



To: MeridianHealth Providers
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: July 2018
Re: HFS Managed Care Billing and Encounter Reporting Guidelines: DASA Services

This guide establishes the standardized billing codes and claims submission processes to be utilized across the Healthcare and Family Services (HFS) contracted managed care plans for the reimbursement of services rendered by the Division of Alcohol and Substance Abuse (DASA) certified providers. The HFS encounter claims system will accept encounter claims from the managed care plans in line with the standardized claims submission requirements outlined in this guide.

Services Overview

The required DASA services covered by HFS contracted managed care plans are listed in Table 1 below, along with the corresponding ASAM level(s) and general billing structure overview:

Table 1. DASA Services Overview

Service Name	ASAM Level	Claim	Unit
Admission and Discharge Assessment	All levels	837P	1/4 hour
Psychiatric Evaluation	All levels	837P	Event
Psychotropic Medication Monitoring	All levels	837P	1/4 hour
Medication Assisted Treatment (MAT)	All levels	837P	Event
Individual - Therapy/Counseling, Substance Abuse	Level I	837P	1/4 hour
Group - Therapy/Counseling, Substance Abuse	Level I	837P	1/4 hour
Individual - Intensive Outpatient, Substance Abuse	Level II	837P	1/4 hour
Group - Intensive Outpatient, Substance Abuse	Level II	837P	1/4 hour
Rehabilitation - Adult (age 21+)	Level III.5	837I	Per Diem
Rehabilitation - Child (age 20 or under)	Level III.5	837I	Per Diem
Adolescent Residential	Level III.5	837I	Per Diem
Detoxification	Level III.7D	837I	Per Diem

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General Claims Submission Requirements

1. DASA services may only be rendered from a site that is certified by the Department of Human Services' DASA (Provider Type 075). The NPI providers bill managed care plans under must correspond to a DASA certified site
2. Providers of MAT services must also be certified and enrolled with HFS under the Methadone Clinic Subspecialty (Category of Service 106)
3. Providers offering both substance abuse and mental health services from the same site may not utilize the same NPI number for billing substance abuse and mental health services. Mental health services must be billed under a separate NPI number from substance abuse services
4. All outpatient DASA services are to be submitted on an 837P claim. All inpatient/residential DASA services are to be submitted on an 837I claim, in line with the Claim Type listed in Table 1
5. As with all other encounter data submissions, the HCP, and K3 segments are required on all DASA claims
6. Managed Care Organizations (MCOs) will follow these guidelines on their historical DASA claims
7. Any valid DASA services not listed but paid by MCOs will be accepted but default priced at \$0 on encounters reported to HFS

Diagnosis Codes

A primary diagnosis code is required on all DASA claims. Acceptable primary diagnosis codes for DASA claims are listed below in Table 2:

Table 2. Acceptable Primary Diagnosis Codes for DASA Services

ICD-9 (services rendered prior to October 1, 2015)	ICD-10 (services rendered on or after October 1, 2015)
303-305.93	F10-F19.99

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Professional Claims

The following billing codes (Table 3) will be accepted for all outpatient DASA services:

Table 3. DASA 837P Billing Codes

Service Name	Billing Code	Modifier	Taxonomy	Unit	Place of Service
Admission and Discharge Assessment	H0002			1/4 hour	03, 21, 22, 55, 57, 99
Psychiatric Evaluation	90791			Event	03, 21, 22, 55, 57, 99
Psychotropic Medication Monitoring	H2010			1/4 hour	03, 21, 22, 55, 57, 99
Individual	H0004			1/4 hour	03, 22, 57, 99
Group - Therapy/Counseling	H0005			1/4 hour	03, 22, 57, 99
Individual - Intensive	H0004	TF		1/4 hour	03, 22, 57, 99
Group - Intensive Outpatient	H0005	TF		1/4 hour	03, 22, 57, 99
Medication Assisted Treatment	H0020		261QM2800X	Event	11, 55

Additional 837P professional claims submission requirements:

1. MAT services are reimbursed on an event-based basis, with a maximum of one unit per every seven calendar days
2. MAT services must be submitted on a unique claim

Institutional Claims

The following billing codes (Table 4) will be accepted for all institutional/residential DASA services:

Table 4. DASA 837I Billing Codes

Service Name	Revenue Code	Billing Code	Modifier	Taxonomy	Type of Bill
Rehabilitation - Adult (age 21+)	944 or 945	H0047		324500000X,	086X, 089X
Rehabilitation - Child (age 20 or under)	944 or 945	H0047	HA	3245S0500X	
Adolescent Residential	944 or 945	H2036			
Detoxification	944 or 945	H0010			

Additional 837I institutional claims submission requirements:

1. DASA residential/institutional services are to be billed as one global rate on a single 837I claim – domiciliary (room and board costs), and treatment costs should not be split nor should they be billed to the MCOs separately
2. A Value Code of 80 is required on all 837I claims for the number of covered treatment days
3. If a member is being dually treated for both alcohol and substance abuse, the primary admitting diagnosis code should be utilized to determine the appropriate revenue code (944 or 945) for the claim

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