

Washington State Health Care Authority

Medicaid Provider Guide

Hospital-Based inpatient Detoxification

August 1, 2011



Washington State
Health Care Authority

A Billing Instruction

About This Publication

This publication supersedes all previous *Agency Hospital-Based Inpatient Detoxification Billing Instructions* published by the Health Care Authority.

Note: The Agency 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: **08/01/2011**.

What Has Changed?

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
[impetus behind change, such as email #, # memo, WAC]	[08/01/2011]			

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Table of Contents

Important Contacts	ii
Definitions	1
Section A: Hospital-Based Inpatient Detoxification	
About the Program.....	A.1
Payment.....	A.1
Authorization	A.2
Section B: Client Eligibility	
How can I verify a patient’s eligibility?.....	B.1
Are Clients Enrolled in an Agency Managed Care Plan Eligible?	B.2
Section C: Coverage	
What Is Covered?.....	C.1
Alcohol and Drug Detoxification	C.1
Alcohol and Drug Detoxification for Clients Detained or Involuntarily Committed	C.2
Section D: Billing and Claim Forms	
What Are the General Billing Requirements?	D.1
Hospital Billing.....	D.1
Physician Billing.....	D.1
Billing for Services Provided to Clients with an Involuntary Commitment for Chemical Dependency (ITA)	D.2
Completing the CMS-1500 Claim Form.....	D.2
Completing the UB-04 Claim Form	D.2

Important Contacts

Note: This section contains important contact information relevant to the Hospital-Based Inpatient Detoxification program. For more contact information, see the Agency [Resources Available](#) web page.

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Agency Resources Available web page
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
Contacting DASA 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 & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency [Medical Assistance](#) 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.

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, 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 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 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 Health Care Authority (the Agency) 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 Agency *Chemically Using Pregnant (CUP) Women Billing Instructions*.

Payment [Refer to [WAC 182-508-0305](#) (1)-(3)]

The Agency 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 Agency to provide detoxification services.

The Agency limits on paying for detoxification services are:

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

The Agency 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://www.hca.wa.gov/medicaid/hospitalpymt/pages/inpatient.aspx
Physicians	Physician-Related Services Fee Schedule

Authorization

Please see the Agency [*ProviderOne Billing and Resource Guide*](#) for more information on requesting authorization.

Client Eligibility

How can I verify a patient's eligibility?

[Refer to [WAC 182-508-0305\(5\)](#)]

Providers must verify that a patient 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 patient's eligibility for Washington Apple Health. For detailed instructions on verifying a patient'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 patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient 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 [Health Care Coverage—Program Benefit Packages and Scope of Service Categories](#) web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage 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 in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center. A hospital must initiate application on the first working day following admission.

Are Clients Enrolled in a Agency Managed Care Plan Eligible? [Refer to [WAC 182-538-060](#) and [095](#) or [WAC 182-538-063](#) for GAU clients]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in a Agency 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 Agency [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Coverage

What Is Covered?

The Agency covers the following hospital-based inpatient detoxification services when performed in participating, Agency-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*.

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

Note: Submit claims for alcohol or drug detoxification to the Agency (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 Custody/Detention of Persons Incapacitated by Alcohol or Other Drugs	Same codes found in <i>Alcohol and Drug Detoxification</i> section.	<p>RCW 70.96A.120 provides for the protective custody and emergency detention of persons who are found to be incapacitated or gravely disabled by alcohol or other drugs in a public place.</p> <p>Follow the guidelines in the Alcohol and Drug Detoxification section (see page C.1) when providing services to clients who are both:</p> <ul style="list-style-type: none"> • Detained under the protective custody provisions of RCW 70.96A.120; and • Not being judicially committed to further care.
Involuntary Commitment for Chemical Dependency	Same codes found in <i>Alcohol and Drug Detoxification</i> section.	<p>RCW 70.96A.140 provides for the involuntary commitment (ITA) of persons incapacitated by chemical dependency.</p> <p>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).</p> <p>In these situations, the three-/five-day limitations may be extended up to an additional six days. In this event, DASA will pay for:</p> <ul style="list-style-type: none"> • Up to a maximum of nine days for Alcohol ITA Extended Detoxification; or • Eleven days for Drug ITA Extended 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 Agency [ProviderOne Billing and Resource Guide](#). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency 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 Agency clients must follow the instructions found in the Agency *Physician-Related Services Billing Instructions*, [Section B](#).

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 Agency [ProviderOne Billing and Resource Guide](#) 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>.