

# Mental Health Assessment for Young Children

## Fee-for-service A-19 instructions

### Background

Following the passage of [2SHB1325](#) in 2021, in accordance with [RCW 74.09.520](#), the Health Care Authority (HCA) allows otherwise eligible reimbursement for mental health assessments of children birth through age five that are conducted in home or community settings. This includes reimbursement for provider travel.

Providers serving children enrolled in Apple Health without a managed care plan (also known as fee-for-service) have been allocated a pool of funds that can be utilized for this purpose. Travel expenditures will be reimbursed until the pool of funds has been depleted. Funds will be distributed to providers through use of the Mental Health Assessment for Young Children (MHAYC) fee-for-service (FFS) A-19.

### Eligibility criteria

Provider travel is eligible for reimbursement when providers are conducting a mental health diagnostic assessment for children **birth through age five** in the **home or in a community setting**. The following information must be present on any submitted claims to qualify the claims for provider travel reimbursement.

Component	Mental health assessment	For child birth through age five	In home or community setting
<b>Claim Requirement</b>	<b>CPT Code:</b> <ul style="list-style-type: none"> <li>90791</li> <li>90792</li> <li>H0031</li> </ul>	<b>Client age:</b> <ul style="list-style-type: none"> <li>0 years up until 6<sup>th</sup> birthday</li> </ul>	<b>Place of Service (POS) Code:</b> <ul style="list-style-type: none"> <li>03: School</li> <li>04: Homeless Shelter</li> <li>12: Home</li> <li>99: Other Place of Service</li> </ul>

**Note:** Claims with a U8 modifier, which identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners, are NOT eligible for MHAYC provider travel reimbursement.

### Completing the form

*Each line/entry represents a one-way trip. If a provider is traveling from the office to the client's home and back again, each leg of the trip should be entered on a separate line.*

To complete the A-19, each line/entry must include:

- Service date of the diagnostic assessment
- ProviderOne client ID
- Addresses of starting and ending point
- Miles from starting point to ending point
- Mileage rate (must use current [OFM Mileage Rates](#))

When completing the A-19, all submissions must include the following:

- Provider name and address
- Provider Federal ID (EIN)
- [Provider Statewide Vendor Number](#) (SWV)

### Submission process and payment

All completed A-19 forms should be [submitted to the FFS mailbox](#) using a secure email.

Submissions should be made **monthly**, no later than the **15th** of the month. Both a spreadsheet and a PDF copy of the completed A-19 should be submitted. All A-19 submissions must be named in the following convention: **Mental Health Assessment for Young Children-A19 (Provider Name and Date submitted)**.

