

**MONTGOMERY COUNTY DRUG & ALCOHOL
INVOICING PROCEDURES**

Updated: August 28, 2015

Header Information

<u>CODE</u>	<u>ITEM</u>	<u>DESCRIPTION</u>
A	Invoice Number	County use only.
B	Vendor Number	Six digit number (see latest contract performance standards sheet).
C	Facility Number	Six digit number (see latest contract performance standards sheet).
D	Month/Year	Enter month and year of service as formatted.
E	Page	Enter current page "of" total pages.
F	Activity	See chart below and contract page (i.e. Medically Monitored Inpatient Detox, Medically Monitored Rehab and Halfway House).
G	Code	See chart below (i.e. 823A, 823B-823C and 852B).

- Program Activity and Code Table (Number-Letter is Code):

7100 Reserved	852A Partial Hospital
7200 Intervention	861A Outpatient
823A Med. Mon. Inpt. Detox	861B Intensive Outpatient
823B Med. Mon. S.T. Inpt. Rehab	9100 Case Management
823C Med. Mon. L.T. Inpt. Rehab	
852B Halfway House	
834A Med. Man. Inpt. Detox	
834B Med. Man. Inpt. Rehab	

Form applies to above **Highlighted Activities.*

-Prevention services 6100-6700 & Intervention 7200 please contact Program Specialist for specific instruction.

-Outpatient services 861A-B please contact Treatment Supervisor and/or Fiscal Technician. Department Tele. Number 610 278-3642

H	Provider Name	Enter provider name.
I	Address	Enter provider address.
J	Facility Name	Enter name of facility if applicable, or re-enter facility #.
K	Address	Enter address of facility.
L	Contact Person	Enter the name of provider personnel whom should be contacted regarding this invoice.
M	Telephone Number	Enter the telephone number of provider personnel whom should be contacted regarding this invoice.

Body Information

- (1) Client Number As specified on authorization for service (seven digit #).
- (2) Service Code NA
- (3) Dates of Service Enter actual service dates (i.e. 4/1 - 4/20/2016).
- (4) Rate Per Unit Enter rate for service as outlined in your Contract Performance Standards and Rate Summary.
- (5) Units Rendered Enter actual units rendered based on your dates of service entered.
- (6) DDAP Equals units rendered times rate (column 5 * column 4).
BASE funding consist of BASE AP, GF, PCCD, SAP and W&C as indicated on authorization.
(See General Information page paragraph 3)
- (7) BHSI Equals units rendered times rate (column 5 * column 4).
BHSI, Act 152 and some W&C as indicated on authorization.
- (8) Due from Client Fees Enter consumer's liability amount where applicable.
Include liability whether collected or not.
- (9) Private Health Ins. Enter any funds received from private insurance.
- (10) Medical Assistance Enter any MA funds received.
- (11) Other Third Party Please specify when appropriate. If necessary column heading may be modified.
- (12) Total Fees **County use only.** A formula will be in automated billing version to calculate column 7-10. **We expect provider to use automated form (Excel).**
- (13) Due from SCA **County use only.** A formula will be in automated billing version to calculate column 6 plus column 7 less column 12. Total is amount being invoiced to the county for reimbursement. **We expect provider to use automated form (Excel).**

General Information

- Billing should be completed monthly and dates of service should not span months. Invoices are due ten days after the month end.
- Be sure to complete the “Page Total” line for columns 5 through 13, and “Grand Total” on the last page of invoice. **Adjustment row and grand adjusted total** are for **county use only**. Please do not use.
- Please submit one invoice for each month separated by service activity code. Example, 823A Detox, 823B-C Rehab and 852B Halfway House.
- Signature of appropriate authorized personnel should be completed on “Grand Total” page, along with the date of signature.