

Department of Healthcare and Family Services – Encounter Submission Manual
CHAPTER 4 – RESOURCES

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Encounter submission involves the need to reference and understand different resources. This chapter attempts to consolidate links to on-line materials and essential information to serve as a single point of access to the different resources.

1. Chapter 300 – Companion Guides

HFS chapter 300 includes very detailed guidelines on submitting 837 and NCPDP files along with supplementary information to increase the acceptance rate with HFS. MCOs are encouraged to use the HFS companion guide along with industry standard ACS X12 Technical Report Type 3 (TR3) documents published by Washington Publishing Company.

A. Institutional Companion guide

- <https://www.illinois.gov/hfs/SiteCollectionDocuments/837i.pdf>

B. Professional Companion Guide

- <https://www.illinois.gov/hfs/SiteCollectionDocuments/837p.pdf>

C. Managed care companion guide

- <https://www.illinois.gov/hfs/SiteCollectionDocuments/5010.pdf>

D. NCPDP Payor Sheet

Specific programming instructions for submittal of NCPDP D.0 format transactions are contained in each payor sheet.

<https://www.illinois.gov/hfs/SiteCollectionDocuments/D0PayerSheetLPOP20171127.pdf>

E. References

- EDI Control (Packaging/Enveloping of Transmissions)
<https://www.illinois.gov/hfs/SiteCollectionDocuments/061711edic.pdf>
- Edits and Rejections
<https://www.illinois.gov/hfs/SiteCollectionDocuments/5010er.pdf>
- Taxonomy for 837I
https://www.illinois.gov/hfs/SiteCollectionDocuments/Appendix4_837I_053116.pdf
- Taxonomy for 837P
<https://www.illinois.gov/hfs/SiteCollectionDocuments/837PTaxonomyTableUpdate112717Final.pdf>

2. Error codes and descriptions

- [Error Codes \(xls\)](#) is the most current listing of HFS error codes and descriptions (this is maintained on URL website <https://www.illinois.gov/hfs/SiteCollectionDocuments>). Please note that supplemental information to what is on this spreadsheet is provided through *Chapter 5 – Error Resolutions* of this Manual.

3. Chapter 100

- Chapter 100 contains general policy, procedures and appendices applicable to all participating providers.

<https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter100.aspx>

4. Chapter 200

- Chapter 200 contains specific policy, procedures and appendices applicable to the provision of a specific type of provider or category of service (specialty/subspecialty).

<https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter200.aspx>

5. Non-Institutional Providers

- <https://www.illinois.gov/hfs/MedicalProviders/NonInstitutional/Pages/default.aspx>

6. Hospitals and Institutional Providers

- This section has information, forms, and payment rates to assist hospitals and their patients.

<https://www.illinois.gov/hfs/SiteCollectionDocuments/8.16.16FAQsforHospitalsLetterhead.pdf>

<https://www.illinois.gov/hfs/SiteCollectionDocuments/33017HFSInstitutionalSystemIssuesWebpage.pdf>

7. Pharmacy Providers

- <https://www.illinois.gov/hfs/MedicalProviders/Pages/default.aspx>

8. Medicaid Reimbursement

- <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>

9. Long Term Services and Support

- <https://www.illinois.gov/hfs/MedicalProviders/Ltss/Pages/default.aspx>

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10. Division of Substance Use Prevention and Recovery (SUPR)

SUPR was previously known as DASA. DASA claim submission guidelines will remain the same for SUPR.

A. Services Overview

The required SUPR 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:

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

B. General Claims Submission Requirements

1. SUPR services may only be rendered from a site that is certified by the Department of Human Services' Division of Substance Use Prevention and Recovery (Provider Type 075). The NPI providers bill Managed Care Plans under must correspond to a SUPR certified site.

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2. Providers of Medication Assisted Therapy (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 both services. Mental health services must be billed under a separate NPI number from substance abuse services.
4. All outpatient SUPR services are to be submitted on an 837P claim. All inpatient/residential SUPR 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 SUPR claims.
6. MCO will follow these guidelines on their historical SUPR claims.
7. Any valid SUPR services not listed but paid by MCOs will be accepted but default priced at \$0 on encounters reported to HFS.

C. Diagnosis Codes

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

Table 2. Acceptable Primary Diagnosis Codes for SUPR Services	
ICD-9 <i>(services rendered prior to October 1, 2015)</i>	ICD-10 <i>(services rendered on or after October 1, 2015)</i>
303-305.93	F10-F19.99

D. Professional Claims

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

Service Name	PROC 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

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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, 15

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.

E. Institutional Claims

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

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)	944 or 945	H0047	HA		
Adolescent Residential	944 or 945	H2036			
Detoxification	944 or 945	H0010			

F. Additional 837I institutional claims submission requirements:

1. SUPR 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.

11. Behavioral Health Programs

- <https://www.illinois.gov/hfs/MedicalProviders/behavioral/Pages/default.aspx>

12. Provider Notices

- <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx>