		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 the Alcohol and Drug
		Detoxification section (see page C.1).
		In these situations, the three-/five-day
		limitations may be extended up to an
		additional six days. In this event, DASA will
		pay for:
		• Up to a maximum of nine days for Alcohol
		ITA Extended Detoxification; or
		Eleven days for Drug ITA Extended Deterministication
		Detoxification.

Note: Submit claims for ITA extended detoxification to DBHR (see *Important Contacts*). When submitting claims, follow the billing instructions found in the *Billing and Claim Forms* section.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/MPA *ProviderOne Billing and Resource Guide* at <u>http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html</u>. 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.

Hospital Billing

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)

Physician Billing

Physicians wishing to bill for detoxification services provided to the Department clients must follow the instructions found in the Department/MPA *Physician-Related Services Billing Instructions*, <u>Section B</u>.

Billing for Services Provided to Clients with an Involuntary Commitment for Chemical Dependency (ITA)

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

- An A-19 billing form with a statement on the form that the services are "ITA Extended Detoxification"; and
- A copy of the **cover page** from the client's Temporary Order for Treatment or Petition for Commitment to Chemical Dependency Treatment.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/MPA *ProviderOne Billing and Resource Guide* at <u>http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html</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".

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 <u>06-84</u>.