



## DEPARTMENT OF ALCOHOL & DRUG SERVICES POLICIES & PROCEDURES MANUAL

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SUBJECT: **CLAIM SUBMISSION AND BILLING**

### Policy

The Department of Alcohol & Drug Services will charge, submit claims and bill for services, only when such services have been provided and documented in the clinical chart. The documentation will comply with applicable laws, regulations, standards, and payer requirements. Services will be accurately coded and completely reflected in the documentation. The documentation will include diagnosis(es) and services provided and will be recorded in the clinical chart. The documentation must support the claims submitted; where clinical record documentation is incomplete or insufficient to provide the basis for coding, no claims will be submitted.

The following practices are expressly prohibited:

- Submitting a claim for services not actually provided
- Submitting a claim for services known to be medically unnecessary, unless the appropriate authorizations and notifications have been obtained.
- Misrepresenting diagnoses, services, service dates, client identity/status, provider identity or amounts charged
- Submitting duplicate claims for the same service
- Making a false statement on a claim submission form
- Requesting additional payments from a client, other than an approved co-payment or deductible
- Failing to refund credit balances, or routinely waiving co-payments or deductibles.

### Procedures

Following completion of a service to a client, the clinician will record the type and length of service in the client's chart and submit the information to UniCare. In the event that a clinician does not have direct access to Uncared, the clinician will complete a "Services Rendered Document," which will be submitted to a clerical staff member, who will make the entry into the UniCare.