

Montgomery County Drug & Alcohol Automated invoicing Procedures Outpatient/Inpatient

Effective 5/1/2020

Header Fiscal Year: Enter current Fiscal Year i.e. 2019/2020
Vendor #: assigned vendor # per Rate Summary sheet of contract
Facility #: As authorized per Rate Summary sheet of contract; must match Rate Summary sheet exactly, no extra spaces or dashes.
Provider Invoice Please leave blank. System will auto assign invoice number.
Agency Contact email: person completing invoice
Provider Name: Please enter in cell range D4:J5 (merged cells-one field)

Authorized Signature: Person completing or approving official as defined within organization. (Electronic no actual signature required)

Date: Date of invoice submission i.e. 4/15/2020

Column 1 case number (per authorization).

Column 2 & 3: Start Date and End Date (same date of service). i.e. 4/15/2020

Column 4 Activity Code (four characters as defined below i.e. 861A, 861B):

861A Outpatient
861B Intensive Outpatient

Column 5: Service Code:

Table with 2 columns: Code and SERVICE. Rows include: 02 Psychiatric Evaluation, 03 Urine Drug Screens, 04 Individual Therapy, 05 Family Therapy, 06 Group Therapy, 07 Annual Physical Exam, 08 Medication Check, 10 Collateral, 15 Case Consultation (DDAP required) (Limited to 4 sessions per year/client), 16 Biopsychosocial Evaluation (Limited to 2 hrs./client/episode), 11 IOP Group Therapy, 04 IOP Individual (-not to exceed 2 hours per monthly billing period), 21 Vivitrol Medication Dose, 22 Vivitrol Med Administration

09

Methadone

Column 6 Units number of units served

Column 7 Contracted rate of service

Column 8 Gross Billed (formula unit * contract rate)

Column 9 Due from client fees (assessed liability per authorization)

Column 11-12 as listed.

Column 13 Net Due (formula Gross Billed – fees) from Single County Authority (SCA-Montgomery County)

Please invoice all services on one invoice per month by facility. OP & IOP services will be together and no need to separate RIP/PCCD cases. If you have more than one facility # please invoice separately.

Upon completion of monthly invoice/s, please send Outpatient invoices to dedicated mailbox:

SCAInvoices@montcopa.org.

Any questions on this procedure, please contact Jim Kramer, Accounting Supervisor Drug & Alcohol 610 278-1239. Gbenga Oyetayo, Accountant in charge of processing D&A invoices 610 292-4576.