

Provider Memorandum

DASA/IMD Revised Billing Guidelines

Based on requirements issued by the Illinois Department of Healthcare of Family Services (HFS), Molina Healthcare of Illinois (Molina) has implemented updated billing guidelines for Division of Alcohol and Substance Abuse (DASA) and Institutions for Mental Diseases (IMD) providers for claims with all dates of service. The updates take effect immediately and are part of Molina's continued work with HFS and the Illinois Department of Human Services (DHS).

The following table outlines HFS required standardized billing codes and the claims submission process that all Illinois health plans have been requested to use for the reimbursement of services rendered from DASA and IMD certified providers. Guidance from HFS specifies that all outpatient DASA services must be submitted in 837P format or on a CMS-1500 claim and all institutional DASA services must be submitted in 837I format or on a UB-04 claim as indicated in Table 1.

Table 1. DASA Services Overview								
Service Name	ASAM Level(s)	EDI / Claim Type	Rev. Code	Billing Code	Modifier	Unit	Rate eff. 11/1/14	Qualifying Billing Providers
Admission and Discharge Assessment	All levels	837P / CMS - 1500	N/A	H0002		1/4 hour	\$16.32	All HFS registered DASA provider types
Psychiatric Evaluation	All levels	837P / CMS - 1500	N/A	90791		Event	\$81.31	
Medication Monitoring	All levels	837P / CMS - 1500	N/A	H2010		1/4 hour	\$15.53	
Individual - Therapy/Counseling, Substance Abuse	Level I	837P / CMS - 1500	N/A	H0004		1/4 hour	\$15.53	
Group - Therapy/Counseling, Substance Abuse	Level I	837P / CMS - 1500	N/A	H0005		1/4 hour	\$5.87	
Individual - Intensive Outpatient, Substance Abuse	Level II	837P / CMS - 1500	N/A	H0004	TF	1/4 hour	\$15.53	Contingent on provider's licensure
Group - Intensive Outpatient, Substance Abuse	Level II	837P / CMS - 1500	N/A	H0005	TF	1/4 hour	\$5.87	
Rehabilitation - Adult (age 21+)	Level III.5	837I / UB - 04	944 or 945	H0047		Per Diem	Provider Specific	Only billable by DHS recognized DASA Level III providers
Rehabilitation - Child (age 20 or younger)	Level III.5	837I / UB - 04	944 or 945	H0047	HA	Per Diem	Provider Specific	
Adolescent Residential *(age 20 or younger)	Level III.5	837I / UB - 04	944 or 945	H2036		Per Diem	Provider Specific	
Detoxification	Level III.7D	837I / UB - 04	944 or 945	H0010		Per Diem	Provider Specific	

Diagnosis Codes

A primary diagnosis code is required on all DASA claims. The primary diagnosis codes in Table 2 will be accepted for all DASA claims.

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

Professional Claims

Billing codes listed in Table 3 will be accepted for all outpatient DASA services.

Table 3. DASA 837P / CMS – 1500 Billing Codes						
Service Name	Billing Code	Modifier	Taxonomy	Unit	Per Unit Rate	Place of Service
Admission and Discharge Assessment	H0002		261QR0405X, 276400000X	¼ Hour	\$16.32	21, 22, 55, 57
Psychiatric Evaluation	90791			Event	\$81.31	21, 22, 55, 57
Medication Monitoring	H2010			¼ Hour	\$15.53	21, 22, 55, 57
Individual - Therapy/Counseling, Substance Abuse	H0004			¼ Hour	\$15.53	22, 57
Group - Therapy/Counseling, Substance Abuse	H0005			¼ Hour	\$5.87	22, 57
Individual - Intensive Outpatient, Substance Abuse	H0004	TF		¼ Hour	\$15.53	22, 57
Group - Intensive Outpatient, Substance Abuse	H0005	TF		¼ Hour	\$5.87	22, 57

Institutional Claims

The billing codes in Table 4 will be accepted for all institutional/residential DASA services.

Table 4. DASA 837I / UB – 04 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 younger)	944 or 945	H0047	HA		
Adolescent Residential *(age 20 or younger)	944 or 945	H2036			
Detoxification	944 or 945	H0010			

Additional 837I institutional claims submission requirements:

1. DASA residential/institutional services should be billed as one global rate on a single UB-04 claim – domiciliary (room and board costs) and treatment costs should not be split nor should they be billed on separate claims for same dates of service.
2. A Value Code of 80 is required on all institutional claims for the number of covered treatment days.
3. If a Member is dually treated for both alcohol and substance abuse, the primary admitting diagnosis code should be used to determine the appropriate Revenue Code (944 or 945) for the claim.

Timely Filing of Claims

To assist in a smooth implementation and in support of these guidelines, Molina last year extended the window for timely filing of claims from DASA and IMD providers. Normal timely filing limitations have resumed. Claims received outside of these guidelines will be denied in accordance with Molina and HFS processing rules. Claims that need to be resubmitted must follow the Molina corrected claims process per page 36 of the Molina Billing Companion Guide or using the Corrected Claim Form.

Shared National Provider Identified (NPI) Billing Criteria

Please note that the new billing criteria require individual NPI numbers by provider type and location (with varying reimbursement rates). Providers who have shared NPIs between their Community Mental Health Centers (CMHC) and DASA provider types must obtain individual NPIs in order to facilitate the appropriate processing of claims. Some of the covered services are billable by both provider types but are reimbursed at different rates. If registered as a provider type 36 (CMHC) and a provider type 75 (DASA), the system will automatically process claims pursuant to the DASA reimbursement rates. Molina has no mechanism to determine between the respective rates unless claims are filed under individual NPIs. If this occurs, providers must request reconsideration through the claims dispute process. Once separate NPIs are procured by provider type and location, as applicable, and a notification is sent to Molina, the system will be updated to reflect the appropriate payment for covered services.

Revised Billing Guidelines for Appropriate Reimbursement of DASA Services Rendered

For new or corrected claims for all dates of service:

- If seeking professional DASA Fee Schedule rates, enter the DASA Institutional NPI in box 24J of the CMS - 1500 claim form. If seeking institutional DASA Fee Schedule rates, enter the DASA Institutional NPI in box 56 of the UB-04 claim form
- Providers must submit claims with the appropriate taxonomies as listed in Table 3 and Table 4 for reimbursement
- DASA services may only be rendered from a site that is certified by the DHS Division of Alcohol and Substance Abuse (DASA)
- DASA claims must be submitted on CMS-1500 / 837P for outpatient substance abuse services
- DASA claims must be submitted on UB-04 / 837I for inpatient substance abuse services
- Mental health services must be submitted on CMS-1500 / 837P
- Providers offering both substance abuse and mental health services from the same site may not use 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
- The HCP and K3 segments are required on all DASA claims
- Providers must follow the prescribed billing criteria in order to be reimbursed correctly from Molina
- State of Illinois recognized DASA billing codes
- Only ACA Members qualify for covered services provided by IMD providers and require prior authorization

Molina accepts both electronic and hard copy claim submissions. Electronically-filed claims must use Payor ID number 20934.

Hard copy claims must be addressed to:

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

Please note, this memorandum provides updated information to the Molina memorandum dated June 10, 2016. Molina values and appreciates the services you provide to our Members. Thank you for working together with us and for your continued support as we adopt these new HFS guidelines. Please contact your Provider Service Representative if you have any questions or would like additional training regarding this process. You may also contact the Provider Services Department at (630) 203-3965 or via email at IllinoisProviders@MolinaHealthcare.com.