IDPH
IOWA Department of PUBLIC HEALTH

Protecting and Improving the Health of Iowans

Integrated Provider Network (IPN): Substance Use Disorder Services

IPN Substance Use Disorder Treatment Data Entry Matrix

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	**Unit =**	**Encounter Type**	**Event Type**	**Environment**	**Start/ End Date**	**Duration**	**# of Sessions/ Units**	**IowaGrants Claim Unit Determined by:**
Outpatient Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders								
IPN - Outpatient Initial Assessment	Screening Assessment	Individual Note	Placement Screening/ OWI	19 = Extended outpatient	Enter same date in both fields	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in CDR
IPN - Outpatient Initial Assessment (Telehealth)								
IPN - Outpatient Individual Counseling	30 Minutes *(must be entered in 30 minute increments, i.e., 30, 60, 90, 120, etc.)*	Individual Note	Admission	19 = Extended Outpatient	Enter same date in both fields	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** in CDR by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Group Counseling		Group Note						
IPN - Intensive Outpatient / Partial Hospitalization (Per Diem)	1 Day	24 Hour Service	Admission	20 = Intensive outpatient	Enter same date in both fields	Enter 1 and select "Day"	Enter "1" and matches "Duration" entered	# of Days reported in Duration field in I-SMART

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IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
IPN - Intensive Outpatient / Individual Counseling	30 Minutes *(must be entered in 30 minute increments, but no more than 60 minutes.*	24 Hour Service	Admission	20 = Intensive Outpatient	Enter the same date in both fields	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** in CDR by 30 = Hours/Units (must be a whole number)
Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorders								
IPN - Early Intervention	30 Minutes	Individual or Group Note	Admission	30 = Early Intervention	Enter same date in both fields	Enter # of Minutes	Enter "1" regardless of length of duration	Divide **Duration** (CDR and Provider tracking) by 30 = Hours/Units (must be a whole number)
Care Coordination	1 unit per month per patient	Not entered in I-SMART or reported to CDR.						Claim Spreadsheet in SSRS will calculate and then reported on IowaGrants claim form.
IPN – MAT Medical Evaluation	Medical Evaluation	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.
IPN – MAT Medical Evaluation (Telehealth)	Medical Evaluation							
IPN – MAT Medical Care	Per Patient/Per Session							
IPN – MAT Medical Care (Telehealth)	Per Patient/Per Session							
IPN – MAT Medication	$1							

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IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/ End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
IPN – MAT Drug Testing	$1							
IPN - Recovery Peer Coaching	Per Patient/30 Min. Unit							
IPN – Transportation	$1							
Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Substance Use Disorders								
IPN - Crisis Counseling	30 Minutes	Individual Note	Crisis	40 = Pre-Admission	Enter same date in both fields	Enter # of Minutes	Enter "1" regardless of length of duration	Divide **Duration** (CDR and Provider tracking) by 30 = Hours/Units (must be a whole number)
Family Education Services	30 Minutes	Not entered in I-SMART or reported to CDR.						Divide **Duration** (CDR and Provider tracking) by 30 = Hours/Units (must be a whole number)
Interim Services for Priority Populations	30 Minutes	Interim Service	Crisis and/or Placement Screening	40 = Pre-Admission	Enter same date in both fields	Enter # of Minutes	Enter "1" regardless of length of duration	Divide **Duration** (CDR and Provider tracking) by 30 = Hours/Units (must be a whole number)
SBIRT	30 Minutes	Not entered in I-SMART or reported to CDR.						Divide **Duration** (CDR and Provider tracking) by 30 = Hours/Units (must be a whole number)

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IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/ End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Community Outreach	30 Minutes	**Education Service Type** = Outreach **Strategy Type** = Gambling **Date of service** = Enter the Date of Service **Number of Participants** = Enter number of participants (required to bill) **Duration** = Increments of 30 minutes						See SUD-PG Claim Summary *IPN Community Outreach Detail* Tab for potential errors and the $'s to be entered on the appropriate field in the *SUD OP* tab of the SUD-PG Claim Summary.

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/ End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Adult Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders								
IPN - Clinically Managed Low-Intensity Residential	1 Day	24 Hour Service	Admission	17 = Clinically managed low intensity residential	Date range is allowed	Select "Days" and enter # of days	Enter same value as "Duration"	# of Days reported in Duration
IPN - Clinically Managed Medium-Intensity Residential				15 = Clinically managed medium intensity residential				
IPN - Clinically Managed High-Intensity Residential				14 = Clinically managed high intensity residential				

IPN Substance Use Disorder Treatment Data Entry Matrix

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
IPN - Medically Monitored Inpatient				22 = Medically monitored intensive inpatient				
Adult Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders								
IPN – MAT Medical Evaluation	Medical Evaluation	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.
IPN – MAT Medical Evaluation (Telehealth)	Medical Evaluation							
IPN – MAT Medical Care	Per Patient/Per Session							
IPN – MAT Medical Care (Telehealth)	Per Patient/Per Session							
IPN – MAT Medication	$1							
IPN – MAT Drug Testing	$1							

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Juvenile Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders								
IPN - Clinically Managed High-Intensity Residential	1 Day	24 Hour Service	Admission	31 = Clinically managed high intensity residential (Juvenile)	Date range is allowed	Select "Days" and enter # of days	Enter same value as "Duration"	# of Days reported in Duration
Juvenile Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders								
IPN – MAT Medical Evaluation	Medical Evaluation	Not entered in I-SMART or reported to CDR.						

IPN Substance Use Disorder Treatment Data Entry Matrix

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/ End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
IPN – MAT Medical Evaluation (Telehealth)	Medical Evaluation							Units tracked and documented at provider level.
IPN – MAT Medical Care	Per Patient/Per Session							
IPN – MAT Medical Care (Telehealth)	Per Patient/Per Session							
IPN – MAT Medication	$1							
IPN - MAT Drug Testing	$1							
IPN – Recovery Peer Coaching	Per Patient/30 Min. Unit							

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/ End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Women and Children Treatment/Outpatient Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders *(Special Initiative Code: 4 = Women and Children/Magellan Special Initiative)*								
IPN - Outpatient Initial Assessment	Screening Assessment	Individual Note	Placement Screening/ OWI	19 = Extended outpatient	Enter same date in both fields	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in CDR
IPN - Outpatient Initial Assessment (Telehealth)								
IPN - Outpatient Individual Counseling	30 Minutes	Individual Note	Admission		Enter same	Enter # of Minutes	Enter "1" regardless of	Divide **Duration** in CDR by 30 =

IPN Substance Use Disorder Treatment Data Entry Matrix

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	**Unit =**	**Encounter Type**	**Event Type**	**Environment**	**Start/ End Date**	**Duration**	**# of Sessions/ Units**	**IowaGrants Claim Unit Determined by:**
IPN - Outpatient Group Counseling		Group Note		19 = Extended outpatient	date in both fields	and select "min"	length of duration	Hours/Units (must be a whole number)
IPN - Intensive Outpatient / Partial Hospitalization (Per Diem)	1 Day	24 Hour Service	Admission	20 = Intensive outpatient	Enter same date in both fields	Enter 1 and select "Day"	Enter "1" and matches "Duration" entered	# of Days reported in Duration field in I-SMART
IPN - Intensive Outpatient/Individual Counseling	30 Minutes *(must be entered in 30 minute increments, but no more than 60 minutes.*	24 Hour Service	Admission	20 = Intensive Outpatient	Enter the same date in both fields	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** in CDR by 30 = Hours/Units (must be a whole number)
Women and Children Treatment/Adult Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders								
IPN - Clinically Managed Low-Intensity Residential	1 Day	24 Hour Service	Admission	17 = Clinically managed low intensity residential	Date range is allowed	Select "Days" and enter # of days	Enter same value as "Duration"	# of Days reported in Duration
IPN - Clinically Managed Medium-Intensity Residential				15 = Clinically managed medium intensity residential				
IPN - Clinically Managed High-Intensity Residential				14 = Clinically managed high intensity residential				

IPN Substance Use Disorder Treatment Data Entry Matrix

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	**Unit =**	**Encounter Type**	**Event Type**	**Environment**	**Start/ End Date**	**Duration**	**# of Sessions/ Units**	**IowaGrants Claim Unit Determined by:**
IPN - Medically Monitored Inpatient				22 = Medically monitored intensive inpatient				
Women and Children Treatment: Enhanced Treatment/Ancillary Support Services for Patients/Children								
Outpatient Case Rate	Half Month (1-14 days)	Not entered in I-SMART or reported to CDR.						Claim Spreadsheet in SSRS will calculate and then reported on IowaGrants claim form.
Outpatient Case Rate	Full Month (15+ days)							
Residential Case Rate - Facility does not Admit Children	Half Month (1-14 calendar days)							
Residential Case Rate - Facility does not Admit Children	Full Month (15+calendar days)							Claim Spreadsheet in SSRS will calculate and then reported on IowaGrants claim form.
Residential Case Rate - Women Patients Only and Facility Admits Children	Half Month (1-14 calendar days)	Not entered in I-SMART or reported to CDR.						
Residential Case Rate- Women Patients Only and Facility Admits Children	Full Month (15+calendar days)							

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	**Unit =**	**Encounter Type**	**Event Type**	**Environment**	**Start/ End Date**	**Duration**	**# of Sessions/ Units**	**IowaGrants Claim Unit Determined by:**
Methadone Treatment:/Covered Service for Patients – Substance Use Disorders								
Methadone Administration	Per Dose	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.

IPN Substance Use Disorder Treatment Data Entry Matrix

<u>**Notes:**</u>
- **General**
  - **Community Outreach:** Entered in the Problem Gambling Domain Education Services log. Community Outreach activities that are intended to establish them as primary resources for substance use and problem gambling issues in their Service Areas and statewide. Documentation should indicate the type of activity that was completed, how it relates to the Contractors developed Community Outreach Plan, and the outcomes of those activities, and the plan for next steps. Problem Gambling Contractors may use up to 50 percent of funding allocated for treatment services on Community Outreach activities that inform the public of available services offered.
  - **Data Due Date:** Data are due by the 15th of each month for the previous month's data. Substance Use Disorder treatment data entered into I-SMART is uploaded to the Central Data Repository (CDR) every Monday morning, and also on the 16th of the month. Data Integrity reports will run on the 17th of each month.
  - **Duration –** For IPN Treatment Services, Duration is to be rounded to the nearest 30 minutes, per the IPN Provider Manual and IPN Provider Manual Releases.
  - **Environment –** For the CDR, this is the Environment Code/Description. For I-SMART, this is the Modality from the Facility/Program Profile.
  - **Service Type** = Service Description in I-SMART
    - The Service Description on the Encounter form is not uploaded to the CDR.
  - **Start/End Time (I-SMART)** on the Encounter Form is optional.
  - **Treatment Episode -** A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data with National Outcomes Measures (NOMS).
  - **Women and Children Treatment** patients (Special Initiative Code *4 = Women and Children/Magellan Special Initiative* are excluded from the Outpatient Treatment, Adult Residential Treatment and Juvenile Residential
- **Outpatient Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorder Treatment Services**
  - **Screening and Assessment -** Only one unit of Screening Assessment may be billed per patient per patient episode.
  - **Intensive Outpatient / Partial Hospitalization (Per Diem) –** Date range is not allowed, Duration Type = "Days" and Duration always equals "1".
  - **Intensive Outpatient/Individual Counseling -** Date range is not allowed, Duration Type = "Min" and Duration = 30 or 60.
    - Only "30" and "60" are allowed as a duration for this service type.
- **Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorder Treatment Services**
  - **MAT - Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.
  - **MAT - Medical Care –** Entered per patient per session.
  - **MAT - Medication –** Limited to $100 per month with a Maximum of $300 per patient per treatment episode.
  - **MAT – Drug Testing –** limited to 12 tests per year (not to exceed $120).
  - **Recovery Peer Coaching –** Entered per patient per 30 minute unit.
  - **Transportation –** Limited to $20 per month. Maximum of $60 per patient/per treatment episode.
- **Outpatient Treatment/Covered Service: Other Covered Service for Patients - Substance Use Disorder Treatment Services**
  - **Early Intervention (Group/Individual) –** As of September 1, 2019, Early Intervention is a Level of Care to which an individual is admitted who does not currently meet criteria for a Substance Use Disorder. This individual is admitted, services reported, and then discharged upon completion of Early Intervention services.
- **Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Substance Use Disorder Treatment Services** (New services as of 9/1/19)
  - **Crisis Counseling -** As of September 1, 2019, Crisis Counseling may be provided to non-patients. Where identifying information is collected, please enter/report a Crisis Intervention (I-SMART/CDR). Encounters then may be reported under this "Pre-Admitted" Level of Care for each Crisis service provided. Where identifying information is not collected, please document and track internally to report on the monthly IPN Claim Spreadsheet.
- **Adult Residential Treatment/Covered Service: Licensed Program Services – Substance Use Disorders**
  - **Encounter Type** = 24 Hour Service
  - **Duration Type** = Days
  - **Start/End Date:** Date range may be used if consecutive days.
- **Adult Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders**
  - **MAT- Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.

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- o **MAT - Medical Care –** Entered per patient per session.
- o **MAT - Medication –** Limited to $100 per month with a Maximum of $300 per patient per treatment episode.
- o **MAT – Drug Testing –** limited to 12 tests per year (not to exceed $120).
- **Juvenile Residential Treatment/Covered Service: Licensed Program Services – Substance Use Disorders**
  - o **Environment =** 31 = Clinically managed high intensity residential (Juvenile)
  - o **Encounter Type** = 24 Hour Service
  - o **Duration Type** = Days
  - o **Start/End Date:** Date range may be used if consecutive days.
- **Juvenile Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders**
  - o **MAT - Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.
  - o **MAT - Medical Care –** Entered per patient per session.
  - o **MAT - Medication –** Limited to $100 per month with a Maximum of $300 per patient per treatment episode.
  - o **MAT – Drug Testing –** limited to 12 tests per year (not to exceed $120).
- **Women and Children Treatment/Adult Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders**
  - o Special Initiative Code = 4 = Women and Children/Magellan Special Initiative
    - ▪ Admission record to be submitted upon entering Women and Children Program.
    - ▪ Discharge record to be submitted upon discharge from Women and Children Program.
- **Women and Children Treatment: Enhanced Treatment/Ancillary Support Services for Patients/Children**
  - o Special Initiative Code = 4 = Women and Children/Magellan Special Initiative
    - ▪ Days/Units determined by services entered in CDR for each month.
    - ▪ Special Initiatives are Episode based. If patient has a current admission and then begins Women and Children services, make sure to add that Women and Children/Magellan Special Initiative to the current Admission.
      - • I-SMART Reporting – this is done on the Client Profile.
      - • CDR Reporting – this is done by updating the submitted Admission with the initiative code/description.