



**Substance Use Disorder Treatment Services: 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:
<b>Outpatient Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders</b>								
IPN - Outpatient Initial Assessment - Certified/Licensed Staff	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 - Certified/Licensed Staff (Telehealth)								
IPN - Outpatient Initial Assessment - Independently Licensed Staff								
IPN - Outpatient Initial Assessment - Independently Licensed Staff (Telehealth)								
IPN - Outpatient Individual Counseling - Certified/Licensed Staff	30 Minutes <i>(must be entered in 30 minute increments, i.e., 30, 60, 90, 120, etc.)</i>	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 <b>Duration</b> in CDR by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Individual Counseling - Independently Licensed Staff		Group Note						
IPN - Outpatient Group Counseling - Certified/Licensed Staff								
IPN - Outpatient Group Counseling - Independently Licensed Staff								
IPN - Intensive Outpatient / Partial Hospitalization	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 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:
<b>Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorders</b>								
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 - Medical Evaluation	Medical Evaluation	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.
IPN - Medical Evaluation (Telehealth)	Medical Evaluation							
IPN - Medical Care	Per Patient/Per Session							
IPN - Medical Care (Telehealth)	Per Patient/Per Session							
IPN - Medication	\$1							
IPN - Recovery Peer Coaching	Per Patient/Per Session							
IPN - Transportation	\$1							
<b>Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Substance Use Disorders</b>								
IPN - Early Intervention	30 Minutes	Individual or Group Note	Crisis	30 = Early Intervention	Enter same date in both fields	Enter # of Minutes	Enter "1" regardless of length of duration	Divide <b>Duration</b> (CDR and Provider tracking) by 30 = Hours/Units (must be a whole number)



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:
<b>Adult Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders</b>								
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 - Medically Monitored Inpatient				22 = Medically monitored intensive inpatient				
<b>Adult Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders</b>								
IPN - Medical Evaluation	Medical Evaluation	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.
IPN - Medical Evaluation (Telehealth)	Medical Evaluation							
IPN - Medical Care	Per Patient/Per Session							
IPN - Medical Care (Telehealth)	Per Patient/Per Session							
IPN - Medication	\$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:
<b>Juvenile Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders</b>								
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
<b>Juvenile Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders</b>								
IPN - Medical Evaluation	Medical Evaluation	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.
IPN - Medical Evaluation (Telehealth)	Medical Evaluation							
IPN - Medical Care	Per Patient/Per Session							
IPN - Medical Care (Telehealth)	Per Patient/Per Session							
IPN - Medication	\$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:
<b>Women and Children Treatment/Outpatient Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders</b> <i>(Special Initiative Code: 4 = Women and Children/Magellan Special Initiative)</i>								
IPN - Outpatient Initial Assessment - Certified/Licensed Staff	Screening Assessment	Individual Note			Enter same	Leave Blank	Enter "1" regardless of	# of Sessions/Unit field in CDR



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 Initial Assessment - Certified/Licensed Staff (Tele health)			Placement Screening/OWI	19 = Extended outpatient	date in both fields		length of duration	
IPN - Outpatient Initial Assessment - Independently Licensed Staff								
IPN - Outpatient Initial Assessment - Independently Licensed Staff (Telehealth)								
IPN - Outpatient Individual Counseling - Certified/Licensed Staff	30 Minutes	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 <b>Duration</b> in CDR by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Individual Counseling - Independently Licensed Staff		Group Note						
IPN - Outpatient Group Counseling - Certified/Licensed Staff								
IPN - Outpatient Group Counseling - Independently Licensed Staff								
IPN - Intensive Outpatient / Partial Hospitalization	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
<b>Women and Children Treatment/Adult Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders</b>								
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 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 - Clinically Managed Medium-Intensity Residential				15 = Clinically managed medium intensity residential				
IPN - Clinically Managed High-Intensity Residential				14 = Clinically managed high intensity residential				
IPN - Medically Monitored Inpatient				22 = Medically monitored intensive inpatient				
<b>Women and Children Treatment: Enhanced Treatment/Ancillary Support Services for Patients/Children</b>								
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)							
Residential Case Rate - Women Patients Only and Facility Admits Children	Half Month (1-14 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:
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:
<b>Methadone Treatment:/Covered Service for Patients – Substance Use Disorders</b>								
Methadone Administration	Per Dose	Not entered in I-SMART or reported to CDR.						Units tracked and documented at provider level.

**Notes:**

- **General**
  - **Data Due Date:** Data Due is the 15<sup>th</sup> 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 16<sup>th</sup> of the month. Data Integrity reports will run on the 17<sup>th</sup> of each month.
  - **Duration** – For IPN Treatment Services, Duration is to be rounded to the nearest 30 minutes, per the RFP instructions.
  - **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
  - **Start/End Time (I-SMART)** on the Encounter Form is optional.
    - The Service Description on the Encounter form is not uploaded to the CDR.
  - **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).
  - **Telehealth Services** – For IPN - Outpatient Initial Assessment - Certified/Licensed Staff (Telehealth) please add 19 = Substance Abuse Distance Treatment as an **Ancillary Service**.
  - **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** – Date range is not allowed, Duration Type = “Days” and Duration always equals “1”.
- **Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorder Treatment Services**
  - **Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.
  - **Medical Care** – Entered per patient per session.
  - **Medication** – Limited to \$100 per month with a Maximum of \$300 per patient per treatment episode.
  - **Recovery Peer Coaching** – Entered per patient per session.
  - **Transportation** – Limited to \$20 per month. Maximum of \$60 per patient/per treatment episode.
- **Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Substance Use Disorder Treatment Services**
  - **Early Intervention** – Only reported in I-SMART and CDR if patient identifying information collected. If patient identifying information is not collected, then contractor is to track internally and have documentation available for retrospective reviews.
- **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**
  - **Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.
  - **Medical Care** – Entered per patient per session.
  - **Medication** – Limited to \$100 per month with a Maximum of \$300 per patient per treatment episode.
- **Juvenile Residential Treatment/Covered Service: Licensed Program Services – Substance Use Disorders**
  - **Environment** = 31 = Clinically managed high intensity residential (Juvenile)
  - **Encounter Type** = 24 Hour Service
  - **Duration Type** = Days
  - **Start/End Date:** Date range may be used if consecutive days.
- **Juvenile Residential Treatment /Covered Service: Other Covered Services for Patients - Substance Use Disorders**
  - **Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.
  - **Medical Care** – Entered per patient per session.
  - **Medication** – Limited to \$100 per month with a Maximum of \$300 per patient per treatment episode.
- **Women and Children Treatment/Adult Residential Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders**
  - 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**
  - Special Initiative Code = 4 = Women and Children/Magellan Special Initiative
    - Days/Units determined by services entered in CDR for each month.
  - Needs to be episode based, so when entering leaving, needs to be a distinct admission/episode for W7C services