



CountyCare Billing Guidelines- DASA Providers

This document outlines billing guidelines and processes for Drug and Alcohol Substance Abuse (DASA), services 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. Please review prior to submission of claims, or in the event of any claims denials or rejections. We have highlighted billing guidelines as well as important notes and common errors.

DASA Provider Definitions

HFS' Provider System defines DASA providers as the following provider type:

- 75 – Department of Alcohol and Substance Abuse Provider

Per the HFS EDI Companion Guide and taxonomy crosswalk, it is expected that DASA providers bill the following taxonomies:

- 324500000X (Substance Abuse Disorder Rehab Facility)
- 3245S0500X (Substance Abuse Treatment – Children)
- 261QR0405X (Rehabilitation, Substance Abuse)
- 276400000X (Rehabilitation, Substance Use Disorder Unit)
- 261QM2800X (Clinic/Center - Methadone Clinic)

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(S)	CLAIM TYPE	UNIT	PER UNIT RATE
Admission and Discharge Assessment	All levels	837P	1/4 hour	\$16.32
Psychiatric Evaluation	All levels	837P	Event	\$81.31
Psychotropic Medication Monitoring	All levels	837P	1/4 hour	\$15.53
Medication Assisted Treatment (MAT)	All levels	837P	Event	\$70.00
Individual - Therapy/Counseling, Substance Abuse	Level I	837P	1/4 hour	\$15.53
Group - Therapy/Counseling, Substance Abuse	Level I	837P	1/4 hour	\$5.87
Individual - Intensive Outpatient, Substance Abuse	Level II	837P	1/4 hour	\$15.53
Group - Intensive Outpatient, Substance Abuse	Level II	837P	1/4 hour	\$5.87
Rehabilitation - Adult (age 21+)	Level III.5	837I	Per Diem	Provider Specific
Rehabilitation - Child (age 20 or under)	Level III.5	837I	Per Diem	Provider Specific
Adolescent Residential	Level III.5	837I	Per Diem	Provider Specific
Detoxification	Level III.7D	837I	Per Diem	Provider Specific

Claim Submission Guidelines for DOS 7/1/16 and After

Submission Forms:

- All outpatient DASA services identified in Table 3 below must be submitted in 837P format or on a CMS-1500 claim form
- All institutional DASA services identified in Table 4 below must be submitted in 837I format or on a UB-04 claim form

For DASA providers billing for services for all outpatient services must bill on a CMS 1500 form (837P) as follows with taxonomy, diagnosis code as well as bill type:

Table 3. DASA 837P Billing Codes

SERVICE NAME	BILLING CODE	MODIFIER	TAXONOMY	UNIT	PER UNIT RATE	PLACE OF SERVICE
Admission and Discharge Assessment	H0002		261QR0405X, 276400000X	1/4 hour	\$16.32	03, 21, 22, 55, 57, 99
Psychiatric Evaluation	90791			Event	\$81.31	03, 21, 22, 55, 57, 99
Psychotropic Medication Monitoring	H2010			1/4 hour	\$15.53	03, 21, 22, 55, 57, 99
Individual - Therapy/Counseling, SA	H0004			1/4 hour	\$15.53	03, 22, 57, 99
Group - Therapy/Counseling, SA	H0005			1/4 hour	\$5.87	03, 22, 57, 99
Individual - Intensive Outpatient, SA	H0004	TF		1/4 hour	\$15.53	03, 22, 57, 99
Group - Intensive Outpatient, SA	H0005	TF		1/4 hour	\$5.87	03, 22, 57, 99
Medication Assisted Treatment (MAT)	H0020		261QM2800X	Event	\$70.00	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 (7) calendar days.
2. MAT services must be submitted on a unique claim.

The following DASA Coding Matrix tables represents the coding that would be expected by DASA providers (defined as HFS Provider Type of 75) to submit DASA services on a UB-04 form (837I). These requirements are for all institutional rehabilitation, adolescent residential or detoxification services as follows with the appropriate taxonomy, diagnosis code as well as bill type and value code 80 (FL 39 - 41):

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, 3245S0500X	086X, 089X
Rehabilitation - Child (age 20 or under)		H0047	HA		
Adolescent Residential		H2036			
Detoxification		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.

HFS has defined that DASA providers bill with the following primary diagnosis codes:

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

HFS also has indicated the following general claim submission requirements:

1. DASA services may only be rendered from a site that is certified by the Department of Human Services’ Division of Alcohol and Substance Abuse (DASA). 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. MCO will follow these guidelines on their historical DASA claims back to date of service 7/1/2016.
7. Any valid DASA services not listed but paid by MCOs will be accepted but default priced at \$0 on encounters reported to HFS.

DASA Prior Authorization

At this time, prior authorizations **are not** required for DASA services, if services are rendered by a CountyCare participating provider.

Please refer to the CountyCare Prior Authorization Resources webpage for more details, including a searchable CPT Code Lookup list: <http://www.countycare.com/providers/prior-authorization-resources>

DASA Denials or Rejections

If the above guidance is not followed for an approved and registered DASA provider (billing incorrect CPT codes, incorrect Place of Service – POS, etc), the claim will be denied or rejected with the following remark code:

REMARK CODE	DESCRIPTION
DASA	INCORRECT BILLING RULES - DASA PROVIDER

If you have questions or concerns related to claims and billing, please contact your CountyCare Provider Services Representative or contact the Provider Services Department at 1-312-864-8200 (Toll Free 1-855-444-1661).