BlueCross BlueShield of Illinois

DASA Services Billing Guideline, Effective July 1, 2016

This guideline establishes standardized billing codes and claims submission processes to be utilized by Department of Human Services' Division of Alcohol and Substance Abuse (DASA) certified providers for reimbursement of covered services rendered to eligible Blue Cross and Blue Shield of Illinois (BCBSIL) Blue Cross Community Options℠ members.

SERVICES OVERVIEW

The required DASA services for coverage by BCBSIL are listed in Table 1 below, along with the corresponding American Society of Addiction Medicine (ASAM) level(s).

Table 1. DASA Services Overview

Service Name	ASAM Level(s)	Unit	Per Unit Rate
Admission and Discharge Assessment	All Levels	1/4 hour (up to 8 units)	$16.32
Psychiatric Evaluation	All Levels	Event	$81.31
Psychotropic Medication Monitoring	All Levels	1/4 hour	$15.53
Individual Therapy/Counseling, Substance Abuse	Level I	1/4 hour (up to 12 units)	$15.53
Group Therapy/Counseling, Substance Abuse	Level I	1/4 hour (up to 12 units)	$5.87
Individual Intensive Outpatient, Substance Abuse	Level II	1/4 hour	$15.53
Group Intensive Outpatient, Substance Abuse	Level II	1/4 hour	$5.87
Rehabilitation-Adult (age 21+)	Level III.5	Per Diem	Provider Specific
Rehabilitation-Child (age 20 and under)	Level III.5	Per Diem	Provider Specific
Adolescent Residential	Level III.5	Per Diem	Provider Specific
Detoxification	Level III.7D	Per Diem	Provider Specific

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 National Provider Identifier (NPI) providers use to bill BCBSIL must correspond to a DASA certified site.
2. 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.

BENEFIT PREAUTHORIZATION REQUIREMENTS

The following services require benefit preauthorization: Individual Intensive Outpatient, Group Intensive Outpatient, Rehabilitation-Adult, Rehabilitation-Child, Adolescent Residential and Detoxification services.

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

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

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PROFESSIONAL CLAIMS

Acceptable billing codes for outpatient DASA services are listed below in Table 3.

Table 3. Professional Claim (837P and CMS-1500) Billing Codes						
Service Name	**Billing Code**	**Modifier**	**Taxonomy Code**	**Unit**	**Per Unit Rate**	**Place of Service**
Admission and Discharge Assessment	H0002		261QR0405X, 276400000X	1/4 hour (up to 8 units)	$16.32	21, 22, 55, 57
Psychiatric Evaluation	90791			Event	$81.31	21, 22, 55, 57
Psychotropic Medication Monitoring	H2010			1/4 hour	$15.53	21, 22, 55, 57
Individual Therapy/Counseling, Substance Abuse	H0004			1/4 hour (up to 12 units)	$15.53	22, 57
Group Therapy/Counseling, Substance Abuse	H0005			1/4 hour (up to 12 units)	$5.87	22, 57
Individual Intensive Outpatient, Substance Abuse	H0004	TF		1/4 hour	$15.53	22, 57
Group Intensive Outpatient, Substance Abuse	H0005	TF		1/4 hour	$5.87	22, 57

INSTITUTIONAL CLAIMS

Acceptable billing codes for institutional/residential DASA services are listed below in Table 4.

Table 4. Institutional Claim (837I and UB-04) Billing Codes					
Service Name	**Revenue Code**	**Billing Code**	**Modifier**	**Taxonomy Code**	**Type of Bill**
Rehabilitation-Adult (age 21 +)	944 or 945	H0047		324500000X, 3245S0500X	086X, 089X
Rehabilitation-Child (age 20 or under)	944 or 945	H0047	HA		
Adolescent Residential	944 or 945	H2036			
Detoxification	944 or 945	H0010			

ADDITIONAL INSTITUTIONAL CLAIM SUBMISSION REQUIREMENTS

1. DASA residential/institutional services are to be billed as one global rate on a single institutional (837I or UB-04) claim.
2. A Value Code of 80 is required on all institutional 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.

Posted June 30, 2016 ***(Updated Sept. 20, 2016)***