

# Provider Memorandum

## DASA/IMD Billing Guidelines

Molina Healthcare of Illinois (Molina) is implementing revised billing guidelines for Division of Alcoholism and Substance Abuse (DASA) and Institutions for Mental Diseases (IMD) claims. Effective October 10, 2015 DASA and IMD Providers eligible to render covered services to Medicaid beneficiaries must follow prescribed billing criteria in order to be reimbursed correctly from Molina.

The Illinois Department of Healthcare and Family Services (HFS) requires Molina to meet very specific claim data submission standards requiring particular and exact data elements on claims submitted from Providers. Unfortunately, some requirements result in billing practices differing from how DASA/IMD Providers traditionally bill HFS or its affiliated departments, such as Department of Human Services' Division of Alcoholism and Substance Abuse.

The issue is attributable to:

- Providers registered with Medicaid as DASA **with one NPI** for several locations correlating to different reimbursement rates
- IMD Providers rendering both detox and residential substance abuse services to Affordable Care Act (ACA) beneficiaries, who are **not** registered with Medicaid, or do not have unique NPIs for individual location rates

When either of these scenarios present to Molina, there is no unique identifier on the claim to facilitate the selection of the correct reimbursement logic, resulting in the health plan's claims processing system being unable to link the appropriate payment to the Provider.

HFS and the Department of Human Services' Division of Alcoholism and Substance Abuse recognize DASA/IMD Providers are assigned unique identifiers when billing under traditional FFS Medicaid that mitigates the issue. Molina, HFS and DHS are working diligently to alleviate the system issues impeding the claims submission process and we appreciate Providers' accommodation of the following billing requirements in the interim.

If you have questions or concerns related to DASA/IMD related services billing, please contact your Molina Provider Services Representative or the Provider Services Department at (630) 203-3965.

**Revised Billing Guidelines for Appropriate Reimbursement of DASA Services Rendered**

- DASA and IMD Providers **MUST** submit claims on a UB-04 / 837I.
- DASA Providers who are Medicaid registered with a single NPI with **multiple** reimbursement rates (usually respective of unique locations);
  - On the claim, DASA Providers must indicate the NPI **and the Medicaid ID** affiliated with the location of rendered services in order to assign the correct DASA rate.
  - Submit claims (hard copy) to Molina at the mailing address indicated on the following page.
  - Providers must enter the Medicaid ID into Box 57A on the UB-04 Form as illustrated on the following diagram.
- IMD Providers who **are not** Medicaid registered;
  - HFS approved IMDs are only able to provide detox and residential substance abuse covered benefits to Molina ACA Members.
  - On the claim, IMD Providers must indicate the **Corp ID, Unit Number, and Program Number** provided by DHS, affiliated with the location of where the services were rendered in order to assign the correct DASA reimbursement rate.
  - Submit claims (hard copy) to Molina to the mailing address indicated on the following page.
  - Providers must enter the Corp ID, Unit Number, and Program Number into Box 57B, "OTHER" field on the UB-04 Form as illustrated on the diagram below.
- DASA and IMD Providers who have unique NPIs for each location (or individual reimbursement rates) will receive payment if claims are submitted electronically or hard copy. In these situations, each registered NPI will correlate with the state DASA rate. No additional accommodations are necessary to process these claims.

PAGE ____ OF ____		CREATION DATE				TOTALS					
50 PAYER NAME			51 HEALTH PLAN ID		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	56 NPI	1999999992
									57 OTHER	77777777001	
									PRV ID	XXXX XX XXXX	
58 INSURED'S NAME			59 P.REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.			
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			
66 DX	67	A	B	C	D	E	F	G	H	68	
	I	J	K	L	M	N	O	P	Q		
69 ADMIT DX	70 PATIENT REASON DX	a.	b.	c.	71 PPS CODE	72 ECI			73		
74 PRINCIPAL PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI	QUAL			
							LAST	FIRST			
c.	OTHER PROCEDURE CODE	DATE	d.	OTHER PROCEDURE CODE	DATE	e.	77 OPERATING NPI	QUAL			
							LAST	FIRST			
80 REMARKS						81CC a	78 OTHER NPI	QUAL			
						b	LAST	FIRST			
						c	79 OTHER NPI	QUAL			
						d	LAST	FIRST			

Box 56 - NPI  
Box 57A - Medicaid Provider ID  
Box 57B - DASA Corp No., Unit No., and Program No.

Hard copy claims for DASA related services must be addressed to:

Attn: Molina Healthcare Claims Department  
PO Box 540  
Long Beach, CA 90801

State of Illinois Recognized DASA Billing Codes

Service	Rule 132 Y/N	Provider Type	Code Type	Code(s)	HCPCS	Units
			Rev. Code			
SA Residential - Professional	N	Residential (DASA)	Rev. Code	944 or 945	H0047	1 Per Day
SA Residential - Docimillary	N	Residential (DASA)	Rev. Code	128		1 Per Pay
	N	Hospital based	Rev. Code	126		1 Per Pay
	Y	CMHC (co-occurring)	No SA Residential svcs provided by CMHC			
Day Tx	N	Residential (DASA) NOTE H2036 is ages for members 20 and under. See all other codes below highlighted in yellow (h0002, 4, 5 etc)	Rev. Code	944 or 945	H2036	1 Per Day
	N	Freestanding: See all other codes below highlighted in yellow (h0002, 4, 5 etc)			H0047	
	Y	CMHC (co-occurring)	Substance use disorder day treatment is not a CMHC service.			
SA Intensive Outpatient	N	Residential (DASA) See all other codes below highlighted in yellow (h0002, 4, 5 etc)	Rev. Code	906	H0004	15 min
	N	Freestanding See all other codes below highlighted in yellow (h0002, 4, 5 etc)	Rev. Code	906	H0005	15 min
	Y	CMHC (co-occurring)	SA IOP is not Rule 132/CMHC; it's DASA			
SA Outpatient	N	Admission and Discharge Assessment	Rev. Code	944 or 945	H0002	4 Units per day
SA Outpatient - Detox - Prof	N	Residential (DASA) - Medically monitored detoxification	Rev. Code	944 or 945	H0010	1 Per Day
Docimillary -Level III.5 (Residential Treatment) Professional	N	Residential (DASA)	Rev. Code	944 or 945	H0047	1 Per Day
Detox - Docimillary	N	Residential (DASA)	Rev. Code	1002	N/A	1 Per Day
Individual Therapy (Level I and II)	N	Residential (DASA)	Rev. Code	906	H0004	15 min
Individual Therapy (Level I and II)	N	Medicare	Rev. Code	906	CPT 90832 or 90834	15 min
Group Therapy	N	Residential (DASA)	Rev. Code	906	H0005	15 min
Group Therapy	N	Medicare	Rev. Code	906	CPT 90853	15 min
Medication Check	N	Residential (DASA)	Rev. Code	906	H2010	15 min
Diagnostic Interview	N	Residential (DASA)	Rev. Code	900	90791	1 Per Day
Assessment	N	Residential (DASA), Day, IOP, OP	Rev. Code	906	H0002	15 min
	Y	CMHC (co-occurring)	SA OP is not Rule 132; it's a DASA service			
	N	Private Practitioner	Must be DASA provider, not private practitioner			

DASA Providers submitting claims for reconsideration, should follow the Uniform Billing Editor guidelines for FL4 'Type of Bill' on the UB04 Form, delineating the 'Fourth Digit- Frequency of the Bill' of the field, using '7' to indicate the claim is a 'REPLACEMENT OF PRIOR CLAIM'.

1	2	3a PAT. CNTL #	4 TYPE OF BILL
		b. MED. REC. #	XXX7
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
			7 THROUGH