

Washington Apple Health (Medicaid)

Chemical-Using Pregnant (CUP) Women Program Billing Guide

July 1, 2019

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

About this guide ¹

This publication takes effect July 1, 2019, and supersedes earlier guides to this program.

The Health Care Authority (agency) is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Entire document	General housekeeping	To improve clarity and usability
Definitions	Updated definitions of Assessment and Benefit package	To reflect current WAC
How are hospitals paid for CUP Women services?	Changed Division of Behavioral Health and Recovery (DBHR) to Department of Health (DOH)	To reflect the appropriate state agency
Where are CUP Women services provided?	Changed Division of Behavioral Health and Recovery (DBHR) to Department of Health (DOH)	To reflect the appropriate state agency
How can I verify a patient's eligibility?	Added a bullet clarifying that women must be pregnant at time of enrollment	To better clarify when clients are eligible
What if the pregnant client wants to enroll into the CUP Women program but is admitted into the labor and delivery unit and cannot physically enter into the CUP program?	Added new section on clients wishing to enroll but who are admitted into labor and delivery first and cannot enroll	To give instructions on how to enroll clients in this situation

¹ This publication is a billing instruction.

Medical documentation required to support a limitation extension	Clarified that the authorization number must be on the claim when billing for limitation extension with revenue code 0129	To reflect current agency billing requirements
LE requests for reasons other than medical stabilization	Clarified that the authorization number must be on the claim when billing with revenue code 0169 for administrative day rate payment	To reflect current agency billing requirements

How can I get agency provider documents?

To access provider alerts, go to the agency's [Provider alerts](#) webpage.

To access provider documents, go to the agency's [Provider billing guides and fee schedules](#) webpage.

Where can I download agency forms?

To download an agency provider form, go to the agency's [Forms & publications](#) webpage. Type the agency's form number into the **Search box** as shown below (Example: 13-835).

The screenshot shows the Washington State Health Care Authority website. The top navigation bar includes 'Search', 'Home', 'About HCA', and 'Contact HCA'. Below this is a dark blue header with 'Billers and providers' on the left and a 'ProviderOne' button on the right. A secondary navigation bar contains 'Forms & publications' (underlined), 'News', 'Electronic Health Records (EHR)', and 'Contact Us'. The main content area is titled 'Forms & publications' and features a search interface with a text input field containing a magnifying glass icon, two dropdown menus set to '- Any -', and a 'Sort by' dropdown set to 'Name (A-Z)'. A blue 'Search' button is located below the input field. A blue arrow points from the top left towards the search input field.

Copyright disclosure

Current Procedural Terminology (CPT) copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Additional Resource Material

This guide provides information used to develop CUP Women program policies and procedures in the provider facility's program manuals (See [WAC 182-533-0300](#)). Additional resource material can be found in:

- The Division of Behavioral Health and Rehabilitation's (DBHR) "[Directory of Certified Chemical Dependency Services in Washington State](#)"
- The agency's [First Steps Website](#)

Table of Contents

Resources Available	6
Definitions	7
About the Program	9
What is the purpose of the CUP Women program?.....	9
How is the CUP Women program different from other chemical dependency programs?.....	10
How are hospitals paid for CUP Women services?	10
Where are CUP Women services provided?.....	11
Who may refer clients to the CUP Women program?	11
Client Eligibility	12
How can I verify a patient’s eligibility?	12
Are clients enrolled in an agency-contracted managed care organization (MCO) eligible?.....	14
Coverage	15
What is covered?.....	15
What if the pregnant client wants to enroll into the CUP Women program but is admitted into the labor and delivery unit and cannot physically enter into the CUP program?	16
What if the pregnancy ends before the client completes the CUP Women program?.....	17
Limitation extension (LE) submittal process	18
Medical documentation required to support a limitation extension.....	18
LE Requests for Reasons Other Than Medical Stabilization.....	19
Provider Requirements	20
Who is approved to provide CUP Women services?.....	20
Program administration.....	20
Notifying clients of their rights (advance directives)	21
Billing	22
What are the general billing requirements?	22
How do I bill claims electronically?	22
How do I bill for CUP Women services?	23
How do I bill for physician/ARNP services?.....	23
How do I resolve issues with gender indicators when billing for transgender clients?	24

Alert! The page numbers in this table of contents are now “clickable”—do a “control + click” on a page number to go directly to a spot. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks on the left side of the document. If you don’t immediately see the bookmarks, right click on the gray area next to the document and select Page Display Preferences. Click on the bookmark icon on the left.)

Resources Available

Note: This section contains important contact information relevant to the Chemical Using Pregnant (CUP) Women program.

Topic	Resource Information
Becoming a provider or submitting a change of address or ownership	See the agency's ProviderOne resources webpage
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic billing	
Finding Agency documents (e.g., Medicaid billing guides, provider notices, and fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
Who do I contact if I'm interested in becoming a CUP Women program provider or have questions regarding CUP Women program policy?	<p>CUP Women Program Manager Medicaid Program Operations and Integrity Community Services Section PO Box 45530 Olympia, WA 98504-5530 360-725-1293</p>
Who do I contact if I want to request an extended stay?	<p>CUP Women Program Manager Medicaid Program Operations and Integrity Community Services Section PO Box 45530 Olympia, WA 98504-5530 360-725-1293</p>

Definitions

This list defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [Chapter 182-500 WAC](#) for a complete list of definitions for Washington Apple Health.

Assessment - The process of obtaining all pertinent bio-psychosocial information, as identified by the person, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports. (WAC 182-538D-0200)

Benefit Package – See [WAC 182-500-0015](#).

Chemical-Using Pregnant (CUP) Women Program – The CUP Women program is a Medicaid-funded, hospital-based, intensive detoxification and medical stabilization program for alcohol or drug using/dependent pregnant women and their exposed fetuses.

Detoxification - Care and treatment in a residential or hospital setting of persons intoxicated or incapacitated by alcohol or other drugs during the period in which the person is recovering from the transitory effects of intoxication or withdrawal. Acute detoxification provides medical care and physician supervision; subacute detoxification is non-medical.

Division of Behavioral Health and Recovery (DBHR) – The Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) provides support for Mental Health, Chemical Dependency, and Problem Gambling Services. The public mental health programs promote recovery and resiliency and reduces the stigma associated with mental illness. The substance abuse prevention and chemical dependency treatment programs promote strategies that

support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency. The problem gambling program mitigates the effects of problem gambling on the family and helps families remain economically self-sufficient without requiring assistance from other state programs. DBHR brings operational elements like medical assistance, chemical dependency and mental health into closer working relationships that serve clients more effectively and efficiently than before.

Hospital-Based Medical Stabilization - Medical hospital inpatient care to medically manage the acute detoxification and medical stabilization of a pregnant woman and her fetus.

Intensive Inpatient Treatment- Nonhospital, DBHR-certified facilities for sub-acute/detoxified patients focused on primary chemical dependency services in residential or outpatient settings.

Rehabilitation Services - Hospital-based intensive inpatient substance abuse treatment, medical care, and assessment and linkages.

Chemical-Using Pregnant (CUP) Women Program

Usual and Customary Fee - The rate that may be billed to the agency for a certain service or equipment. This rate *may not exceed* either of the following:

- The usual and customary charge that you bill the general public for the same services
- If the general public is not served, the rate normally offered to other contractors for the same services

About the Program

What is the purpose of the CUP Women program?

[Refer to [WAC 182-533-0701](#)]

The intent of the CUP Women program is to:

- Reduce harm to a mother and her fetus who need medical stabilization for obstetric and perinatal complications often present in chemically-dependent pregnant women.
- Provide all of the following services in one setting to improve the health of the woman and the fetus:
 - ✓ Immediate access to care
 - ✓ Medical detoxification/stabilization
 - ✓ Chemical dependency treatment.

The CUP Women program is designed to change the behavior of pregnant women and improve birth outcomes. Chemical-using pregnant women are high-risk for medical complications and struggle with the same challenges with recovery as other women with addictions. However, during pregnancy, they are more likely to accept treatment and successfully change their behavior. Substance abuse remains one of the most overlooked obstetric complicating factors during prenatal care. Prenatal substance abuse screening, treatment, and medical care should be initiated as early as possible during pregnancy. When a pregnant woman is ready to enter treatment, the ability to place her quickly into a safe and clinically appropriate environment is critical.

How is the CUP Women program different from other chemical dependency programs?

The CUP Women program is the only program that offers all of the following services **in a hospital setting**:

- Acute, medical detoxification
- Stabilization
- Medical treatment
- Chemical dependency treatment

Note: Claims for CUP Women program services are paid by the agency, not by any other state or county program.

This acute level of care does not exist in other intensive inpatient treatment facilities. Due to the potential for serious health risks when detoxifying a chemical-using pregnant woman and fetus, acute medical services must be present. Once the client is medically stabilized, chemical dependency treatment begins.

The CUP Women program is an entry point into a greater opportunity for the client to receive care. Other substance abuse treatment programs exist for pregnant women who do not need medical detoxification or medical stabilization. These women can be served in a non-hospital based setting. Intensive inpatient treatment models such as social detoxification, outpatient services, or residential facilities often link with prenatal care providers, but are not equipped to meet the acute medical needs associated with these high-risk pregnancies. The CUP Women program is a unique partnership among providers from many disciplines for services. The program provides immediate access to care by removing the barriers of Medicaid eligibility, or limited referral sources existing in other programs.

How are hospitals paid for CUP Women services?

In order to get paid for CUP Women services, hospitals must be certified by the Department of Health (DOH). Hospitals are paid based on a per diem rate assigned by the agency.

Where are CUP Women services provided?

CUP Women services are provided at acute care hospital-based inpatient facilities approved by DOH. The agency does not cover CUP Women services provided out-of-state.

Who may refer clients to the CUP Women program?

Referrals to the CUP Women program may be made by, but are not limited to, the following:

- The client or family member
- A local substance abuse outreach program
- A First Steps provider
- A First Steps social worker
- The Department of Child, Youth and Families (DCYF)
- A Medical provider
- DBHR-certified agencies

The CUP Women hospital facility coordinates with all agencies that provide services to a referred client.

Client Eligibility

How can I verify a patient's eligibility?

[Refer to [WAC 182-533-0710](#) (1)]

Pregnant adult and adolescent women are eligible for CUP Women services if they meet all of the following:

- Are pregnant at the time of enrollment into the program
- Have a medical need (including observation or monitoring)
- Have a substance abuse history and are screened “at risk”
- Have a current Services Card (or have a pending application for one)

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the patient's eligibility for Washington Apple Health. For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box on the next page.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Program benefit packages and scope of services](#) webpage.

Chemical-Using Pregnant (CUP) Women Program

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways. Initiate the application within five days of admission:

1. By visiting the Washington Healthplanfinder's website at:
www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Note: The CUP Women provider must complete a chemical dependency assessment of the client prior to admission.

Note: If a client is not eligible for the CUP Women program, refer them to the local chemical dependency center, or call the 24-hour Alcohol/Drug Help Line to inquire about local resources at 1-800-562-1240.

The following are examples of clients who are *not* eligible for CUP Services:

- Clients who are not pregnant at admission.
- Clients who are receiving three-day or five-day detoxification services through DBHR.

Three- to five-day detoxification is funded at the county level and contains no medical component. (See [WAC 182-533-0710 \(3\)](#).)

Are clients enrolled in an agency-contracted managed care organization (MCO) eligible?

[Refer to [WAC 182-533-0710](#) (2)]

Yes. Clients enrolled in an agency-contracted MCO are eligible for CUP Women services outside of their MCO through the agency's fee-for-service system. Coverage and billing guidelines found in this billing guide apply to MCO. Bill the agency directly.

When verifying eligibility using ProviderOne, if the client is enrolled in an agency-contracted MCO, managed care enrollment will be displayed on the Client Benefit Inquiry screen.

Note: To prevent billing denials, please check the client's eligibility **before** scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the agency [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Coverage

What is covered?

[Refer to [WAC 182-533-0730](#) (1)-(3)]

The maximum length of treatment per inpatient stay that the agency pays for is 26 days. An approval for extended days may be requested due to medical necessity through the [limitation extension submittal process](#).

The agency pays for the following covered services for a pregnant client and her fetus under the CUP Women program:

- **Acute Detoxification/Medical Stabilization/Rehabilitation Services**
 - ✓ **Primary Acute Detoxification/Medical Stabilization** - approximately 3-5 days
 - ✓ **Secondary Sub-Acute Detoxification/Medical Stabilization** - approximately 7-10 days
 - ✓ **Rehabilitation/Treatment** - remainder of stay may include the following:
 - Assessment for ongoing treatment/clean and sober housing
 - Referrals and linkage to all providers and case managers
 - Chemical dependency education
 - Ongoing medical attention including obstetrical appointments
 - Ultrasounds or medical services
 - Methadone maintenance when appropriate
 - Reintegration/reentry into the community
 - Ongoing treatment if need assessed
 - Referrals as appropriate
 - Partial hospitalization/day treatment
 - Outpatient services
 - ✓ **Other Services** - In addition to the core services of detoxification, medical stabilization, and rehabilitation, other services **may** include, but are not limited to:
 - Medical nutrition therapy
 - Childbirth preparation and delivery
 - Art and movement therapy
 - Drug education and awareness for family
 - Self-reliance education
 - Parenting education in the care of alcohol/drug-affected infants
 - Family dynamics education
 - Vocational counseling

- ✓ **Other Services (cont.)**
- Psychological counseling
 - Psychotherapy and group therapy
 - Life skills, including use of Medicaid transportation
 - Financial management
 - Household management
 - Physical appearance consultation
 - Day Treatment - Outpatient Treatment

Note: In the event that needed services are not available on-site, refer clients to applicable community services. In these situations, the client remains an inpatient and is not discharged and then re-admitted to the CUP Women program. Often a case manager or attendant escorts the client off-site or the service visit occurs at the hospital.

What if the pregnant client wants to enroll into the CUP Women program but is admitted into the labor and delivery unit and cannot physically enter into the CUP program?

A pregnant client who is medically unstable, or is in active labor, and cannot be physically admitted to a CUP Women program bed, may still be admitted to the CUP Women program after delivery. In order to receive CUP Women services post-delivery, all of the following must occur:

- The client must be admitted into a labor and delivery unit
- An attempt must be made to complete a provider-to-provider referral and consultation to the CUP Women program before delivery²
- A consultation
- A copy of the consultation notes³ between the admitting hospital and the CUP Women provider must be placed in the client's CUP Women program medical record

² In the event that the medical condition of the client or the unborn infant requires immediate clinical intervention before delivery, the provider-to-provider referral and consultation should occur as soon after the delivery as practicable.

³ The consultation notes must include when the client was admitted into the labor and delivery unit, the clinical condition prohibiting entry into the program before delivery, notes related to the client's substance use and need to enter into CUP, and the anticipated discharge date.

Chemical-Using Pregnant (CUP) Women Program

- The client must be admitted into the CUP Women program within 1 week after discharge from the postpartum floor.

Note: Clients have the freedom to choose which CUP Women program provider they want to receive services from after delivery.

What if the pregnancy ends before the client completes the CUP Women program?

[Refer to [WAC 182-533-0730](#) (3)]

If the pregnancy ends before completing the CUP Women program, regardless of the reason, providers may continue a client's treatment if recommended by a physician, physician assistant, nurse practitioner, or clinical nurse specialist. If a less restrictive alternative treatment option is more appropriate, refer the client to the most suitable setting. Make every effort to keep the mother and child together.

Length of Treatment – Request for Prior Authorization for a Limitation Extension (LE)

The maximum length of treatment without prior authorization is 26 days. There is no minimum length of stay. If an LE is needed, a request must be submitted to the agency at least 6 days prior to discharge. The agency may approve additional days when medically justified.

An LE may be considered when a physician or physician assistant, nurse practitioner, or clinical nurse specialist shows that a pregnant client requires both of the following:

- Medical care that can only be provided in a hospital setting
- That this level of special care is necessary to reduce harm to the client and the fetus

Determinations for an LE will be based upon all of the following:

- Needs of the mother and fetus
- Progress made while in the CUP Women program
- Current medical status
- The individualized treatment plan

Limitation extension (LE) submittal process

LE requests must be submitted to the agency no later than 6 days prior to the 26th day of treatment (the last day).

Providers may submit requests for prior authorization online using either of the following methods:

- Through direct entry into ProviderOne (see the agency's [Prior authorization webpage](#) for details)
- By faxing a completed, TYPED *General Information for Authorization* form (HCA 13-835) to the agency at: 1-866-668-1214. This request form must be the initial page when you submit your request. See [Where can I download agency forms?](#)

The Chemical-Using Pregnant (CUP) Women Program Pre-Authorization for Limitation Extension form (HCA 12-344) is the next document followed by the supporting medical documentation below:

Medical documentation required to support a limitation extension

- Admission history and physical exam
- Care and treatment plan
- Client problem list
- Detox protocol
- Fetal monitoring notes
- Chart notes
- Most current progress notes
- Discharge plan

If approved by the agency, additional days will be paid at the CUP Women Program per diem rate for that provider. When billing for an LE, bill with *revenue code 0129* and include the authorization reference number on the claim.

LE Requests for Reasons Other Than Medical Stabilization

If a request for prior authorization for an LE is received and does not meet the criteria for medical necessity, the request will be reviewed for possible approval of a limited number of additional days at the hospital administrative day rate.

Additional documentation for these requests must include complete chart notes showing all of the following:

- Dates of initial calls to the treatment facility
- Name of person called or spoken with at the treatment facility
- Dates of any follow up calls made to the treatment facility
- Estimated wait time for placement at a treatment facility

Submit all of the required documentation above to the agency by fax at: 1-866-668-1214.

If approved by the agency, the additional days for these LEs will be paid at the current hospital administrative day rate for a maximum of five days. (See the [Inpatient Provider Payment System \(IPPS\)](#)). Bill with *revenue code 0169* for administrative day rate payment and include the authorization reference number on the claim.

These LEs paid at hospital administrative day rate **must** be billed on a separate institutional claim, along with any other charges associated with the administrative days.

Provider Requirements

Who is approved to provide CUP Women services?

[Refer to [WAC 182-533-0720](#) (1)]

The agency pays only those providers who meet all of the following:

- Have been approved by the agency to provide CUP Women program services
- Have been certified as chemical dependency service providers by the Department of Health (DOH) as described in [Chapter 246-341 WAC](#)
- Meet the Department of Health hospital accreditation standards in [Chapter 246-320 WAC](#)
- Meet the general provider requirements in [Chapter 182-502 WAC](#)
- Are not licensed as an Institution for Mental Disease (IMD) under Centers for Medicare and Medicaid (CMS) criteria

Program administration

[Refer to [WAC 182-533-0720](#) (2)]

CUP Women program service providers must do all of the following:

- Report any changes in certification, level of care, or program operation to the agency's CUP Women Program Manager. (See [Resources Available](#).) Prior to providing CUP Women services, an application must be submitted to, and approval received from, DBHR and the Department of Health (DOH) (see [Resources Available](#)).
- Have written policies and procedures that include a working statement describing the purpose and methods of treatment for chemical-using/chemical-dependent pregnant women
- Provide guidelines and resources for current medical treatment methods by specific chemical type
- Work collaboratively with state and community providers to ensure a working knowledge exists of current medical and substance abuse resources

Chemical-Using Pregnant (CUP) Women Program

- Ensure that a chemical dependency assessment has been completed by a chemical dependency professional under [Chapter 246-811 WAC](#) no earlier than six months before, and no later than five days after, the client's admission to the CUP Women program using the latest criteria of the [American Society of Addiction Medicine](#) (ASAM), which may include the following:
 - ✓ Pregnancy, post-pregnancy, and parenting status
 - ✓ Number of children, custody status, residence, and visitation schedule
 - ✓ History of Child Protective Service intervention
 - ✓ History of death or loss of children
 - ✓ Childcare needs
 - ✓ Family Planning practices and needs
 - ✓ Suicidal/homicidal ideation
 - ✓ Domestic violence history
 - ✓ Sexual assault history
 - ✓ Ongoing mental health needs
 - ✓ Current and past history of chemical use during pregnancy
 - ✓ Previous pregnancy prenatal care
 - ✓ Relationship addiction
 - ✓ Family dynamics
 - ✓ Family reunification plans
 - ✓ Living situation/housing
 - ✓ Legal issues
 - ✓ Eating disorders

Notifying clients of their rights (advance directives)

(42 CFR, Subpart I)

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give **all adult clients** written information about their rights to make their own health care decisions.

Clients have the right to do all the following:

- Accept or refuse medical treatment
- Make decisions concerning their own medical care
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care

Billing

All claims must be submitted electronically to the agency, except under limited circumstances.

For more information about this policy change, see [Paperless billing at HCA](#).

For providers approved to bill paper claims, see the agency's [Paper Claim Billing Resource](#).

What are the general billing requirements?

Providers must follow the agency's [ProviderOne Billing and Resource Guide](#). These billing requirements include, but are not limited to, the following:

- Time limits for submitting and resubmitting claims and adjustments
- What fee to bill the agency for eligible clients
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- Billing for clients eligible for both Medicare and Medicaid
- Third-party liability
- Record-keeping requirements

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency's [Billers, providers, and partners](#) webpage, under [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) webpage.

How do I bill for CUP Women services?

Use an electronic institutional claim to bill the hospital-based intensive CUP Women Services provided to the client. Ancillary (e.g., lab, pharmacy, etc.) charges related to the CUP Women's Services stay may be billed on the same claim with the CUP Women services.

Use the following guidelines when billing:

1. To facilitate processing of claims under this program, **the agency has established a daily room and board revenue code 0129**. This revenue code is used for the entire CUP Women Services stay. You must indicate this revenue code in the *Revenue Code field* of the electronic institutional claim. The agency reimburses for daily room rate charges **only** with this revenue code.
2. All claims for CUP Women Services must have a primary diagnosis code related to pregnancy complicated by alcohol or drug use and a secondary diagnosis code related to alcohol or drug abuse. When billing the agency for CUP Women Services, use the most specific and appropriate primary and secondary diagnosis codes.
3. For all other (ancillary) revenue codes, refer to the agency's current [Inpatient Hospital Services Billing Guide](#).
4. For additional billing information, refer to the agency's [ProviderOne Billing and Resource Guide](#).

Note: The agency will deny claims if unspecified diagnosis codes or labor and delivery diagnosis codes are used.

How do I bill for physician/ARNP services?

Physicians, physician assistants-certified (PACs), and advanced registered nurse practitioners (ARNPs) may provide inpatient hospital medical services during the CUP Women Services stay. To bill the agency, use the Current Procedural Technology (CPT®) code from the current *Agency Physician-Related Services/Healthcare Professional Services Medicaid Billing Guide* that most closely describes the service actually provided (**CPT codes 99221 through 99238**). When billing for these services, you must use the most appropriate and specific primary and secondary ICD diagnosis code.

How do I resolve issues with gender indicators when billing for transgender clients?

For a transgender client, providers must include a diagnosis on the claim indicating that the client is transgender. Information on agency billing practices for transgender clients can be found in the [Physician-Related Professional Services Billing Guide](#).

Note: Prior to billing for CUP Women Services, providers must verify that the client meets eligibility requirements. (See [Client Eligibility](#) for more information.)