

**Washington Apple Health (Medicaid)**

# Substance Use Disorder Billing Guide (Fee-for-Service)

**October 1, 2017**

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\*

This publication takes effect October 1, 2017, and supersedes earlier guides to this program.

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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
<a href="#"><u>Fully Integrated Managed Care (FIMC)</u></a>	<p><b>Effective January 1, 2018</b>, the agency is implementing a <b>second FIMC region</b>, the North Central (NC) region, which includes Douglas, Chelan, and Grant Counties.</p> <p>The agency has updated and consolidated the FIMC information in this guide and provided several hyperlinks to the agency's <a href="#"><u>Managed Care web page</u></a>, the agency's <a href="#"><u>Integrated physical and behavioral health care web page</u></a>, and the agency's <a href="#"><u>Regional resource web page</u></a>.</p>	<p>Notification of new region moving to fully integrated managed care (FIMC)</p>
<a href="#"><u>Definitions</u></a>	<p>Added definitions for institutions for mental diseases (IMD) and Provider Entry Portal (PEP).</p>	<p>Clarification</p>

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\* This publication is a billing instruction.

Subject	Change	Reason for Change
<a href="#"><u>Who should use this billing guide?</u></a>	<p>Added the following:</p> <ul style="list-style-type: none"> <li>• Division of Behavioral Health and Recovery (DBHR)-certified substance use disorder (SUD) providers, including outpatient programs and non-IMD residential programs</li> <li>• Indian health care providers, regardless of the client’s behavioral health organization (BHO), fully integrated managed care (FIMC), or behavioral health services only (BHSO) enrollment</li> <li>• Federally qualified health centers (FQHC) rendering encounter-eligible services, regardless of the client’s BHO, FIMC, or BHSO enrollment</li> </ul>	Clarification
	Removed bullet for outpatient SUD programs and non-IMD residential programs, and incorporated that information into the bullet regarding DBHR-certified SUD providers	Housekeeping
<a href="#"><u>Who should NOT use this billing guide?</u></a>	Added a note that psychiatric residential treatment facilities (PRTFs) are not considered IMDs and must be billed the same as non-IMDs. Updated information about clients in the FIMC region and who are enrolled in a managed care organization (MCO).	Clarification
<a href="#"><u>Who can receive substance use disorder (SUD) treatment services under fee-for-service?</u></a>	Moved information that clients age 10 and older can receive SUD treatment services. Treatment for clients under age 10 must be authorized by DBHR (previously a “blue box” note under the Coverage Limitations section).	Housekeeping and clarification
	Added a “blue box” note that clarifies that FQHCs and Indian health care providers will use this guide to bill for outpatient services regardless of a client’s managed care enrollment.	Clarification
<a href="#"><u>How can I verify a client’s eligibility?</u></a>	Added “Step 3” for verifying a client’s managed care information.	Clarification
<a href="#"><u>What types of identification verify a client’s eligibility?</u></a>	Removed section. See the <a href="#"><u>ProviderOne Billing and Resource Guide</u></a> for more information about verifying a client’s eligibility.	Housekeeping

Subject	Change	Reason for Change
<a href="#"><u>Coverage Table</u></a>	Added a note that clarifies that only these procedure code, modifier, and taxonomy combinations may be reimbursed for the SUD program.	Clarification
<a href="#"><u>Coverage Limitations</u></a>	Removed maximum coverage limitations from Acute Withdrawal Management, Case Management, and Sub-Acute Withdrawal Management.	Policy change
	Removed example and information about how to bill 15-minute increments for Individual Therapy. This was done to make it clearer that an additional unit must be billed if therapy is provided for longer than 15 minutes.	Clarification
	Added “and billed” to Urinalysis (UA) Drug Testing. UA drug testing may only be provided and billed by the DBHR-contracted provider.	Clarification
<a href="#"><u>Outpatient SUD treatment services</u></a>	Removed section. The information regarding DBHR-certified providers was moved to <a href="#"><u>Who should use this billing guide?</u></a>	Housekeeping and clarification
<a href="#"><u>What are the general billing requirements?</u></a>	Added information that providers must register through DBHR’s Provider Entry Portal (PEP). FQHCs and Indian health care providers rendering outpatient substance use disorder (SUD) services are not required to register with DBHR.	Clarification
<a href="#"><u>What are the recordkeeping requirements specific to substance use disorder providers?</u></a>	Updated information about documenting services provided to American Indian/Alaska Native (AI/AN) clients. Those services must be documented in the Behavioral Health Data System through PEP, rather than the Treatment and Assessment Report Generation Tool (TARGET) database.	Housekeeping to correct outdated information

## How can I get agency provider documents?

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

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

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# Resources Available

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	<p>See the agency's <a href="#">Billers and Providers</a> web page</p>
Finding out about payments, denials, claims processing, or agency managed care organizations	
Electronic billing	
Finding agency documents (e.g., Washington Apple Health billing guides and fee schedules)	
Private insurance or third-party liability, other than agency managed care	
Questions regarding policy or payment rates	<p>The Division of Behavioral Health and Recovery            PO Box 45330            Olympia, WA 98504-5330            360-725-3700</p> <p style="text-align: center;"><b>or</b></p> <p>Washington State Health Care Authority            Medical Assistance Customer Service Center (MACSC)  <a href="#">Contact MACSC</a>            1-800-562-3022</p>



# Definitions

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This section 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.

**Agency** - The Washington State Health Care Authority.

**Agency's designee** – Any entity expressly designated by the agency to act on its behalf.

**American Indian/Alaska Native (AI/AN)** – A person having origins in any of the original peoples of North America, or people who self-identify as AI/AN when they:

- Apply or re-certify for Medicaid
- Submit a change in Healthplanfinder or through the HCA Medicaid Customer Service Center.

**Approved treatment facility** - A treatment facility, either public or private, for profit or nonprofit, approved by the agency according to Chapter [388-877 WAC](#) and RCW [70.96A](#).

**American Society of Addiction Medicine (ASAM)** - An international organization of physicians dedicated to improving the treatment of persons with substance use disorders.

**ASAM Criteria**- A clinical tool used to systematically evaluate the severity and diagnosis of a person's need for treatment along six dimensions, and then use a fixed combination rule to determine which level of care a substance-using person will respond to with the greatest success. ASAM also includes recommended duration of substance use disorder (SUD) treatment services along the continuum.

**Assessment** - The set of activities conducted on behalf of a new patient, for the purpose of determining eligibility, evaluating treatment needs, and making necessary referrals and completing forms. The assessment includes all practices listed in applicable sections of Chapter [388-877 WAC](#) or its successor. For the purpose of determining eligibility for Chemical Dependency Disposition Alternative (CDDA), the set of activities will include completion of all of the following:

- The Adolescent Drug Abuse Diagnosis (ADAD)
- The *Kiddie* version of the Schedule of Affective Disorders and Schizophrenia (K-SADS)
- American Society of Addiction medicine (ASAM) questionnaire forms

**Case management** - Services provided by a Chemical Dependency Professional (CDP) or CDP Trainee to clients assessed as needing treatment and admitted into treatment. Services are provided to assist clients in gaining access to needed medical, social, educational, and other services. Services include case planning, case consultation and referral, and other support services for the purpose of engaging and retaining or maintaining clients in treatment.

**Chemical Dependency Professional (CDP)** - A person certified as a chemical dependency professional by the Washington State Department of Health under Chapter 18.205 RCW.

**Chemical Dependency Professional Trainee (CDPT)** - A person certified as a chemical dependency professional trainee by the Washington State Department of Health under Chapter 18.205 RCW.

**Client** - A person receiving substance use disorder services from a DBHR-certified agency.

**Core provider agreement** – An agreement between the agency and eligible providers. The agency reimburses enrolled eligible providers for covered medical services, equipment, and supplies they provide to eligible clients.

**Division of Behavioral Health and Recovery (DBHR)** - The Division of Behavioral Health and Recovery (DBHR), Department of Social and Health Services, provides support for mental health, substance use disorder, 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 substance use disorder 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 substance use disorder. 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, substance use disorder and mental health into closer working relationships that serve clients more effectively and efficiently than before.

**Fee-for-service (FFS) rate or set rate-** A negotiated fixed rate of pay based on performance of a defined unit of services such as per treatment per hour, or per session.

**Group therapy** - Planned therapeutic or counseling activity conducted by one or more certified CDPs or CDPTs to a group of two or more unrelated individuals. Acupuncture may be included as a group therapy activity if all of the following are met:

- A CDP or CDPT is present during the activity
- The provision of these services is written into the master treatment plan for the client
- The services are documented in the client case file in the progress notes

**Individual therapy** - A planned therapeutic or counseling activity provided to an eligible client by a certified chemical dependency professional (CDP) or a CDP trainee under the supervision of a CDP. Individual therapy includes treatment provided to a family group consisting of a primary client and one or more significant others, or treatment provided to a couple who are partnered. Individual therapy may be provided to a family group without the primary client present or to a client without the family present.

**Institution for mental diseases (IMD)** - A hospital, nursing facility, or other institution of more than sixteen beds that is primarily engaged in providing diagnosis, treatment or care of people with mental diseases, including medical attention, nursing care and related services. An IMD may include inpatient chemical dependency facilities of more than sixteen beds which provide residential treatment for alcohol and substance abuse. See WAC [182-500-0050](#).

**Maximum allowable** - The maximum dollar amount a provider may be reimbursed by the agency for specific services, supplies, or equipment.

**Opiate substitution treatment services (OST)** - Treatment services and medication (methadone etc.) for individuals addicted to opiates as described in Chapters [388-877](#) and [388-877B](#) WAC.

**Residential Services** - A complete range of residences and supports authorized by DBHR  
**Note:** No additional fee will be reimbursed for different types of medication used.

**Pregnant and postpartum women (PPW) assessment** - Assessment provided to an eligible woman who is pregnant or postpartum. The postpartum period covers the 60 days after delivery and any remainder of the month in which the 60th day falls.

**Provider Entry Portal (PEP)** - The PEP allows registration and data submission by American Indian/Alaska Native (AI/AN) fee-for-service (FFS) providers as defined by the [Behavioral Health Data System Data Guide](#).

**ProviderOne** -The agency's primary provider payment processing system.

**ProviderOne Client ID** - A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by "WA".

**Substance use disorder** - A problematic pattern of substance abuse leading to clinically significant impairment or distress, ranging in severity from mild, moderate, or severe.

**Substance use disorder treatment** - Medical and rehabilitative social services provided to an eligible client designed to mitigate or reverse the effects of substance use disorder and restore normal physical and psychological functioning. Drug addiction or drug abuse treatment is characterized by a combination of drug and alcohol education sessions, individual therapy, group therapy and related activities provided to detoxified clients and their families.

**Urinalysis** - Analysis of a client's urine sample for the presence of alcohol or controlled substances by a licensed laboratory or a provider who is exempted from licensure by the Department of Health.

**Withdrawal management** - Care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs.

# Substance Use Disorder Treatment

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## Who should use this billing guide?

- Division of Behavioral Health and Recovery (DBHR)-certified substance use disorder (SUD) providers, including outpatient programs and non-institutional for mental disease (non-IMD) residential programs (see the [DBHR Contractors and Providers](#) webpage for information about registering through the DBHR Provider Entry Portal (PEP))
- Providers delivering Medicaid fee-for-service (FFS) substance use disorder services to clients who are not enrolled in a behavioral health organization (BHO), fully integrated managed care (FIMC), or behavioral health services only (BHSO)
- Indian health care providers rendering services for Apple Health clients and billing FFS regardless of BHO/FIMC/managed care organization (MCO) enrollment
- Federally qualified health centers (FQHCs) rendering services for encounter-eligible Apple Health clients and billing FFS regardless of BHO/FIMC/MCO enrollment

To correctly bill, providers must use this billing guide, the appropriate fee schedule(s), and either their Core Provider Agreement with the Health Care Authority or their FFS contract with the Department of Social and Health Services (DSHS), DBHR.

**If there is a discrepancy between a provider’s contract stipulations and this billing guide, the provider’s contract stipulations take precedence.**

## Who should NOT use this billing guide?

The following providers should NOT use this guide:

- Providers delivering substance use disorder (SUD) services to a client using BHO coverage (See DSHS's [list of BHO contacts](#))
- IMD residential programs with over 16 beds ([Contact DBHR](#) for information about the billing process). Psychiatric residential treatment facilities (PRTFs) are not considered IMDs according to the Centers for Medicare and Medicaid Services (CMS), and SUD claims must be billed the same as a non-IMD facility.
- Providers billing an MCO listed below and delivering services to clients who:
  - ✓ Reside in the FIMC Southwest Washington region (Clark and Skamania counties)
  - ✓ Are enrolled in either Molina or Community Health Plan of Washington (CHPW) for their behavioral health services (FIMC or BHSO), including SUD services.

An individual who is not eligible for or covered by Medicaid may receive some services through Beacon Health Options, within its available funding.

# Client Eligibility

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## Who can receive substance use disorder (SUD) treatment services under fee-for-service?

To receive fee-for-service (FFS) substance use disorder (SUD) services, a client must meet all of the following:

- Is not enrolled in a behavioral health organization (BHO), fully integrated managed care (FIMC), or behavioral health services only (BHSO)
- Has a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of substance use disorder, mild, moderate, or severe
- Meets medical necessity criteria as stated in the American Society of Addiction Medicine (ASAM)
- Is age 10 or older (treatment for clients under age 10 must be authorized by DBHR).

**Note:** Federally qualified health centers (FQHCs) and Indian health care providers rendering outpatient services and billing FFS will use this guide regardless of a client's BHO, FIMC, or BHSO enrollment. See [How can I verify a client's eligibility?](#) to determine BHO, FIMC, or BHSO enrollment.

## How can I verify a client's eligibility?

Providers must verify that a client 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 three-step process:

**Step 1. Verify the client's eligibility for Washington Apple Health.** For detailed instructions on verifying a client'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 below.

**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](#) web page.

**Step 3. Verify the client’s managed care information.** If the client has one of the following listed under *Managed Care Information*, then that client has a BHO, FIMC, or BHSO (and therefore billing instructions are not included this billing guide):

CHPW Behavioral Health Services Only
CHPW Fully Integrated Managed Care
Great Rivers Behavioral Health Organization
Greater Columbia Behavioral Health
King County Behavioral Health Organization
MHC Behavioral Health Services Only
MHC Fully Integrated Managed Care
North Central Washington Behavioral Health
North Sound Behavioral Health Org
Optum Pierce BHO
Salish Behavior Health Organization
Spokane Behavioral Health Organization
Thurston-Mason Behavioral Health Organizations

The following example shows a client who was enrolled with North Sound Behavioral Health Organization from January 1, 2017, through August 31, 2017:

Managed Care Information							
Insurance Type Code ▲▼	PCCM Code ▲▼	Plan/PCCM Name ▲▼	Plan/PCCM ID ▲▼	Plan/PCCM Phone Number ▲▼	PCP Clinic Name ▲▼	Start Date ▲▼	End Date ▲▼
HM: Health Maintenance Organization	MC: Capitated	MHC Healthy Options	105010201	(800) 869-7165		07/01/2012	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	North Sound Behavioral Health Org	105020902	(360) 416-7013		01/01/2017	08/31/2017

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- ✓ SUD services provided for dates of service from January 1, 2017, through June 30, 2017, are addressed in the SUD Billing Guide that was in effect for those dates.
- ✓ SUD services provided for dates of service from July 1, 2017 through August 31, 2017, are billed to North Sound Behavioral Health Organization.
- ✓ SUD services provided for dates of service on and after September 1, 2107, are billed to the agency.
- ✓ **NOTE:** MHC Healthy Options is not included in the list of managed care programs that cover SUD services.

**Step 4.**

**Note:** Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at:  
[www.wahealthplanfinder.org](http://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](http://www.wahealthplanfinder.org) or call the Customer Support Center.

## **Effective July 1, 2017, not all Apple Health clients will be enrolled in a BHO/FIMC/BHSO**

On July 1, 2017, some Apple Health clients were not enrolled in a behavioral health organization (BHO), fully integrated managed care (FIMC), or behavioral health services only (BHSO) program. For these clients, substance use disorder (SUD) services are covered under the fee-for-service (FFS) program.

## **Effective January 1, 2017, some fee-for-service clients who have other primary health insurance were enrolled into managed care for SUD services**

On January 1, 2017, the agency enrolled some fee-for-service Apple Health clients who have other primary health insurance into an agency-contracted managed care organization (MCO).



This change did not affect all fee-for-service Apple Health clients who have other primary health insurance. The agency continues to cover some clients under the fee-for-service Apple Health program, such as dual-eligible clients whose primary insurance is Medicare.

For additional information, see the agency's [Managed Care web page](#), under Providers and Billers.

## **Effective April 1, 2016, important changes to Apple Health**

**These changes are important to all providers because they may affect who will pay for services.**

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service, and Behavioral Health Organization (BHO) information. See the agency's [Regional Resources web page](#).

### **New MCO enrollment policy – earlier enrollment**

Beginning April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in fee-for-service while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.

Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in fee-for-service or currently enrolled in an MCO are not affected by this change. Clients in fee-for-service who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

## How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

## Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs replaced the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of the [Mental Health Services Billing Guide](#). BHOs use the [Access to Care Standards \(ACS\)](#) for mental health conditions and [American Society of Addiction Medicine \(ASAM\)](#) criteria for SUD conditions to determine client's appropriateness for this level of care.

## Fully Integrated Managed Care (FIMC)

For clients who live in a fully integrated managed care (FIMC) region, all physical health services, mental health services, and drug and alcohol treatment are covered and coordinated by the client's agency-contracted managed care organization (MCO). The Behavioral Health Organization (BHO) will not provide behavioral health services in these counties.

Clients living in an FIMC region will enroll with an MCO of their choice that is available in that region. If the client does not choose an MCO, the client will be automatically enrolled into one of the available MCOs, unless the client is American Indian/Alaska Native (AI/AN). Clients currently enrolled in one of the available MCOs in their region may keep their enrollment when the behavioral health services are added.

**Effective July 1, 2017, American Indian/Alaska Native (AI/AN) clients living in an FIMC region of Washington must choose to enroll in one of the agency-contracted MCOs available in that region; or they may choose to receive all these services through Apple Health fee-for-service (FFS). If they do not choose an MCO, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavior health services. For more information about the mental health services available under the FFS program, see the agency's [Mental Health Services Billing Guide](#).**

For full details on FIMC, including which clients residing in an FIMC region are not enrolled with an MCO and information on complex behavioral health services for foster children in an FIMC region, see the agency's [Managed Care web page](#), the agency's [Integrated physical and behavioral health care web page](#), and the agency's [Regional resource web page](#).

## **FIMC Regions**

### **North Central Region (NC) – Douglas, Chelan and Grant Counties**

**Effective January 1, 2018**, the agency will implement the second FIMC region known as the NC region which includes Douglas, Chelan, and Grant Counties. Clients eligible for managed care enrollment will choose to enroll in an available MCO in their region. Specific details, including information about mental health crisis services can be found on the agency's [Managed Care web page](#), the agency's [Integrated physical and behavioral health care web page](#), and the agency's [Regional resource web page](#).

### **Southwest Washington Region (SW WA) – Clark and Skamania Counties**

**Effective April 1, 2016**, the agency implemented the first FIMC region known as the SW WA region which includes Clark and Skamania Counties. Clients eligible for managed care enrollment choose to enroll in one of two available MCOs in this region: Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW).

## **Apple Health Core Connections (AHCC)**

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18<sup>th</sup> birthday

American Indian/Alaska Native (AI/AN) children will not be auto-enrolled, but may opt into CCW. All other eligible clients will be automatically enrolled.

## **AHCC complex mental health and substance use disorder services**

AHCC clients who live in Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.


AHCC clients who live outside Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO and managed by DSHS.


## Contact Information for Southwest Washington

**Beginning on April 1, 2016**, there is not a BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can be located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

 <b>MOLINA<sup>®</sup></b> HEALTHCARE	<a href="#">Molina Healthcare of Washington, Inc.</a> 1-800-869-7165
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 <b>COMMUNITY HEALTH PLAN</b> of Washington	<a href="#">Community Health Plan of Washington</a> 1-866-418-1009
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<b>Beacon Health Options</b>	<a href="#">Beacon Health Options</a> 1-855-228-6502
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# Coverage Table

The agency covers the following substance use disorder (SUD) services with the [coverage limitations](#) listed in this guide.

Only the following combinations of procedure code, modifier, and taxonomy may be reimbursed for the SUD program.

Procedure Code	Modifier	Short Description	Service	Taxonomy
H0001	HD	Alcohol and/or drug assessment	Pregnant and Parenting Women (PPW) Assessment	261QR0405X
H0001	HF	Alcohol and/or drug assessment	Substance Use Disorder Assessment	261QR0405X
H0004	HF	Behavioral health counseling and therapy, per 15 minutes	Individual Therapy, without family present	261QR0405X
H0010	HF	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	Sub-acute withdrawal management	324500000X
H0011	HF	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Acute withdrawal management	324500000X
H0018	HA	Youth – Short Term Residential	Youth Recovery House	3245S0500X

Modifier	Description
HA	Child/Adolescent Program
HD	Pregnant and Parenting Women (PPW)
HF	Substance Abuse Program
HV	Funded State Addiction Agency (Non-IMD Program)

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Procedure Code	Modifier	Short Description	Service	Taxonomy
H0018	HV	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Adult Non-hospital residential tx program, w/o room and board, per diem	324500000X
H0019	HA	Behavioral health; long-term residential (non-hospital residential treatment program), without room and board, per diem	Youth Intensive Inpatient Residential - Level of Care: 3.5 ASAM Criteria w/o room and board	3245S0500X
H0019	HB	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Residential Pregnant and Parenting Women (PPW) w/Children	324500000X
H0019	HD	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Residential Pregnant and Parenting Women (PPW) w/o Children	324500000X
H0020	HF	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Opiate Substitution Treatment	261QM2800X

Modifier	Description
HA	Child/Adolescent Program
HD	Pregnant and Parenting Women (PPW)
HF	Substance Abuse Program
HV	Funded State Addiction Agency (Non-IMD Program)

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Procedure Code	Modifier	Short Description	Service	Taxonomy
H2036	HA	Alcohol and/or other drug treatment program, per diem	Youth Room and board*	3245S0500X
H2036	HD	Alcohol and/or other drug treatment program, per diem	PPW Room and board*	324500000X
H2036	HF	Alcohol and/or other drug treatment program, per diem	Adult Room and board*	324500000X
T1017	HF	Targeted case management, each 15 minutes	Case Management	251B00000X
96153	HF	Intervene hlth/behave group	Group Therapy	261QR0405X
96154	HF	Interv hlth/behav fam w/pt	Family Therapy With Enrollee Present	261QR0405X
96155	HF	Interv hlth/behav fam no pt	Family Therapy Without Enrollee Present	261QR0405X

\*Room and board is paid for with state-only funds.

Modifier	Description
HA	Child/Adolescent Program
HD	Pregnant and Parenting Women (PPW)
HF	Substance Abuse Program
HV	Funded State Addiction Agency (Non-IMD Program)

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# Coverage Limitations

Covered substance use disorder (SUD) treatment services are subject to the following limitations.

SERVICE	LIMITATION
<b>Acute Withdrawal Management</b>	<ul style="list-style-type: none"> <li>• Covered once per day, per client</li> </ul>
<b>Case Management</b>	<ul style="list-style-type: none"> <li>• One unit equals 15 minutes</li> <li>• Must be provided by a certified Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee CDPT</li> <li>• Providers cannot bill for the following activities:               <ul style="list-style-type: none"> <li>✓ Outreach</li> <li>✓ Time spent reviewing a certified CDP Trainee’s file notes</li> <li>✓ Internal staffing</li> <li>✓ Writing treatment compliance notes and progress reports to the court</li> <li>✓ Interactions with probation officers</li> <li>✓ Court reporting</li> </ul> </li> </ul>
<b>Group Therapy</b>	<ul style="list-style-type: none"> <li>• Claims for group therapy may be made only for those eligible clients or their families within the group</li> <li>• One unit equals 15 minutes</li> </ul> <p><b>Note:</b> When family members attend a group therapy session either in lieu of or along with the primary client, the session may be claimed only once regardless of the number of family members present.</p> <p>Providers must bill group therapy services under the client’s ProviderOne identification number.</p>
<b>Individual Therapy</b>	<ul style="list-style-type: none"> <li>• Individual therapy is covered only when provided for a minimum of 15 minutes</li> <li>• One unit equals 15 minutes.</li> </ul> <p><b>Note:</b> When family members attend an individual session either in lieu of, or along with, the primary client, the session may be claimed only once, regardless of the number of family members present.</p>



SERVICE	LIMITATION
<b>Opiate Substitution Treatment</b>	<ul style="list-style-type: none"> <li>• Covered once per day while a client is in treatment</li> </ul>
<b>Substance Use Disorder Assessment</b>	<ul style="list-style-type: none"> <li>• Covered once per treatment episode for each new and returning client</li> </ul> <p><b>Note: Providers must not bill updates to assessments or treatment plans as separate assessments.</b></p>
<b>Sub-Acute Withdrawal Management</b>	<ul style="list-style-type: none"> <li>• Covered once per day, per client</li> </ul>
<b>Urinalysis (UA) Drug Testing</b>	<ul style="list-style-type: none"> <li>• The agency pays for UA drug testing only when provided and billed by the DBHR-contracted UA provider</li> <li>• UA drug testing is covered only for methadone clients and pregnant clients</li> <li>• Treatment agencies must establish protocols with DBHR-contracted provider laboratories to send UAs to the laboratory</li> </ul>

## **Billing for case management or intensive case management**

Providers must not bill for case management or intensive case management if the client is:

- Pregnant and receiving Maternity Support Services (MSS) or Infant Case Management (ICM) services under the agency's First Steps Program.
- Receiving Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) case management services through the Department of Health (DOH).
- A youth on parole in a non-residential setting and under Rehabilitation Administration (RA) supervision.
- A youth in foster care through the Children's Administration (CA).
- Receiving case management services through any other funding source from any other agency system (i.e., a person enrolled in Mental Health with a Primary Health Provider).

Billing for case management for the above situations is prohibited because federal financial participation is being collected by the agency or agency designee, DOH, RA, or the Division of Behavioral Health and Recovery (DBHR) for these clients.

# Billing

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**Effective for claims billed on and after October 1, 2016**

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?

With the exception of Indian health care providers and federally qualified health centers (FQHCs) rendering outpatient substance use disorder (SUD) services, all providers must register through the DSHS Provider Entry Portal (PEP) on the [DBHR Contractors and Providers](#) webpage in order to render SUD services to Apple Health clients.

Providers must follow the agency's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

## What are the recordkeeping requirements specific to substance use disorder treatment providers?

- A substance use disorder assessment and history of involvement with alcohol or other drugs
- Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews
- Date, duration, and content of counseling and other treatment sessions
- Progress notes as events occur, and treatment plan reviews as specified under each treatment service or Chapter 388-877 WAC

- Release of information form signed by the client to share information with the agency
- A copy of the continuing care plan signed and dated by the CDP and the client
- The discharge summary
- Fee-for-service (FFS) providers must document services provided to American Indian/Alaska Native (AI/AN) clients. Services must be documented in the Behavioral Health Data System through PEP.

## **What if a client has Medicare coverage?**

Medicare does not pay for substance use disorder treatment services provided in freestanding outpatient treatment centers unless the services are actually **provided** by a physician (not just **overseen** by a physician). Do not bill Medicare prior to billing the agency or agency designee for substance use disorder treatment services.

## **Where can I find substance use disorder fee schedules?**

See the agency's Substance Use Disorder [Fee Schedule](#).

# How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency’s [Billers and Providers](#) web page, 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 \(EDI\)](#) web page.

The following claim instructions relate to the Substance Use Disorder program:

Name	Entry																		
Place of Service	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <table border="0"> <thead> <tr> <th data-bbox="560 777 673 808"><b>Code</b></th> <th data-bbox="706 808 933 850"><b><u>Number</u></b></th> <th data-bbox="706 850 933 882"><b><u>To Be Used For</u></b></th> </tr> </thead> <tbody> <tr> <td data-bbox="576 882 625 913">05</td> <td data-bbox="706 882 755 913"></td> <td data-bbox="706 882 1323 913">Indian Health Service free-standing facility</td> </tr> <tr> <td data-bbox="576 913 625 945">07</td> <td data-bbox="706 913 755 945"></td> <td data-bbox="706 913 1128 945">Tribal 638 free-standing facility</td> </tr> <tr> <td data-bbox="576 945 625 976">50</td> <td data-bbox="706 945 755 976"></td> <td data-bbox="706 945 1274 976">Federally Qualified Health Center (FQHC)</td> </tr> <tr> <td data-bbox="576 976 625 1008">55</td> <td data-bbox="706 976 755 1008"></td> <td data-bbox="706 976 1323 1060">Residential Substance Use Disorder Treatment Facility</td> </tr> <tr> <td data-bbox="576 1060 625 1092">57</td> <td data-bbox="706 1060 755 1092"></td> <td data-bbox="706 1060 1372 1144">Non-residential Substance Use Disorder Treatment Facility</td> </tr> </tbody> </table> <p><b>Note:</b> Place of Service codes have been expanded to include all places of service related to providing substance use disorder treatment services.</p>	<b>Code</b>	<b><u>Number</u></b>	<b><u>To Be Used For</u></b>	05		Indian Health Service free-standing facility	07		Tribal 638 free-standing facility	50		Federally Qualified Health Center (FQHC)	55		Residential Substance Use Disorder Treatment Facility	57		Non-residential Substance Use Disorder Treatment Facility
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Diagnosis Code	Substance Use Disorder Diagnosis Criteria
Limited to assessment and outpatient treatment services.	
<p>See the table below for the appropriate ICD code. A diagnosis code is required on each line billed.</p>	<p>Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of mild, moderate, or severe; and</p> <p>Meet medical necessity criteria as stated in American Society of Addiction Medicine (ASAM).</p>

## What are the ICD-10 diagnosis code requirements?

Primary diagnoses listed in the following table are the only covered diagnoses for SUD claims. Italicized descriptions are the ICD-10-CM descriptions for the ICD-10-CM code. Descriptions that are not in italics are from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

ICD-10-CM Code	Description
F10.10	<i>Alcohol abuse, uncomplicated</i> Alcohol use disorder, Mild
F10.129	<i>Alcohol abuse with intoxication, unspecified</i> Alcohol intoxication, With mild use disorder
F10.20	<i>Alcohol dependence, uncomplicated</i> Alcohol use disorder, Moderate Alcohol use disorder, Severe
F10.229	<i>Alcohol dependence with intoxication, unspecified</i> Alcohol intoxication, With moderate or severe use disorder
F10.259	<i>Alcohol dependence with alcohol-induced psychotic disorder, unspecified</i> Alcohol-induced psychotic disorder, With moderate or severe use disorder
F11.10	<i>Opioid abuse, uncomplicated</i> Opioid use disorder, Mild
F11.129	<i>Opioid abuse with intoxication, unspecified</i> Opioid intoxication, With perceptual disturbances, With mild use disorder
F11.20	<i>Opioid dependence, uncomplicated</i> Opioid use disorder, Moderate Opioid use disorder, Severe
F11.221	<i>Opioid dependence with intoxication delirium</i> Opioid intoxication delirium, With moderate or severe use disorder
F11.222	<i>Opioid dependence with intoxication with perceptual disturbance</i> Opioid intoxication, with perceptual disturbances, With moderate or severe use disorder
F11.229	<i>Opioid dependence with intoxication, unspecified</i> Opioid intoxication, Without perceptual disturbances, With moderate or severe use disorder
F11.23	<i>Opioid dependence with withdrawal</i> Opioid withdrawal Opioid withdrawal delirium
F11.24	<i>Opioid dependence with opioid-induced mood disorder</i> Opioid-induced depressive disorder, With moderate or severe use disorder
F11.281	<i>Opioid dependence with opioid-induced sexual dysfunction</i> Opioid-induced sexual dysfunction, With moderate or severe use disorder
F11.282	<i>Opioid dependence with opioid-induced sleep disorder</i> Opioid-induced sleep disorder, With moderate or severe use disorder
F11.288	<i>Opioid dependence with other opioid-induced disorder</i> Opioid-induced anxiety disorder, With moderate or severe use disorder

ICD-10-CM Code	Description
F12.10	<i>Cannabis abuse, uncomplicated</i> Cannabis use disorder, Mild
F12.129	<i>Cannabis abuse with intoxication, unspecified</i> Cannabis intoxication, Without perceptual disturbances, With mild use disorder
F12.20	<i>Cannabis dependence, uncomplicated</i> Cannabis use disorder, Moderate Cannabis use disorder, Severe
F12.221	<i>Cannabis dependence with intoxication delirium</i> Cannabis intoxication delirium, With moderate or severe use disorder
F12.229	<i>Cannabis dependence with intoxication, unspecified</i> Cannabis intoxication, With perceptual disturbances, With moderate or severe use disorder
F12.259	<i>Cannabis dependence with psychotic disorder, unspecified</i> Cannabis-induced psychotic disorder, With moderate or severe use disorder
F12.280	<i>Cannabis dependence with cannabis-induced anxiety disorder</i> Cannabis-induced anxiety disorder, With moderate or severe use disorder
F13.10	<i>Sedative, hypnotic or anxiolytic abuse, uncomplicated</i> Sedative, hypnotic, or anxiolytic use disorder, Mild
F13.129	<i>Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified</i> Sedative, hypnotic, or anxiolytic intoxication, With mild use disorder
F13.20	<i>Sedative, hypnotic or anxiolytic dependence, uncomplicated</i> Sedative, hypnotic, or anxiolytic use disorder, Moderate Sedative, hypnotic, or anxiolytic use disorder, Severe
F13.221	<i>Sedative, hypnotic or anxiolytic dependence with intoxication delirium</i> Sedative, hypnotic, or anxiolytic intoxication delirium, With moderate or severe use disorder
F13.229	<i>Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified</i> Sedative, hypnotic, or anxiolytic intoxication, With moderate or severe use disorder
F13.231	<i>Sedative, hypnotic or anxiolytic dependence with withdrawal delirium</i> Sedative, hypnotic, or anxiolytic withdrawal delirium
F13.232	<i>Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance</i> Sedative, hypnotic, or anxiolytic withdrawal, With perceptual disturbances
F13.239	<i>Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified</i> Sedative, hypnotic, or anxiolytic withdrawal, Without perceptual disturbances
F13.24	<i>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder</i> Sedative-, hypnotic, or anxiolytic-induced depressive disorder, With moderate or severe use disorder

ICD-10-CM Code	Description
F13.259	<i>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified</i> Sedative-, hypnotic-, or anxiolytic-induced psychotic disorder, With moderate or severe use disorder
F13.27	<i>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia</i> Sedative-, hypnotic-, or anxiolytic-induced major neurocognitive disorder, With moderate or severe use disorder
F13.280	<i>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder</i> Sedative-, hypnotic-, or anxiolytic-induced anxiety disorder, With moderate or severe use disorder
F13.281	<i>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction</i> Sedative-, hypnotic-, or anxiolytic-induced sexual dysfunction, With moderate or severe use disorder
F13.282	<i>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder</i> Sedative-, hypnotic-, or anxiolytic-induced sleep disorder, With moderate or severe use disorder
F13.288	<i>Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder</i> Sedative-, hypnotic-, or anxiolytic-induced mild neurocognitive disorder, With moderate or severe use disorder
F14.10	<i>Cocaine abuse, uncomplicated</i> Cocaine use disorder, Mild
F14.122	<i>Cocaine abuse with intoxication with perceptual disturbance</i> Cocaine intoxication, With perceptual disturbances, With mild use disorder
F14.129	<i>Cocaine abuse with intoxication, unspecified</i> Cocaine intoxication, Without perceptual disturbances, With mild use disorder
F14.20	<i>Cocaine dependence, uncomplicated</i> Cocaine use disorder, Moderate Cocaine use disorder, Severe
F14.221	<i>Cocaine dependence with intoxication delirium</i> Cocaine intoxication delirium, With moderate or severe use disorder
F14.222	<i>Cocaine dependence with intoxication with perceptual disturbance</i> Cocaine intoxication, With perceptual disturbances, With moderate or severe use disorder
F14.229	<i>Cocaine dependence with intoxication, unspecified</i> Cocaine intoxication, Without perceptual disturbances, With moderate or severe use disorder
F14.23	<i>Cocaine dependence with withdrawal</i> Cocaine withdrawal



ICD-10-CM Code	Description
F14.24	<i>Cocaine dependence with cocaine-induced mood disorder</i> Cocaine-induced bipolar and related disorder, With moderate or severe use disorder Cocaine-induced depressive disorder, With moderate or severe use disorder
F14.259	<i>Cocaine dependence with cocaine-induced psychotic disorder, unspecified</i> Cocaine-induced psychotic disorder, With moderate or severe use disorder
F14.280	<i>Cocaine dependence with cocaine-induced anxiety disorder</i> Cocaine-induced anxiety disorder, With moderate or severe use disorder
F14.281	<i>Cocaine dependence with cocaine-induced sexual dysfunction</i> Cocaine-induced sexual dysfunction, With moderate or severe use disorder
F14.282	<i>Cocaine dependence with cocaine-induced sleep disorder</i> Cocaine-induced sleep disorder, With moderate or severe use disorder
F14.288	<i>Cocaine dependence with other cocaine-induced disorder</i> Cocaine-induced obsessive-compulsive and related disorder, With moderate or severe use disorder
F15.10	<i>Other stimulant abuse, uncomplicated</i> Amphetamine-type substance use disorder, Mild Other or unspecified stimulant use disorder, Mild
F15.122	<i>Other stimulant abuse with intoxication with perceptual disturbance</i> Amphetamine or other stimulant intoxication, With perceptual disturbances, With mild use disorder
F15.129	<i>Other stimulant abuse with intoxication, unspecified</i> Amphetamine or other stimulant intoxication, Without perceptual disturbances, With mild use disorder
F15.159	<i>Other stimulant abuse with stimulant-induced psychotic disorder, unspecified</i> Amphetamine (or other stimulant)-induced psychotic disorder, With mild use disorder
F15.20	<i>Other stimulant dependence, uncomplicated</i> Amphetamine-type substance use disorder, Moderate Amphetamine-type substance use disorder, Severe Other or unspecified stimulant use disorder, Moderate Other or unspecified stimulant use disorder, Severe
F15.221	<i>Other stimulant dependence with intoxication delirium</i> Amphetamine (or other stimulant) intoxication delirium, With moderate or severe use disorder
F15.222	<i>Other stimulant dependence with intoxication with perceptual disturbance</i> Amphetamine or other stimulant intoxication, With perceptual disturbances, With moderate or severe use disorder
F15.229	<i>Other stimulant dependence with intoxication, unspecified</i> Amphetamine or other stimulant intoxication, Without perceptual disturbances, With moderate or severe use disorder

ICD-10-CM Code	Description
F15.23	<i>Other stimulant dependence with withdrawal</i> Amphetamine or other stimulant withdrawal
F15.24	<i>Other stimulant dependence with stimulant-induced mood disorder</i> Amphetamine (or other stimulant)-induced bipolar and related disorder, With moderate or severe use disorder Amphetamine (or other stimulant)-induced depressive disorder, With moderate or severe use disorder
F15.259	<i>Other stimulant dependence with stimulant-induced psychotic disorder, unspecified</i> Amphetamine (or other stimulant)-induced psychotic disorder, With moderate or severe use disorder
F15.280	<i>Other stimulant dependence with stimulant-induced anxiety disorder</i> Caffeine-induced anxiety disorder, With moderate or severe use disorder
F15.281	<i>Other stimulant dependence with stimulant-induced sexual dysfunction</i> Amphetamine (or other stimulant)-induced sexual dysfunction, With moderate or severe use disorder
F15.282	<i>Other stimulant dependence with stimulant-induced sleep disorder</i> Amphetamine (or other stimulant)-induced sleep disorder, With moderate or severe use disorder Caffeine-induced sleep disorder, With moderate or severe use disorder
F15.288	<i>Other stimulant dependence with other stimulant-induced disorder</i> Amphetamine (or other stimulant)-induced obsessive-compulsive and related disorder, With moderate or severe use disorder
F16.10	<i>Hallucinogen abuse, uncomplicated</i> Other hallucinogen use disorder, Mild Phencyclidine use disorder, Mild
F16.129	<i>Hallucinogen abuse with intoxication, unspecified</i> Other hallucinogen intoxication, With mild use disorder Phencyclidine intoxication, With mild use disorder
F16.20	<i>Hallucinogen dependence, uncomplicated</i> Other hallucinogen use disorder, Moderate Other hallucinogen use disorder, Severe Phencyclidine use disorder, Moderate Phencyclidine use disorder, Severe
F16.221	<i>Hallucinogen dependence with intoxication with delirium</i> Other hallucinogen intoxication delirium, With moderate or severe use disorder Phencyclidine intoxication delirium, With moderate or severe use disorder
F16.229	<i>Hallucinogen dependence with intoxication, unspecified</i> Other hallucinogen intoxication, With moderate or severe use disorder Phencyclidine intoxication, With moderate or severe use disorder

ICD-10-CM Code	Description
F16.24	<i>Hallucinogen dependence with hallucinogen-induced mood disorder</i> Other hallucinogen-induced bipolar and related disorder, With moderate or severe use disorder Other hallucinogen-induced depressive disorder, With moderate or severe use disorder Phencyclidine-induced depressive disorder, With moderate or severe use disorder
F16.259	<i>Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified</i> Other hallucinogen-induced psychotic disorder, With moderate or severe use disorder Phencyclidine-induced psychotic disorder, With moderate or severe use disorder
F16.280	<i>Hallucinogen dependence with hallucinogen-induced anxiety disorder</i> Other hallucinogen-induced anxiety disorder, With moderate or severe use disorder Phencyclidine-induced anxiety disorder, With moderate or severe use disorder
F18.10	<i>Inhalant abuse, uncomplicated</i> Inhalant use disorder, Mild
F18.159	<i>Inhalant abuse with inhalant-induced psychotic disorder, unspecified</i> Inhalant-induced psychotic disorder, With mild use disorder
F18.180	<i>Inhalant abuse with inhalant-induced anxiety disorder</i> Inhalant-induced anxiety disorder, With mild use disorder
F18.188	<i>Inhalant abuse with other inhalant-induced disorder</i> Inhalant-induced mild neurocognitive disorder, With mild use disorder
F18.20	<i>Inhalant dependence, uncomplicated</i> Inhalant use disorder, Moderate Inhalant use disorder, Severe
F18.221	<i>Inhalant dependence with intoxication delirium</i> Inhalant intoxication delirium, With moderate or severe use disorder
F18.229	<i>Inhalant dependence with intoxication, unspecified</i> Inhalant intoxication, With moderate or severe use disorder
F18.24	<i>Inhalant dependence with inhalant-induced mood disorder</i> Inhalant-induced depressive disorder, With moderate or severe use disorder
F18.259	<i>Inhalant dependence with inhalant-induced psychotic disorder, unspecified</i> Inhalant-induced psychotic disorder, With moderate or severe use disorder
F18.280	<i>Inhalant dependence with inhalant-induced anxiety disorder</i> Inhalant-induced anxiety disorder, With moderate or severe use disorder
F18.288	<i>Inhalant dependence with other inhalant-induced disorder</i> Inhalant-induced mild neurocognitive disorder, With moderate or severe use disorder

ICD-10-CM Code	Description
F19.10	<i>Other psychoactive substance abuse, uncomplicated</i> Other (or unknown) substance use disorder, Mild
F19.20	<i>Other psychoactive substance dependence, uncomplicated</i> Other (or unknown) substance use disorder, Moderate Other (or unknown) substance use disorder, Severe