# Service Encounter Reporting Instructions

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HCA 19-0035 (10/25)

Washington State Health Care Authority

# Table of Contents



**All services under the Medicaid allowable services section are Medicaid state plan services.**

 

# Introduction

The Service Encounter Reporting Instructions (SERI) provide Apple Health Managed Care Organizations (MCO) and the Behavioral Health Administrative Services Organizations (BH-ASO) in integrated care regions, and all BH providers in licensed community mental health clinics/licensed behavioral health agencies assistance for reporting behavioral health service encounters. These instructions describe the requirements and timelines for reporting service encounters; program information; and assignment of standardized nomenclature, which accurately describes data routinely used in the management of the public behavioral health system.

These instructions, in conjunction with the Division of Behavioral Health and Recovery's (DBHR) Behavioral Health Data Guide (BHDG) for MCOs/BH-ASOs and the SERI FAQ (See "Guidance Document Links") describe service encounter and program reporting, coding guidelines, and the data elements required for submission to the Health Care Authority (HCA).

The manual is divided into sections describing service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, and service and program descriptions. Service description pages include the definition of the service, staff qualifications, provider types, guidelines, and the Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT®/HCPCS) code for service description. Program pages include a brief description of the program, guidelines for inclusions and exclusions, and any additional services available for specific programs.

Medicaid state plan services are described in the Mental Health and Substance Use Disorder modalities sections. To be covered by Medicaid, these services must be medically necessary (see definition on page 6) and be provided by the covered provider type listed. Services in these two sections are the only services that can be covered by Medicaid.

Non-Medicaid services and supports covered by state or other funding sources are described in the "other" services and supports sections.

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**Note:** HCPCS five alpha/numeric codes are maintained and distributed by Center for Medicare and Medicaid Services (CMS). As stated in 42 CFR Sec. 414.40 (a), CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes.

**Descriptive narrative accompanying CPT and HCPCS codes are "de minimis" to adhere to copyright rules.**

## Mandated code updates

CPT® and HCPCS are updated at least annually. These changes will be reflected in subsequent revisions to this document.

## Who is eligible to receive public behavioral health services?

All individuals within the State of Washington are eligible to receive Crisis Services, Stabilization Services, and Involuntary Treatment Services regardless of income.

Medicaid: Individuals who are enrolled in Medicaid are eligible for medically necessary State Plan behavioral health services as defined in the Apple Health-Integrated Managed Care (IMC) contract, Apple Health (AH) Expansion contract, and the Apple Health IMC Behavioral Health Services Wrap-Around contract.

Non-Medicaid (State-Only): Individuals who are not eligible to receive services under a Medicaid entitlement program may be eligible for medically necessary behavioral health services as defined in the Apple Health-IMC Behavioral Health Services Wrap-Around contract.

# Medically necessary

## What is a Medically Necessary Service?

Behavioral health services delivered must be **medically necessary** for the recipient; assuring delivery of service(s) that are "for-the-right- reason; at-the-right–time; in-the-right-place."

Per WAC 182-500-0070:

*"**Medically necessary**" is a term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all.*

# Evidence-based practice: children's mental health services

## Program description

Evidence-based practice (EBP) reporting is a requirement of E2SHB 2536 for any Medicaid-covered delivered service for all Medicaid clients. Information about the importance of EBPs in delivering mental health services to children, how to use EBPs, who can provide EBPs, and the list of approved EBPs with the associated three-digit SERI code can be found in the EBP Reporting Guide. For information on best practices for working with young children, refer to the Apple Health Infant-Early Childhood Mental Health Service Models Toolkit, and access addition resources at HCA's Infant-early childhood mental health services webpage.

To report EBPs used during an encounter, follow these instructions. (Note for non-Medicaid encounters, these instructions don't apply):

- Identify the three-digit EBP SERI code in the EBP Reporting Guide (link above).
    - HCA **requires** a nine-digit EBP code constructed as follows: 860XXX000. The XXX digits must represent the appropriate EBP codes as identified in the EBP Reporting Guide (link above). Any other construct of this nine-digit number will reject the encounter.
    - Report one EBP code per encounter in the 2300 REF02 Prior Authorization field of the 837 data file submission.
- The REF01 field contains the 'G1' qualifier (i.e., prior authorization).
- The REF02 field should contain the nine-digit EBP code.
- Questions regarding reporting EBPS can be directed as follows:
    - Questions related to the EBP code policy and how, when, and why to report these should be directed to hcamcprograms@hca.wa.gov.
- Questions related to EBP codes submission on encounters and associated encounter edits should be directed to HIPAA-HELP@hca.wa.gov.

# Service encounter reporting instructions updates

This SERI and future revisions to the Service Encounter Reporting Instructions (SERI) can be found online on the HCA website.

Frequently asked questions for SERI topics can be found under "Regional Resources – Claims billing-encounter data."

## What encounters to report:

### Includes:

- State Plan services provided to Medicaid eligible individuals, evidenced including services covered and paid for in full or partial payment by a third-party payer.
- Non-covered/non-State Plan services to Medicaid eligible individuals.
- All services to non-Medicaid individuals.
- Since non-Medicaid enrollees do not have a ProviderOne identification number, report these encounters using your company's assigned individual identification number as the client ID. There are no constraints or rules on this field's content.

### Excludes:

- Services reimbursed in total by any other funding source except when the service is for a Medicaid client who has third party coverage, as described above.

# General encounter reporting instructions

1. HCA accepts service encounters reported using the service and program descriptions in these instructions. The CPT®/HCPCS codes utilized may not necessarily be the same codes required by other payers. HCA/DBHR applies HIPAA and National Correct Coding principles and guidelines for the assignment of codes to the extent possible but acknowledges there may be circumstances where these instructions vary from how a code may be required to be submitted by another payer.

2. Use of standardized coding nomenclature, i.e., CPT®/HCPCS is required for reporting encounters to HCA.

3. Encounters are reported based on services provided to the individual client and not based on clinical staff hours. See exceptions noted in number 7c below. For behavioral health encounter reporting, the intention of these instructions is to align coding practice with national coding standards and to provide comparability of BH encounter data with other medical encounters and claims for clients whose care is paid for by HCA.

4. ALL codes are reported in units. The definition of the code may specify a time segment, (for example: 15 minutes, 30 minutes, per diem etc.) or the input from the stakeholders may have resulted in a decision to report the code in 15-minute increments.

5. The "Modality" definition for each code provides guidance as to if more than 1 unit can be reported for that code.

   There may be situations where the length of time spent with a client is insufficient to meet the fidelity of the service description. Those encounters may still be clinically relevant and provide effective treatment to the client. However, there may be other codes that can be used to report the service.

   *For example, a clinician providing a half-hour of individual psychotherapy may code the service as 90832 (Psychotherapy, 30 min with patient). If, however, the client leaves after 10 minutes, coding 90832 for that service would not meet fidelity for using that code. It would not only be difficult to contend that insight-oriented, behavior modifying, or supportive psychotherapy had been provided during such a short time, and CPT® guidelines specifically require a minimum of 16 minutes for the use of this code. The service could be coded and reported using H0046, "Mental Health Services Not Otherwise Specified," which is reported as 1 unit only, which represents less than 15 minutes of duration. See Individual Treatment Services modality for H0046 usage limitations.*

6. CPT®/HCPCS code definitions, specific instructions, and guidelines may specify how to code the units of service, as applicable. HCA applies CMS' guidelines for reporting units of services for certain CPT® and HCPCS codes. (See Section 20.2C). This guideline describes a "half-way" methodology for determining how to convert the number of minutes spent providing a service into units when reporting units is required for the code selected. The following guidance should be used to determine how to report the units of service for encounters:

   a. For CPT®/HCPCS codes with a fixed amount of time as a unit of service (e.g., per 15 minutes, per 20 minutes, per hour) as defined in this guide, report the first unit of service when any service is provided within 5 minutes of the defined unit of service unless otherwise specified in the current CPT® or HCPCS Manual. For example:

      *Supported employment (H2023, per 15 minutes) was provided for 10 minutes. Since at least 10 minutes of treatment were provided—meeting the "within 5 minutes of the defined unit of service" requirement—the encounter can be reported via the H2023 code with 1 unit.*

 

b. When the actual time spent providing the service is more than the fixed unit of time defined by the code, for example, when the actual service was 23 minutes and the code definition cites “per 15 minutes”, multiple units can be reported. Follow the “half-way” methodology to determine the number of units to report. In this case, since the service was provided for at least 15 minutes + 8 minutes (half-way to 15 minutes), report 2 units, because 15 minutes = 1 reportable unit and 8 minutes is at least half of another 15 minutes = 1 more reportable unit. A total of 2 units are reportable.

7. Exceptions:

    a. When the time defined in the code definition is “per-diem;” services provided for less than a day must be coded with a non-per-diem defined code.

    b. Report multiple encounters (for different services) occurring on the same day for the same consumer separately when the encounters occur at different times. With the exceptions noted below, do not roll up multiple encounters. Each service encounter must have a progress note that meets all CMS requirements.

    c. Exception: If the same service was provided discontinuously to a consumer on a single day by the same provider, and the service was provided for less than the minimum time defined by the procedure/service code, the provider can roll-up the minutes to a single service and report the total number of units.

        Documentation in the client record must record these separate events and meet documentation requirements noted below. See example:

            90832 (Psychotherapy 30 minutes) was only provided for 10 minutes in the morning, but again for the same client by the same clinician for 15 minutes in the afternoon of the same day. In this case, code 1 unit for that day which equates to 25 minutes (5 minutes within the 30 minutes required for 1 unit) of service. The service must be reasonably considered a single therapeutic intervention and supported by documentation.

8. Report only one encounter for an individual when more than one staff (i.e., co-therapy) is involved in the delivery of the service. The primary clinician should document the service in the clinical record and report the encounter. The exception to this is Child and Family Team Meetings.

9. Report multiple encounters occurring on the same day for the same consumer at the same time in the following conditions only for:

    a. Interpreter Services on behalf of a client during an encounter. These can be delivered concurrently with other services.

    b. Child and Family Team Meetings are reported by all attendees. See Other Services Section for specific reporting instructions.

    c. Add-on codes (+90785, +90833, +90836, +90838) must be provided and reported at the same time (though not necessarily on the same claim) as the primary service.

    d. Concurrent/auxiliary services provided with a per diem service. Some per diem codes allow additional concurrent/auxiliary encounters to be reported in the same day a per diem encounter is reported. See specific service descriptions for additional information regarding reporting of concurrent or auxiliary encounters with per diem encounters.

 

e. When an encounter is provided on the same day at the same time for the same consumer when provided by two different staff and one encounter does not require the client to be present. One example is when the primary behavioral health provider is providing Family Treatment without the client present and at the same time, the client is participating in a group provided by another behavioral health clinician.

10. Staff qualifications correlate with the Provider Types listed at the end of this document and are included with each service description. When a service rendered is not appropriate to report at the servicing provider level, e.g., a residential service, per diem, report the facility Billing Provider NPI and taxonomy as the "Provider Type," as instructed.

11. All encounters at a Federally Qualified Health Center (FQHC) that is also licensed as a Behavioral Health Agency (BHA) **must** submit encounters per the instructions in the HCA FQHC Provider/Billing Guide.

    Qualified encounters must be submitted using:

    a. The designated facility Billing Provider taxonomy 261QF0400X. This should be reported with the designated facility billing NPI.

    b. The servicing/rendering taxonomy for a Community Mental Health Center: 261QM0801X, 251S00000X, or 261QR0405X. This should be reported with the servicing/rendering provider NPI and with the servicing/rendering Community Mental Health Center taxonomy.

12. For licensed BHAs, non FQHC providers, the appropriate billing provider taxonomies are found in the table below:

| | |
|---|---|
| 251S00000X | Ambulatory Health Care Facility- Mental Health- CMHC |
| 251B00000X | Case Management |
| 261QM0801X | Ambulatory Health Care Facility- Mental Health- CMHC |
| 261QM2800X | Ambulatory Health Care Facility- Methadone Clinic |
| 261QR0405X | Rehabilitation Facility, Substance Abuse |
| 324500000X | Rehabilitation Facility, Substance Abuse |
| 3245S0500X | Rehabilitation Facility, Children Substance Abuse |
| 320800000X | Community Based Residential Treatment Facility- Mental Illness |

13. Documentation in clinical records must meet, at a minimum, the general encounter reporting requirements listed below. At a minimum, the following information is required for reporting a service to a consumer and documenting that encounter in a progress note:

    a. The service must be of sufficient duration to accomplish the therapeutic intent.

    b. The record must be legible to someone other than the writer.

    c. Each printed page (front and back if two-sided) of the record must contain the consumer's name and agency record number.

    d. Clinical entries must include all the following:

 

i. Author identification, which may be a handwritten signature or unique electronic identifier.

ii. Date of the service.

iii. Location of the service.

iv. Provider credentials (which must be appropriate to the service, e.g., medication management can only be done by a prescriber).

v. Length of time.

vi. Narrative description of the service provided as evidenced by sufficient documentation that can be translated to a service description title or CPT®/HCPCS code and describes therapeutic content.

vii. Primary diagnoses for which services were provided during this encounter.

viii. Other diagnoses for which services were provided during this encounter.

14. The service addresses an issue on the care plan or the issue addressed is added to care plan.

    a. The service is specific to the consumer, e.g., group therapy progress note is specific to the consumer.

15. Time associated with activities used to meet criteria for the Evaluation and Management (EM) service is not included in the time used for reporting the psychotherapy service (i.e., time spent on history, examination and medical decision making when used for the E&M service is not psychotherapy time).

    The evaluation and management (E&M) service is based on key components listed in the CPT® manual. For E&M codes 99202-99205 and 99211-99215, providers must determine the appropriate level of service based on the level of medical decision making or total time for E&M services performed on the date of the encounter per current coding guidelines. Chart notes must contain documentation that justifies the level of service billed.

    Documentation must:
    - Be legible to be considered valid.
    - Support the level of service billed.
    - Support medical necessity for the diagnosis and service billed.
    - Be authenticated by provider performing service with date and time.

    A provider must follow the CPT® coding guidelines and their documentation must support the E&M level billed. While some of the text of CPT has been repeated in this guide, providers should refer to the CPT book for the complete descriptors for E&M services and instructions for selecting a level of service.

16. Time associated with ancillary or additional services is not included in the service reporting of hourly services such as Day Support or Stabilization Services. The ancillary or additional services must be recorded and encountered separately. For example, if a client is receiving stabilization services for a 24-hour period in a day, and during that day, they have an hour-long individual treatment service with their primary clinician, there would be no more than 23 units of stabilization services reported and the individual treatment services would be reported separately for that day.

 

## Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services

Encounters will no longer be required to have an indicator for an EPSDT service because it was the result of an EPSDT referral. Any service rendered to a recipient who is 20 years of age or younger is classified as an EPSDT service. A referral for the service can come from any source. Under Federal requirements for EPSDT services, an individual who is 20 years of age or younger is to receive any service deemed medically necessary. A request for a service classified as "non-covered" must be reviewed for medical necessity (see definition of medically necessary above) before a denial can be issued. Visit HCA's Early, Periodic Screening, Diagnosis, and Treatment webpage for additional information about EPSDT services.

## Reporting diagnosis with encounters

Providers need to submit ICD-10 diagnosis codes (Fxx.xxx series) on all claims and encounters.

The first diagnosis (primary) represents the condition that requires the most time, the most decision-making and the most skill.

Other conditions assessed, or assessed and treated, in the visit must also be reported. These are reported as the secondary diagnoses.

Follow this guideline to report diagnoses code(s) with every encounter:

- For MH condition, use a diagnosis code:
  - in these ICD-10 ranges: F01 - F09; F20-F99, or
  - when a diagnosis cannot be made or is unknown, use F99 "Mental disorder, not otherwise specified."
  - when the final session of an intake evaluation and assessment indicates there is no mental health condition, use Z03.98 "no diagnosis or condition."
  - for children up to 6 years of age, reference the Apple Health DC:0-5™ Crosswalk for additional guidance.

- For SUD or gambling condition use a diagnosis code:
  - in this ICD-10 range: F10 - F19.99; F63.0 for Gambling Disorder, Z72.6 for Gambling and Betting, or
  - when the specific diagnosis cannot be made or is unknown, use:
    - Z7141 for Alcohol abuse counseling and surveillance, of alcoholic; or
    - Z7151 for Drug abuse counseling and surveillance, of drug abuser, as indicated
  - when the final session of an assessment indicates there is no SUD or gambling condition, use Z03.89 for "no diagnosis or condition".

## Guidelines for who should determine a diagnosis

- Licensed/credentialed professionals should determine the diagnosis for any encounter, within the scope of their licensure.
- Unlicensed staff should follow these guidelines:
  - If they are already in services, use the best applicable diagnosis in the client's record that is previously documented by their provider.
  - If the client has no existing diagnosis on file, use a more general diagnosis:
    - F99 for MH services;
    - Z7141 for Alcohol abuse counseling and surveillance, of alcoholic; or
    - Z7151 for Drug abuse counseling and surveillance, of drug abuser.

## Interactive complexity reporting guidelines

### Definitions

Interactive complexity refers to specific communication factors that complicate the delivery of a primary psychiatric procedure. This component is reported using CPT® add-on code 90785. Add-on codes may

 

be reported in conjunction with specified "primary" procedure codes. **Add-on codes can never be reported alone.**

### Typical patients

Those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.

These factors are typically present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

### Report 90785

When at least one of the following is present:

1. The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants which complicates delivery of care.

2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.

3. Evidence or disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.

4. Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who:

    a. Is not fluent in the same language as the physician or other qualified health care professional, or

    b. Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.

### Use in conjunction with

The following psychiatric procedure codes:

- Psychiatric diagnostic evaluation, 90791, 90792.
- Psychotherapy, 90832, 90834, 90837.
- Psychotherapy add-on codes, 90833, 90836, 90838 WHEN reported with E&M.
- Group psychotherapy, 90853.

### May not report with

- Evaluation and Management (E&M) alone, i.e., E&M service not reported in conjunction with a psychotherapy add-on service as interactive complexity is not a factor for E&M service code selection except as it directly affects key components as defined in the E&M Services guidelines (i.e., history, examination, and medical decision making).
- Family psychotherapy (90846, 90847, 90849).

 

### Time reporting rule

When provided in conjunction with the primary psychotherapy services (90832-90838), the amount of time spent by a physician or other qualified health care professional providing interactive complexity, services are reflected in the timed service code for psychotherapy service and not in the interactive service code. Report as 1 unit only.

## Guidance document links

- This SERI and future revisions to the Service Encounter Reporting Instructions can be found online. The following are also available:
- Encounter Data Reporting Guide (EDRG) can be found online under "Regional Resources – Claims billing-encounter data."
- HIPAA Electronic Data Interchange (EDI) Website and companion guides.
- For guidance on assisting individuals in obtaining or maintaining employment, please refer to the Guide to Support an Individual's Employment Goals.
- Additional billing resources and evaluation and reporting tools for submitting to HCA for managed care organizations (MCOs), behavioral health – administrative service organizations (BH-ASOs), and fee-for-service (FFS) providers. can be found online.
- How to register a National Provider Identifier (NPI) (wa.gov) FAQ can be found here**:** Resources | Washington State Health Care Authority under the "Claims billing – encounter data."

 

# Medicaid allowable services

# Crisis services

## HA and HB modifier guidance

- This policy is applicable to Mobile Rapid Response Crisis Team (MRRCT) providers as defined in WAC 246-341-0901, WAC 182-140-0020, and RCW 71.24.025:
    - The modifier (HA) is to track encounters for child and youth mobile rapid response crisis teams. H2011 and/or H0038 with an HA modifier will be used for the child and youth MRRCTs. For child and youth specific teams, no matter the age of the person being served, the HA modifier must be used.
    - The modifier (HB) is to track encounters for adult and hybrid mobile rapid response crisis teams. Hybrid teams are teams who may be serving both youth and adults but are not child and youth mobile rapid response crisis teams. H2011 and/or H0038 with an HB modifier must be used by all adult and hybrid MRRCTs no matter the age of the person being served.
    - If a region has distinct/separate DCR and MRRCT teams:
    - Distinct/separate DCR teams submit only H2011 HW and H2011 without a modifier for work being completed following a decision not to detain.
    - If a region has a combined DCR/MRRCT team:
        - When on a combined team the MHP when performing the MRRCT role, uses H2011 with the HB modifier.
        - When on a combined team the MHP when performing the DCR role, uses H2011 with the HW modifier.

For stabilization teams using H2019:

- The modifier (HA) is to track encounters for child and youth stabilization teams. H2019 with an HA modifier will be used by all child and youth stabilization teams. For child and youth specific stabilization teams the HA modifier must be used no matter the age of the person being served.
- The modifier (HB) is to track encounters for adult and hybrid stabilization teams. Hybrid teams who may be serving both youth and adults but are not child and youth stabilization teams. H2019 with an HB modifier must be used by all adult and hybrid teams no matter the age of the person being served.

## ET modifier guidance

- This policy is applicable to Endorsed Community Based Crisis Teams (ECBCT) and providers as defined in WAC 246-182-140, WAC 182-140-0020, and RCW 71.24.903 as well as applicable to Endorsed Mobile Rapid Response Crisis Team (EMRRCT) providers as defined in WAC 246-341-0901 and RCW 71.24.025:
    - The modifier (ET) is to track encounters for endorsed mobile rapid response crisis teams (EMRRCT) and endorsed community-based crisis teams (ECBCT)
    - Endorsed crisis teams may consist of both adult and youth teams.
    - For EMRRCT the HA and HB modifier guidance still applies. ECBCT will not utilize the HA and HB modifiers, only the ET modifier.
    - Crisis Intervention codes H2011, H0038 and Crisis Stabilization Code H2019 must be encountered with an ET modifier when submitted by EMRRCTs and ECBCTs.

 

# Crisis intervention

## Modality definition

Evaluation, assessment, and clinical intervention are provided to all Medicaid enrolled persons experiencing a behavioral health crisis. A behavioral health crisis is defined as a significant change in behavior in which instability increases, and/or risk of harm to self or others increases. The reasons for this change could be external or internal to the person. If the crisis is not addressed in a timely manner, it could lead to significant negative outcomes or harm to the person or others. Crisis services are available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration, and provide immediate treatment and intervention, de-escalation, and coordination/referral efforts with health, social, and other services and supports as needed to effect symptom reduction, harm reduction, and/or to safely transition persons in acute crisis to the appropriate environment for continued stabilization. Crisis intervention should take place in a location best suited to meet the needs of the person and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.

## Inclusions

- Services may be provided prior to intake evaluation.
- Services do not have to be provided in person, or face-to-face. Services may include coordination/referral efforts with health, social, and other services and supports as needed.
- Crisis Hotline Services (H0030) are only provided by BH-ASO contracted regional crisis lines. Crisis services provided by telehealth to include audio only phone, should use the H2011 with appropriate modifiers.

## Exclusions

- Community debriefing that occurs after a community disaster or crisis.

## Notes

- The modifier (HK) is added to the service code when services provided involve multiple staff for safety purposes and represents a two-person outreach.
- This modality may be provided prior to an intake.
- Crisis Services are not specific to mental health only. Crisis Services may be provided to both mental health and substance use clients.
- Mobile rapid response crisis team providers contracted with the BH-ASO should continue to report all H2011 encounters to the BH-ASO, per their contract.
- The UB modifier should only be used by Mobile Rapid Response Crisis Teams on the first encounter of H2011 with an HA or HB modifier to identify an initial crisis referral was received.
- The UB modifier should only be used by ECBCTs on the first encounter of H2011 with an ET modifier to identify an initial crisis referral was received.
- The UB modifier should only be used by EMRRCTs on the first encounter of H2011 with an HA or HB and ET modifier to identify an initial crisis referral was received.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0030 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| BH hotline service (Regional Crisis Lines-ASO Only) | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1 per encounter) | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Modifiers** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| HH *HN XE | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 183500000X - Pharmacist - D | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2011 | 164W00000X - Licensed Practical Nurse | The first unit for this service may be reported for 1-22 minutes. Units; thereafter follow standard rounding rules. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Crisis interven srvcs, per 15 mins | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Modifiers** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| *ET HA HB HH HK **HN HT FQ ***UB UC UD U8 XE | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X *HN Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w/ Exception Waiver | |
| | 101Y99995L - Master Level w/ Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 183500000X - Pharmacist - D | |

*For EMRRCT and ECBCT requires the ET modifier. **HN is required for encounters submitted by Behavioral Health Support Specialists. ***The UB modifier should only be used by Mobile Rapid Response Crisis Teams on the first encounter of H2011 with an HA or HB modifier to identify an initial crisis referral was received.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0038 | 175T00000X - DBHR Credentialed Certified Peer Counselor | Peer support provided via mobile rapid response crisis team. Allowable post initial crisis intervention.<br><br>Must use HA or HB modifier.<br><br>Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| Self-help/peer srvcs, per 15 mins | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| *ET HK **HA **HB FQ XE | | |

*For EMRRCT and ECBCT requires the ET modifier. **Requires HA or HB modifier.

## Crisis stabilization

### Modality definition

Services provided to persons who are experiencing a behavioral health crisis. This service includes follow-up after a crisis intervention. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the person and the mental health professional. Stabilization services may include short-term assistance with life skills training and understanding medication effects. It may also include providing services to the person's natural and community supports, as determined by a mental health professional, for the benefit of supporting the person that experienced the crisis. Stabilization services may be provided prior to an intake evaluation for behavioral health services. Stabilization services may be provided by a team of professionals, as deemed appropriate and under the supervision of a mental health professional.

### Inclusions

- 24 hours per day/7 days per week availability.
- Services may be provided prior to intake evaluation.
- Crisis Stabilization Services can be provided in the following settings:
    - S9484 is available for use by providers working in 23-hour crisis relief centers or other 23-hour type facilities, which may include a "living room" model. For this facility type, professional services for medication assessments, medication management/monitoring, and any medical services are encountered separately as professional services;
    - S9485 is available to use for a facility licensed by the Department of Health as a residential treatment facility and certified as a Crisis Stabilization Unit. For Crisis Stabilization Units medication assessments, medication management/monitoring, review and administration are considered a typical array of services provided. Concurrent or auxiliary mental health or SUD services may be encountered on the same day as stabilization when the staff providing the services is not part of the stabilization unit;
    - H2019 is available for mobile rapid response crisis teams (MRRCT) to provide stabilization services in the person's home or other community settings. Concurrent or auxiliary mental health or SUD services may be encountered on the same day as stabilization when the staff providing the services is not part of the MRRCT providing stabilization. This service is delegated and contracted through BH-ASOs as part of MRRCT for Medicaid enrolled and non-Medicaid individuals.

- Service is short term and involves assistance with life skills training and understanding of medication effects.
- Service provided as follow up to crisis services; and to other persons i.e. someone who may have been seen in the emergency department for behavioral health and has discharged, determined by mental health professional in need of additional stabilization services.
- Additional mental health, or SUD services, may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.

## Exclusions

- None

## Notes

- This modality may be provided prior to an intake.
- Report Provider Type as Billing Provider NPI and taxonomy for per diem code.
- For code H2019, see HA and HB modifier guidance on page 16.
- For code H2019, see ET modifier guidance on page 16.

| Code | Provider Type | Service Criteria |
|---|---|---|
| S9484 | 164W00000X - Licensed Practical Nurse | Services provided in 23-hour crisis relief center or other 23-hour type facilities, which may include a "living room" model.<br><br>55 mins minimum for the first hour, standard halfway service rounding rules apply thereafter.<br><br>Services reported may be discontinuous but must be reported on the date of service where they occur.<br><br>This service may last from 55 minutes to 24:00 hours per date of service and must be provided by staff specifically assigned to this program. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Crisis intervention, per hour | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN<br>(1=1 hour; 1 or more) | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH HK *HN FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| S9485 | Billing Provider NPI and Taxonomy | Stabilization Services provided in a facility licensed and certified by Department of Health as Crisis Stabilization Unit,. A client may be admitted and discharged within the same day. |
| **CPT®/HCPCS Definition** | | |
| Crisis intrvntn mh, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= a day; 1 or more) | | |
| **Modifiers** | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2019 | 164W00000X - Licensed Practical Nurse | This code is added for in-home or other community setting stabilization services provided by MRRCT teams.<br><br>Must use HA or HB modifier.<br><br>See HA, HB, and ET modifier guidance on page 16. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Therapeutic behavioral services | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN (1=15 mins; 1 or more) | 363A00000X - Osteopathic Physician Assistant | |
| **Modifiers** | 2084P0800X - Psychiatrist/MD | |
| *ET **HA **HB HH HK ***HN FQ XE | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |

*For EMRRCT and ECBCT requires the ET modifier. **Requires HA or HB modifier. ***HN is required for encounters submitted by Behavioral Health Support Specialists

# Mental health service modalities

## Brief intervention treatment

### Modality definition

Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care, and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused, or cognitive-behavioral models of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/ monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care.

### Inclusions

The following medically necessary State Plan services are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions.

- Individual Treatment Services – Report with U6 modifier
- Group Treatment – Report with U6 modifier
- Family Treatment – Report with U6 modifier

**Reporting note**: Refer to codes in the above listed modalities for reporting purposes.

### Exclusions

- None

### Notes

The following definitions are provided for clarification of Level I-Brief Intervention and the State Plan service modality, "Brief Intervention Treatment":

- Brief Intervention refers to a subset of modalities being offered from the State Plan and a shorter duration for the authorization.
- State Plan modality "Brief Intervention Treatment" is one clinical intervention that can be used when there is a Level I authorization and has specific expected outcomes.
- This modality is designated with modifier "U6" – WA State Medicaid Plan.
- This modality may not be provided prior to an intake.

## Day support

### Modality definition

An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living (see notes). This modality may be provided as adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

### Inclusions

- Service available at least 5 hours per day, 5 days per week.

 

- Service available in easily accessible locations (e.g., behavioral health agencies, clubhouses, community centers).

### Exclusions

- Programs with less service availability.
- Intensive residential treatment
- Intensive outpatient and partial hospitalization
- Mental Health Services Provided in a Residential Setting
- Per Diem Codes

### Notes

- Instrumental activities of daily living are defined by CMS as activities related to independent living. This includes, but is not limited to preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.
- All Services provided during a Day Support "day" by that program staff can be recorded by a single staff. The "day" can be documented in a single note but should not include any service (description or duration) provided during the day that is by non-Day program staff, which should be recorded and encountered separately.
- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2012 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Behav hlth day trtmt, per hr | 104100000X - Lic. Social Worker/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| UN | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| (1= hour; | 101Y00000X Behavioral Health Support Specialist | |
| 1 or more) | 101Y99996L - MA/PHD (non-licensed) | |
| **Modifiers** | 101Y99995L - Below Master's Degree | |
| HH HN XE | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

## Family treatment

### Modality definition

Psychological counseling provided for the direct benefit of an individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room, but service must be for the benefit of attaining the goals identified for the individual in his/her individual service plan.

### Inclusions

- Provided with family members and/or other relevant persons in attendance as active participants.
- May be provided without the consumer present in the room.

### Exclusions

- Marriage Counseling

### Notes

- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90846 | 164W00000X - Licensed Practical Nurse | Interactive complexity (90785) is not billable for this service.<br><br>NCCI MUE edits do not apply. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Fam. psychother. w/o PT | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN | 363A00000X - Osteopathic Physician Assistant | |
| (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/MD | |
| **Modifiers** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| HH HK *HN HT UC UD UK U6 U8 FQ XE | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90847 | 164W00000X - Licensed Practical Nurse | Interactive complexity (90785) is not billable for this service.<br><br>NCCI MUE edits do not apply. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Fam. psychother. w/ PT present | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH HK *HN HT UK UC UD U6 U8 FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

## Freestanding evaluation and treatment services

### Modality definition

Services provided in freestanding inpatient residential (non-hospital/non-IMD for Medicaid and non-hospital for non-Medicaid) facilities licensed or certified by the Department of Health to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission

criteria. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others to ensure continuity of mental health care. Nursing care includes but is not limited to: performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups, and medication management. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

## Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/7 days per week availability.
- Nursing care.
- Treatment modalities such as individual and family therapy, milieu therapy, psycho-educational groups, and medication management.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
    - Behavioral health care coordination and community integration (formerly called rehabilitation case management)
    - Peer Support

## Exclusions

- Evaluation and Treatment (E&T) the 837I HIPAA transaction as an episode of care. HCA/DBHR will recode for service utilization reports.
- HCA/DBHR will report E&T services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.
- Can use Place of Service code "56 - Psychiatric Residential Treatment Center."
- Report Provider Type using facility's Billing Provider NPI and taxonomy, not at individual level.
- Prescription and over-the-counter medications are billed separately from an E&T encounter.

## Notes

- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

## Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1001 or 01X4 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Psychiatric health facility service, per diem. | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| None | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1001 or 01X4<br>HCPCS CODE: H2013 | Billing Provider NPI and Taxonomy | Optional – To be used if provider contract specifies specialty beds. |
| **CPT®/HCPCS Definition** | | |
| Psychiatric health facility service, per diem. | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| HI | | |

## Group treatment services

### Modality definition

Services provided to individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others, and counseling/psychotherapy to establish and/or maintain stability in living, work, or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of others' right to confidential treatment, and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more individuals at the same time.

### Inclusions

- Service provided to a minimum of two enrollees and a maximum of twenty-four enrollees at the same time.

### Exclusions

- Services conducted over speakerphone.

### Notes

- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90849 | 164W00000X - Licensed Practical Nurse | Interactive complexity (90785) is not billable for this service. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Multi fam. grp psychother. (does not require patient to be present) | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Modifiers** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| HH HK *HN HT UC UD U6 U8 XE | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90853 | 164W00000X - Licensed Practical Nurse | May be billed with interactive complexity (90785)<br><br>NCCI MUE edits do not apply. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Grp psychother. (other than of a multiple-fam. grp) | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH HK *HN HT UC UD U6 U8 XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

## High intensity treatment

### Modality definition

Intensive levels of service otherwise furnished under the State Plan Amendment provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.

The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.

## Inclusions

- Access to a multidisciplinary team is available 24 hours per day/7 days per week.
- Concurrent or auxiliary services may be provided by staff who are not part of the team to include:
  - Medication management
  - Psychological assessment
  - Special population evaluation
  - Therapeutic psychoeducation
  - Crisis
  - Day support

## Exclusions

- WISe-specifically the per diem codes should not be used for anyone in the WISe program
- WA-PACT
- New Journeys
- Intensive Residential Treatment
- Mental Health Services Provided in a residential setting
- Intensive Outpatient and Partial Hospitalization—this is a separate and distinct mental health service model
- Other per diem codes

## Notes

- Report Provider Type using Billing Provider NPI and taxonomy for these per diem services.
- Due to the nature of this program, quantity, and duration of services may vary widely depending on client needs.
- Per diem codes should not be used for anyone in the Wraparound with Intensive Services (WISe) program.
- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0040 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Assert. comm. tx. prgrm, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=a day; 1 per encounter) | | |
| **Modifiers** | | |
| N/A | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2022 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Comm. wrap-around svc, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=a day; 1 per encounter) | | |
| **Modifiers** | | |
| N/A | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2033 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Multisys. ther. for juv., per 15 mins | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN (1=15 mins; 1 or more) | 363A00000X - Osteopathic Physician Assistant | |
| **Modifiers** | 2084P0800X - Psychiatrist/MD | |
| HH HK *HN U8 FQ XE | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| S9480 | Billing Provider NPI and Taxonomy | *This code is for High Intensity services; this is not to be used for mental health (MH) Intensive Outpatient (IOP). The service modality and code service criteria for MH IOP which can be found under the "Mental health programs-Medicaid and non-Medicaid funded" section |
| **CPT®/HCPCS Definition** | | |
| Intnsv. O/P psychiatric srvcs, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= a day; 1 per encounter) | | |
| **Modifiers** | | |

# Individual treatment services

## Modality definition

A set of treatment services and planned interventions designed to help a Medicaid-enrolled person achieve and maintain maximum level of functioning for the person, as prescribed in the individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the person, their family, or others at their behest who play a direct role in assisting the individual to establish and/or maintain stability in daily life.

Treatment interventions include cognitive and behavioral interventions designed with the intent to stabilize the individual and return them to more independent and less restrictive treatment. Services are conducted with the person, their family, or others at their behest, for the direct benefit of the person. Services may include individual or family therapy. Intensive or brief intervention treatment models may be utilized, as well as using a multi-disciplinary team-based approach. Therapeutic psychoeducation and skill building to develop the individual's self-care/life skills and monitoring the individual's functioning,

These services may include developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.

## Inclusions

- Educational support services (i.e., school coaching, school readiness, support counseling).
- Services are offered at the location preferred by the enrollee.
- Therapeutic support during court proceedings (does not include testimony during ITA hearing).
- Skill building services that involve money management training directly with the person.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the "Guidance Document Links" section of this document.

## Exclusions

- Calling in refills to pharmacies and filling out medication packs without the client present.
- Time spent completing normally required documentation.
- Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee).
- Testimony during an ITA hearing.
- Non-therapeutic phone calls; or messages, listening/leaving voice mails, e-mails, mailing, or faxing documents.
- Discussing client during supervision.
- Report writing (e.g., extraordinary report writing, as defined by court reports, reports to HCA).

## Notes

- Documentation for Evaluation and Management (E&M) service encounters (99xxx series) must meet CPT® requirements.
- To report both E&M and psychotherapy, the two services must be significant and separately identifiable.
- The type and level of E&M service is selected first based upon the key components medical decision-making or total time.
- This modality may not be provided prior to an intake.
- Code H0046 is included here to report medically necessary contacts less than 10 minutes long that cannot otherwise be reported elsewhere.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90832 | 363LP0808X - ARNP Psych, MH | May be billed with interactive complexity (90785)<br><br>**Patient must be present for all or most of the srvc.** |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psychother. w/ PT. approx. 30 mins. | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN<br>(1= 16-37 mins;<br>1 per encounter) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH U6 HK HT UC UD U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L- Bachelors Level w/Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +90833 | 363LP0808X - ARNP Psych, MH | This add-on code cannot be billed alone. Use in conjunction with E&M code when Psychotherapy is performed in addition to E&M services (99202-99205; 99304-; 99341-99350). May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes. |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psychother, w/ PT approx. 30 mins, performed w/ an E&M code. (List separately in addition to the code for primary procedure). | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= 16-37 mins;<br>1 per encounter) | | |
| **Modifiers** | | |
| HH HK HT UC UD U6 U8 FQ XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90834 | 363LP0808X - ARNP Psych, MH | May be billed with interactive complexity (90785)<br><br>**Patient must be present for all or most of the srvc.** |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psychother, w/ PT., approx. 45 mins | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN<br>(1= 38-52 mins; 1 per encounter) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH HK HT UC UD U6 U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Bachelors Level w/Exception Waiver | |
| | 101Y99995L - Master Level w/ Exception Waiver | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +90836 | 363LP0808X - ARNP Psych, MH | This is an add-on code that cannot be billed alone. Use in conjunction with E&M code when Psychotherapy is performed in addition to E&M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes. |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psychother. approx. 45 mins w/ PT; performed w/ an E&M srvc.<br>(List separately in addition to the code for primary procedure). | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=38-52 mins;<br>1 per encounter) | | |
| **Modifiers** | | |
| HH U6 HK HT UC UD U8 FQ XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90837 | 363LP0808X - ARNP Psych, MH | May be billed with interactive complexity (90785).<br><br>When encountering for a two-hour session consecutively:<br><br>First Unit: 53 min-68 min<br><br>Second Unit: 69-137 min. Note: to encounter for a second unit service would need to be at least 53 minutes.<br><br>For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G2212.<br><br>**Patient must be present for all or most of the srvc.** |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psychother. approx. 60 mins w/ PT. | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN (1=53- 68 mins; 2 per encounter) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| HH U6 HK HT UC UD U8 FQ XE | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Bachelors Level w/Exception Waiver | |
| | 101Y99995L - Master Level w/Exception Waiver | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G2212 | 363LP0808X - ARNP Psych, MH | |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Prolonged office/OP visit ea additional 15 min | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1 =15 min.) | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH U6 HK HT UC UD U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Bachelor's Level w/Exception Waiver | |
| | 101Y99995L - Master Level w/Exception Waiver | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +90838 | 363LP0808X - ARNP Psych, MH | This is an add-on code that cannot be billed alone. Use in conjunction with E&M code when Psychotherapy is performed in addition to E&M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psychother. approx. 60 mins w/ PT; performed w/ an E&M srvc. (List separately in addition to the code for primary procedure). | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=53-68 mins; 1 per encounter) | | |
| **Modifiers** | | |
| HH U6 HK HT UC UD U8 FQ XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0004 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| BH cnsling and ther., per 15 minutes | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Modifiers** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| HH HK *HN HT UC UD U6 U8 FQ XE | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0036 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Comm. psych. supp. tx., face-face, per 15 mins | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH HK *HN HT UC UD U6 U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0046 | 164W00000X - Licensed Practical Nurse | Direct communications with the client and/or collaterals designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. Usage is limited to medically necessary contacts less than 10 minutes that cannot otherwise be reported elsewhere. (Excludes: reminder (non-therapeutic) phone calls, listening to voice mails, e-mails) |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Mental health srvcs, NOS | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| UN (1=<15mins; 1 per encounter) | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH HK *HN HT UC UD U6 U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc./ Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 183500000X - Pharmacist - D | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2014 | 164W00000X - Licensed Practical Nurse<br>163W00000X - Registered Nurse<br>363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y00000X - Behavioral Health Support Specialist<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver<br>175T00000X - DBHR Credentialed Certified Peer Counselor<br>175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition**<br>Skills train and dev, per 15 mins | | |
| **Unit (UN) / Minutes (MJ)**<br>UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers**<br>HH HK *HN HT UC UD U6 U8 FQ XE | | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2015 | 164W00000X - Licensed Practical Nurse<br>163W00000X - Registered Nurse<br>363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y00000X - Behavioral Health Support Specialist<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver<br>175T00000X - DBHR Credentialed Certified Peer Counselor<br>175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee<br>183500000X - Pharmacist - D | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition**<br>Comp. comm. supp. srvcs, per 15 mins | | |
| **Unit (UN) / Minutes (MJ)**<br>UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers**<br>HH HK *HN HT UC UD U6 U8 XE FQ XE | | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2017 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychosoc. rehab srvcs, per 15 mins | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH HK *HN HT UC UD U6 U8 FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

## Intake evaluation and assessment

### Modality definition

An intake evaluation is a culturally and age relevant assessment of a person's behavioral health, along with their ability to function within a community, to establish the medical necessity for treatment, determine service needs, and formulate recommendations for treatment. Intake evaluations must be initiated prior to the provision of any other behavioral health services, except for those services such as crisis services, stabilization services, or freestanding evaluation and treatment that specify as being available prior to an intake. Services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

### Inclusions

- Minimum service benefit for persons with Medicaid.

### Exclusions

- Intake evaluations done by a non-Mental Health Professional.

### Notes

- An intake must be initiated prior to provision of mental health services except for:
  - Crisis (including investigations and hearings)
  - Stabilization services
  - Free Standing E&T Services
  - Behavioral health care coordination and community integration (formerly called rehabilitation case management)
  - Request for Services
  - Engagement & Outreach
  - Testimony for Involuntary Treatment Services
- When two clinicians (i.e., psychiatrist and MHP) conduct separate intakes, both encounters are reported.
- Intake evaluations requiring more than one session to complete by a single clinician are coded with the applicable intake code and the modifier "53" to indicate the service was not completed. The final session to complete the intake is coded with applicable intake code without a modifier.
- For initial intake evaluation and assessment sessions when a diagnosis cannot be made or is unknown, use F99 "Mental disorder, not otherwise specified."

- **For the final intake evaluation and assessment session**, providers must use the most appropriate diagnosis code available. Providers should use Z03.89 "no diagnosis or condition" when the intake evaluation and assessment indicates there is no mental health diagnosis or condition.
- A new intake evaluation is not required if an intake was completed in the 12 months prior to the current request and medical necessity was established. The previously completed intake may be used to authorize care (06-07 Contract).
    - Complete an update or addendum to the intake addressing all pertinent areas and add modifier "52" to appropriate CPT®/HCPCS code to report the encounter.
- Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT® requirements.
- A modifier (U9-Rehab Case Management-Intake Service) has been added to use when providing a Behavioral health care coordination and community integration (formerly called rehabilitation case management), (H0023) to indicate the service provided meets the requirements and definition of an intake service. This addition was made to facilitate the transition of a client to an outpatient setting and to allow for better tracking/monitoring of the intake service.
- This modality may not be provided prior to an intake.
- **Important:** Intake evaluations completed for the purposes of determining if the individual meets medical necessity (i.e., at the initiation of outpatient services) **must be** preceded by a request for services encounter.

## Mental health assessments for young children (new section)

The following items apply to mental health services for children from birth through age five years of age. **This information does not apply for any other age group.** More information on assessments for young children can be found on the Mental health assessment for young children provider webpage.

- **Multiple intake sessions (up to five):**
  Under RCW 74.09.520, for children from birth through age five, HCA allows otherwise eligible reimbursement for up to five sessions per client, per provider, per calendar year, to complete a mental health assessment (i.e., Psychiatric Diagnostic Evaluation or Intake Evaluation).
    - For clinicians providing multi-session intake evaluations for young children (birth through age five years of age), use modifier "53" to indicate when multiple intake sessions (up to 5 allowed) are needed to complete the intake. The final session to complete the intake is coded with the applicate intake code without a modifier.
    - Caregiver only sessions refer to sessions provided when only the caregiver/parent is present for some or all portions of the intake evaluation session. Caregiver only sessions are allowed when the purpose of the session includes discussion of the client's history, cultural background, and description of the child and the family situation, as well as evaluation of the caregiver/parent's psychological functioning and history when the caregiver/parent is sharing sensitive information that should only be discussed without the child present.
- **Travel reimbursement policy:**
  Under RCW 74.09.520, for children from birth through age five, HCA also allows reimbursement for mental health assessments in home or community settings, including reimbursement for provider travel through a separate A-19 payment process.
    - Note: Claims with a U8 modifier, which identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners, are NOT eligible for mental health assessment for young children provider travel reimbursement. For more information, see Wraparound with Intensive Services (WISe)program.
- **Diagnosis considerations:**
  When providing a diagnosis for young children, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)* is the internationally accepted system for developmentally appropriate assessment and diagnosis of young children's mental health; however, other diagnostic manuals are often still necessary in our current behavioral health system. For Apple Health clinicians, federal Medicaid guidance requires that all claims be submitted with an ICD (International Classification of Disease) code. HCA has published an Apple

 

Health DC: 0 - 5™ crosswalk, a reference guide for clinicians that helps convert DC:0 – 5™ diagnoses to associated ICD diagnostic codes and DSM diagnoses.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90791 | 363LP0808X - ARNP Psych, MH | Do not report in conjunction with E&M codes (99XXX series) codes, or psychotherapy services on same day by same staff. May be billed with interactive complexity (90785). |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psych Diag. Eval | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1 per ENC) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| 52 53 HH HK HT UC UD U8 XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Master Level w Exception Waiver | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 90792 | 363LP0808X - ARNP Psych, MH | Do not report in conjunction with E&M codes (99XXX series) codes, or psychotherapy services on same day by same staff. May be billed with interactive complexity (90785). |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Psych Diag. Eval w/ med srvcs | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99202 | 363LP0808X - ARNP Psych, MH | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Office/OP visit, new patient, and straightforward MDM/or 15 minutes must be met or exceeded | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99203 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Office/OP visit, new patient, and low MDM/or 30 minutes must be met or exceeded | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99204 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Office/OP visit, new patient, and moderate MDM/or 45 minutes must be met or exceeded | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99205 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G2212 |
| **CPT®/HCPCS Definition** | | |
| Office/OP visit, new patient, and high MDM/or 60 minutes must be met or exceeded | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G2212 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | |
| **CPT®/HCPCS Definition** | | |
| Prolonged office/OP visit ea additional 15 min | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 =15 min.) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99304 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Initial visit at nursing facility E&M, per day, (problem(s) are of low severity; 25 minutes w/ the PT and/or fam or caregiver must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99305 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Initial visit at nursing facility E&M, per day, (problem(s) are of moderate severity; 35 mins w/ the PT and/or fam. or caregiver must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99306 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0317 |
| **CPT®/HCPCS Definition** | | |
| Initial visit at nursing facility E&M, per day, (problem(s) are of high severity; 45 mins w/ the PT and/or fam. or caregiver must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G0317 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | |
| **CPT®/HCPCS Definition** | | |
| Prolonged nursing facility visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 = 15 min.) | | |
| **Modifiers** | | |
| 52 53 HH UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99341 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an Evaluation and Management code (E&M). May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for new PT E&M (problem(s) of low severity; 15 mins are spent face - face w/ the PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99342 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an Evaluation and Management code (E&M). May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for new PT E&M (problem(s) of moderate severity; 30 mins spent face - face w/ the PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99344 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for new PT E&M (problem(s) of high severity; 60 mins spent face - face w/ other Pt and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99345 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0318 |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for new PT E&M (patient is unstable or has developed a significant new prob. requiring immediate physician attention; 75 mins spent face - face w/ other PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G0318 | 363LP0808X - ARNP Psych, MH | |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Prolonged home or residence visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact | 363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 = 15 min.) | | |
| **Modifiers** | | |
| 52 53 HH HK HT UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0031 | 164W00000X - Licensed Practical Nurse | Service must be provided by a Mental Health Professional. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| MH health assess by non-MD | 104100000X - Lic. Social Worker/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc. | |
| UN<br>(1= 15mins; 1 or more) | 103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Bachelor Level w Exception Waiver | |
| **Modifiers** | 101Y99995L - Master Level w Exception Waiver | |
| 52 53 HH HK HT UC UD U8 XE | | |

## Medication management

### Modality definition

Medication management is the prescribing and/or administering of psychiatric medications and reviewing of their side effects. This service may be provided in consultation with primary therapists, case managers, and/or natural supports, without the person present, but the service must be for the benefit of the person. This service may include minimal psychotherapy. Services are provided by practitioners within their scope of practice as defined by state law.

### Inclusions

- Service may be provided via telemedicine, please refer to telemedicine section for additional guidelines.
- Consultation with collaterals, primary therapists, and/or case managers.
- Minimal psychotherapy services may be provided.
- For venipuncture service code 36415 provider would need to submit appropriate E/M medication management code in this section; this submission does not have to be the same date of service as the venipuncture.

### Exclusions

- None

### Notes

- Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT® requirements.
- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96372 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Injection for ther/proph/diag purposes SQ or IM | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1 per ENC) | 101Y99993L - Medical Assistant – Certified | |
| | 183500000X - Pharmacist - D | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99211 | 164W00000X - Licensed Practical Nurse | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Office/OP visit, established patient, may not require presence of physician/QHP, minimal presenting problem | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1 per ENC) | | |
| **Modifiers** | | |
| HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99212 | 363LP0808X - ARNP Psych, MH | This is an E&M code. May or may not be billed with indicated Psychotherapy codes as appropriate. |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Office/OP visit, established patient, and straightforward MDM/or 10 minutes must be met or exceeded. | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 183500000X - Pharmacist - D | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1 per ENC) | | |
| **Modifiers** | | |
| HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99213 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Office/OP visit, established patient, and low MDM/or; 20minutes must be met or exceeded. | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99214 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Office/OP visit, established patient and moderate MDM/or 30 minutes must be met or exceeded | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99215 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G2212 |
| **CPT®/HCPCS Definition** | | |
| Office/OP visit, established patient and high MDM/or 40 minutes must be met or exceeded | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G2212 | 363LP0808X - ARNP Psych, MH | |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Prolonged office/OP visit ea additional 15 min | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN (1 =15 min.) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 183500000X - Pharmacist - D | |
| HK HT UC UD U8 FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99307 | 363LP0808X - ARNP Psych, MH | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Subseqt. nursing facility visit, per day, E&M (patient stable, recovering, or improving; 10 mins w/ the PT and/or fam. or caregiver must be met or exceeded) | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN (1 per ENC) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 183500000X - Pharmacist - D | |
| UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99308 | 363LP0808X - ARNP Psych, MH | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Subsequent nursing facility visit, per day, E&M (patient is responding inadequately to therapy or has developed a minor complication; 15 mins w/ the PT and/or fam. or caregiver must be met or exceeded) | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN (1 per ENC) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 183500000X - Pharmacist - D | |
| UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99309 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Subsequent nursing facility visit, per day, E&M (patient has developed a significant complication or a significant new prob.; 25 mins w/ the PT and/or fam. or caregiver must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99310 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0317 |
| **CPT®/HCPCS Definition** | | |
| Subsequent nursing facility visit, per day, E&M (patient may be unstable or may have developed a significant new problem requiring immediate physician attention; 35 mins w/ the PT and/or fam. or caregiver must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G0317 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | |
| **CPT®/HCPCS Definition** | | |
| Prolonged nursing facility visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 = 15 min.) | | |
| **Modifiers** | | |
| UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99347 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for establ. PT E&M (problem(s) are self- limited or minor; 20 mins are spent face - face w/ the PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99348 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for estab. PT E&M (problems(s) of low to moderate severity; 30 mins spent face - face w/ the PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99349 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for estab. PT E&M (problem(s) of moderate to high severity; 40 mins spent face - face w/ the PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99350 | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>183500000X - Pharmacist - D | This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0318 |
| **CPT®/HCPCS Definition** | | |
| Home or residence visit for estab. PT. E&M (problem(s) of moderate to high severity. The patient may be unstable or may have developed a significant new prob. Req. immediate MD attention; 60 mins spent face - face w/ the PT and/or fam must be met or exceeded) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +G0318 | 363LP0808X - ARNP Psych, MH | |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Prolonged home or residence visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact | 363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 = 15 min.) | | |
| **Modifiers** | | |
| HK HT UD U8 | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| T1001 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Nursing Assess./Eval. | 183500000X - Pharmacist - D | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per ENC) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 36415 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Routine Venipuncture | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| UN (1 per ENC) | 2084P0800X - Psychiatrist/MD | |
| **Modifiers** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| HK HT UC UD U8 XE | 101Y99993L - Medical Assistant – Certified | |

## Medication monitoring

### Modality definition

Medication monitoring is one-on-one cueing, observing, and encouraging an individual to take their psychiatric medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This service is designed to facilitate medication compliance and positive outcomes. This activity may take place at any location and for as long as is clinically necessary.

Medication monitoring may be provided by the following practitioners within their scope of practice as defined by state law.

### Inclusions

- In person, one-on-one cueing and observing client's taking prescribed medications.

- Reporting back to persons licensed to perform medication management services.
- Service can be provided at any location for as long as deemed clinically necessary.

## Exclusions

- When medical staff puts together a medication pack for a person and leaves it at the front desk with no face-to-face contact.
- Calling in prescriptions.

## Notes

- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0033 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Oral med admin. direct obsrvtn. | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HK *HN HT UC UD U8 XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 101Y99993L - Medical Assistant – Certified | |
| | 376K00000X Nursing Assistant - Registered/Certified | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0034 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Medication Training and Supp, per 15 mins | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HK *HN HT UC UD U8 XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 101Y99993L - Medical Assistant – Certified | |
| | 376K00000X - Nursing Assistant – Registered/Certified | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

## Mental health services provided in a residential setting

### Modality definition

A specialized form of rehabilitation service (non-hospital/non IMD) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., assisted living facility, residential treatment facility, supported housing, cluster housing, single room occupancy apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

### Inclusions

- Mental Health Care Provider (MHCP) is located on-site a minimum of 8 hours per day, 7 days a week.
- The resident must be present in the facility for a minimum of 8 hours for each per diem reported.
- Services can be provided in a variety of settings, such as an apartment complex or cluster housing, assisted living facility, or residential treatment facility.
- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

## Exclusions

- Room and board
- Holding a bed for a person
- Temporary shelter services less than 2 weeks (see Stabilization Services instead)
- Custodial care
- Medical services (i.e., physical health care or skilled nursing)
- High Intensity Treatment
- Day Support
- WA-PACT
- WISe
- New Journeys
- Intensive Residential Treatment
- Intensive Outpatient and partial hospitalization

## Notes

- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.
- Mental health services in a residential facility meeting the definition of an IMD are funded by non-Medicaid resources. This includes mental health services provided to individuals with Medicaid as the pay source.
- HCA/DBHR will report mental health services provided in a residential setting delivered in an IMD as non-Medicaid services.
- This modality may not be provided prior to an intake.
- The service is defined as: The client receiving a face-to-face encounter provided by an MHP (or under the supervision of an MHP) each day the client is in the facility, which is documented, in the clinical record.
- All clinical services provided by staff assigned to the residential facility are included in the residential per diem and should not be encountered as a separate individual service.
- MHP staff must be available, and the client must be in the facility for 8 hours.
- Report Provider Type using Billing Provider NPI and taxonomy for the facility. Assisted Living Facilities should use their Behavioral Health Agency taxonomy when submitting claims.

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE:<br>1001 or 01X4<br>HCPCS CODE: H0018 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| BH srvcs; short-term residential (nonhospital residential tx program where stay is typically less than 30 days), w/o R&B, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= a day; 1 or more) | | |
| **Modifiers** | | |
| UC UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE:<br>1001 or 01X4<br>HCPCS CODE: H0019 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| BH srvcs; long-term residential (nonmedical, non-acute care in a residential tx program where stay is typically longer than 30 days), w/o R&B, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= a day; 1 or more) | | |
| **Modifiers** | | |
| UC UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| HCPCS CODE:<br>T2048 | Billing Provider NPI and Taxonomy | 837P transaction to be used for Intensive Behavioral Health Treatment Facilities as described in WAC 246-341-1137l. Room & board must be paid for with non-Medicaid funds. |
| **CPT®/HCPCS Definition** | | |
| BH srvcs: long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= a day; 1 or more) | | |
| **Modifiers** | | |
| UC UD | | |

## Peer support

### Modality definition

This service provides scheduled activities that promote wellness, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Services are provided by Certified Peer Counselors, Certified Peer Support Specialists, or Certified Peer Support Specialist Trainees, as noted in the individuals' Individualized Service Plan, or without an Individualized Service Plan when provided during/post crisis episode.

Certified Peer Counselors, Certified Peer Support Specialists, and Certified Peer Support Specialist Trainees work with adults and youth and the parents/caregiver of children receiving or who have received behavioral health services. They draw upon their experiences to help peers find hope and make progress toward recovery and wellness goals. Certified Peer Counselors, Certified Peer Support Specialists, and Certified Peer Support Specialist Trainees model skills in recovery and self-management to help individuals meet their self-identified goals.

Certified Peer Counselors, Certified Peer Support Specialists, and Certified Peer Support Specialist Trainees must provide peer counseling services, under the supervision of an MHP, who understands recovery. The peers and clinical supervisor's expertise should be aligned with the needs of the populations served by the Certified Peer.

### Inclusions

- Scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Active participation by enrollees in decision-making and the operation of programmatic supports.
- Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to wellness.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the "Guidance Document Links" section of this document.
- MH peer services are distinguished from SUD peer services by diagnosis code (see page 12 of SERI guide):
    - For MH condition, use a diagnosis code in ICD-10 ranges F01-F09; or
    - When a diagnosis cannot be made or is unknown use F99 "Mental Disorder, not other specified."

### Exclusions

- Peer providers cannot assess or diagnose identifiable mental health conditions or substance use disorders, and they are not able to provide mental health or SUD counseling. Peer providers are not clinical providers and may not provide clinical services. Examples include intake evaluations and assessments including clinical evaluation of risk to determine levels of care and discharge planning.

### Notes

- This modality may not be provided prior to an intake, unless provided during/post crisis episode. See crisis intervention and stabilization sections for additional coding guidelines related to crisis services.
- More information regarding Peer Support is available on the HCA website.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0038 | 175T00000X - DBHR Credentialed Certified Peer Counselor | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| Self-help/peer srvcs, per 15 mins | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 FQ XE | | |

## Psychological assessment

### Modality definition

All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to an individual's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

### Inclusions

- None

## Exclusions

- Psychological assessments not completed by, or under the supervision of a licensed psychologist.

## Notes

- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96110 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Developmental scrning; (e.g., Developmental Screening Test II, Early Language Milestone Screen), w/ intrprtn and rprt, per hour | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=an hour; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96116 | 2084P0800X - Psychiatrist/MD | |
| **CPT®/HCPCS Definition** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| Neuro BH status exam by PHD or MD (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities), includes face - face time w/ the PT and time interpreting test results & prep. rprt, first hour | 103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed) (PHD only) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1 =1 first hour) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96121 | 2084P0800X - Psychiatrist/MD | Add-on code to 96116 |
| **CPT®/HCPCS Definition** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| Neuro BH status exam by PHD or MD (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities), includes face - face time w/ the PT and time interpreting test results & prep. Rprt. Each add'l hour | 103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed) (PHD only) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=add'l 1 hour; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96130 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= first hour) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96131 | 164W00000X - Licensed Practical Nurse | Add-on to 96130 |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; each add'l hour. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= 1 add'l hour; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96132 | 2084P0800X - Psychiatrist/MD | |
| **CPT®/HCPCS Definition** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| Neuropsychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed) (PHD only) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= first hour) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96133 | 2084P0800X - Psychiatrist/MD | Add-on code to 96132 |
| **CPT®/HCPCS Definition** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| Neuropsychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; each add'l hour. | 103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed) (PHD only) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= add'l hour; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96136 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychological or neuropsychological test administration and scoring, by a MD or other qualified health care professional, two or more tests, any method, first 30 minutes. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc. | |
| UN<br>(1= first 30 mins.) | 101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree | |
| **Modifiers** | 101Y99995L - Bachelor Level w Exception Waiver | |
| HK HT UC UD U8 XE | 101Y99995L - Master Level w Exception Waiver | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96137 | 164W00000X - Licensed Practical Nurse | Add-on code to 96136 |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychological or neuropsychological test administration and scoring, by a MD or other qualified health care professional, two or more tests, any method, each add'l 30 mins. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= add'l 30 mins; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96138 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychological or neuropsychological test administration and scoring by a technician two or more tests, any method, first 30 mins. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= first 30 mins) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96139 | 164W00000X - Licensed Practical Nurse | Add-on code to 96138 |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method, each add'l 30 mins. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= add'l 30 mins; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

## Special population evaluation

### Modality definition

Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another BHA or contracted by the BHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.

### Inclusions

- Performed after the initiation of an intake evaluation.
- Special population evaluation must be provided face-to-face.

### Exclusions

- MH specialist conducting an intake evaluation.
- Consultation call where the specialist never directly evaluates the person.
- Consultation between the specialist and the clinician.

### Notes

- This modality may not be provided prior to an intake.
- Use the appropriate diagnosis code to designate the condition to be treated.
    - For MH condition: Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or when a diagnosis cannot be made or in unknown use F99.

| Code | Provider Type | Service Criteria |
|---|---|---|
| T1023 | 164W00000X - Licensed Practical Nurse | Service must be provided by a Mental Health Specialist as defined in WAC 182-538D-0200 |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Program intake assmt screening to determine appropriateness of an individual for participation in a spec. progrm, project or tx protocol, per encounter | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |
| UN (1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HK HT UC UD U8 XE | | |

## Therapeutic psychoeducation

### Modality definition

Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan.

Services focus on assisting the individual and their identified supports in increasing knowledge of mental health and recovery, use and efficacy of medication, symptom reduction and management, effective

problem solving, and emotional/behavioral regulation skills. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.

Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.

## Inclusions

- Information, education, and training to assist enrollees, family members and others identified by the enrollee in the management of psychiatric conditions, increased knowledge of mental illness and understanding importance of the enrollee's individual service plan.
- Services provided at locations easily accessible and convenient to the enrollee.
- Services may be provided in groups or individually.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the "Guidance Document Links" section of this document.

## Exclusions

- Classroom style teaching.
- General family or community education not specific to the enrollee.
- Family treatment.
- Individual treatment.

## Notes

- This modality may not be provided prior to an intake.
- No time is associated with this code.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0025 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Behav. hlth prev. educ. srvcs (delivery of services with target population to affect knowledge, attitude and/or behavior) | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| UN<br>(1 per encounter) | 101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc. | |
| **Modifiers** | 101Y00000X - Behavioral Health Support Specialist | |
| HH *HN HK HT UC UD U8 FQ XE | 101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver<br>101Y99995L - Other (Clinical Staff)<br>175T00000X - DBHR Credentialed Certified Peer Counselor<br>175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2027 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Psycho-ed srvc, per 15 mins | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| UN | 2084P0800X - Psychiatrist/MD | |
| (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH HK *HN HT UC UD U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

| Code | Provider Type | Service Criteria |
|---|---|---|
| S9446 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| PT educ., not otherwise classified, by non-physician provider, in group setting, per session | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| UN | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| (1=15 mins; 1 or more) | 101Y00000X - Behavioral Health Support Specialist | |
| **Modifiers** | 101Y99996L - MA/PHD (non-licensed) | |
| HH HK *HN HT UC UD U8 XE | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

# Substance use service modalities

## Assessment services (intake evaluation and assessment)

### Modality definition

The activities conducted to evaluate an individual to determine if the individual has a substance use disorder and determine placement in accordance with the American Society of Addiction Medicine (ASAM) criteria.

This service is a comprehensive evaluation of a person's behavioral health, along with their ability to function within a community, to determine current priority needs and formulate recommendations for treatment. The intake evaluation for substance use disorder includes a review of current intoxication and withdrawal potential, biomedical complications, emotional, behavioral, cognitive complications, readiness to change, relapse potential, and recovery environment. Information from the intake is used to work with the person to develop an individualized service plan to address the identified issues.

### Inclusions

- Includes DUI assessment

### Exclusions

- None

### Notes

- Must be provided by a licensed behavioral health agency who is certified by DOH to provide SUD services.
- May be provided outside a facility when done by a certified outpatient SUD provider following off-site service guidelines as defined in WAC.
- Assessments requiring more than one session to complete by a single clinician are coded with the applicable assessment code and the modifier "53" to indicate the service was not completed. The final session to complete the assessment is coded with applicable assessment code without a modifier.
- **For initial assessments**, for the final assessment session, providers must use the most appropriate diagnosis code available. Providers should use Z03.89 "no diagnosis or condition" when the assessment indicates there is no SUD diagnosis or condition.
- A new assessment evaluation is not required if an assessment was completed in the 12 months prior to the current request and medical necessity was established. The previously completed assessment may be used to authorize care.
- An update or addendum to the intake that addresses all pertinent areas is completed, and modifier "52" added to appropriate CPT®/HCPCS code to report the encounter.
- **Important:** Assessments completed for the purpose of determining if the individual meets medical necessity (i.e., at the initiation of services) must be preceded by a request for services encounter.

### Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0001 | 363LP0808X - ARNP Psych, MH | |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Alcohol/drug assessmt. | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1= 15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| 52 53 HD HH HZ U5 XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

## Case management

### Modality definition

Case management services are services provided by a Substance Use Disorder Professional (SUDP), Substance Use Disorder Professional Trainee (SUDPT), or person under the clinical supervision of a SUDP who will assist clients in gaining access to needed medical, social, education, and other services. Does not include direct treatment services in this sub element. This covers case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This does not include treatment planning activities.

### Inclusions

- None

### Exclusions

- Outreach activities.
- Time spent by a SUDP reviewing a SUDP Trainee's file notes and signing off on them.
- Time spent on staffing or completing normally required documentation.
- Time spent on writing treatment compliance notes and monthly progress reports to the court.
- Direct treatment services or treatment planning activities.
- Calling in refills to pharmacies and filling out medication packs without the client present.
- Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee).
- Testimony during an ITA hearing.
- Non-therapeutic phone calls; or performing these activities: messages, listening/leaving voice mails, e-mails, and mailing or faxing letters.
- Discussing client during supervision.

### Notes

- This modality may not be provided prior to an assessment/intake.

### Limitations

- For Medicaid funded services, this service may only be provided by a SUDP or SUDPT.

| Code | Provider Type | Service Criteria |
|---|---|---|
| T1016<br>**CPT®/HCPCS Definition**<br>Case management, each 15 mins<br>**Unit (UN) / Minutes (MJ)**<br>UN<br>(1=15 mins; 1 or more)<br>**Modifiers**<br>HD HH HZ U5 FQ XE | 164W00000X - Licensed Practical Nurse<br>163W00000X - Registered Nurse<br>363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc./Psycholgical Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver<br>101Y99995L - Other (Clinical Staff)<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Direct communications with the client and/or collaterals designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. (Excludes: reminder (non-therapeutic) phone calls, listening to voice mails, e-mails).<br><br>Requires 10 minutes minimum to report first unit.<br><br>**For Medicaid funded services, this service may only be provided by a SUDP or SUDPT.** |

## Opioid treatment program

### Modality definition

Opioid Treatment Program (OTP) services provide assessment and treatment to individuals with opioid use disorder (OUD). Services include ordering and dispensing of an approved medication, as specified in 21 CFR Part 291, for opioid treatment programs in accordance with WAC 246-341-1000. OTP includes both withdrawal management and maintenance as well as physical exams, clinical evaluations, and individual or group therapy for the primary patient and their family or significant others.

### Inclusions

- Observation and/or delivery of administered and/or dispensed medications to clients from an opioid treatment program.
- Courtesy dosing of Medicaid clients seen at an opioid treatment program.
- Interim maintenance treatment of clients seen at an opioid treatment program. For interim maintenance treatment, use modifier "TF".

### Exclusions

- None

### Notes

- OTP Providers who have claims and encounters for dually eligible Medicaid/Medicare patients where Medicare paid as primary should utilize the CMS approved and published G-codes when submitting crossover claims to the Managed Care Organization for Medicaid reimbursement
- Mobile treatment programs should use place of service (POS) 15.

- Medical inductions for this modality may be provided prior to the completion of an ASAM biopsychosocial assessment. A full medical examination and laboratory testing must be completed prior to induction of medication.
- **For SUD intake assessments**: OTP providers should follow encounter guidance described in the Substance Use service modalities section
- Individuals receiving SUD BHA services may also receive concurrent treatment services at an OTP as per 42 CFR § 8.12 (f) (1) if the concurrent services are not duplicative and are clinically indicated. For example, a client may receive withdrawal management services with one provider but may receive OTP at another.
- All of the following codes could be reportable for one encounter:
    - Use code H0020 to report the actual administration or dispensing encounter. This service was previously reported as minutes. H0020 is now reported in units. Report one unit for the actual face-to-face encounter. If medication was administered and dispensed, report 2 units. (See below.)
    - **For UAs:** Report urinalysis testing codes as described in Urinalysis Drug Screening found in the Other Substance Use Services section.
    - Providers must report all service codes that represent all OTP services required under state and federal law. H0020 is only to be used to report the encounter for dosing. Report ALL other services using the applicable SERI code and applicable place of service 15 or 58.

### Limitations

- Place of Service '58' (Non-residential Opioid Treatment Facility) or Place of Service 15 (Mobile Unit).
- Place of Service '58' is for all services rendered in an OTP.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0020 | 164W00000X - Licensed Practical Nurse | This code to be used once for each encounter to dispense or administer any approved OTP medications. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Alcohol/drug services; MAT admin. /dispense srvcs by a lic. progrm. | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| Unit (1 per encounter) | 207Q00000X - Physician/Family Medicine | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HD HH HZ U5 TF* XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

*TF modifier for interim maintenance only

## Outpatient treatment

### Modality definition

Brief Outpatient Treatment: A program of care and treatment that provides a systemic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. The service as described satisfies the level of intensity in ASAM Level 1.

Intensive Outpatient Treatment: Services provided in a non-residential intensive patient centered outpatient program for treatment of substance use disorders. The service as described satisfies the level of intensity in ASAM Level 2.1.

Outpatient Treatment: Services provided in a non-residential substance use disorder treatment facility. Outpatient treatment services must meet the criteria in the specific modality provisions set forth in WAC

 

246-341. Services are specific to client populations and broken out between group and individual therapy. The service satisfies the level of intensity in ASAM Level 1.

## Inclusions

- None

## Exclusions

- None

## Notes

- This modality may not be provided prior to an assessment.
- Services with the U6 modifier will be associated with brief outpatient treatment.
- Use most closely matched Place of Service code for certified locations/branches. For example, if a certified branch is in a school, use Place of Service code '03'.
- Group sizes per WAC 246-341.
- Use the appropriate diagnosis code to designate treatment is for an SUD.
    - For SUD: Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:
        - Z7141 for alcohol abuse; and
        - Z7151 for drug abuse.

## Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0004 | 363LP0808X - ARNP Psych, MH | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav. Hlth Cnsling and thrpy, per 15 mins | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| **Modifiers** | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| HD HH HZ U5 U6 XE FQ | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96164 | 363LP0808X - ARNP Psych, MH | Do not report for less than 16 minutes of service |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav. Hlth Intrvtn. w/ grp (2 or more) face-to-face, first 30 minutes | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1=30 mins) | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| **Modifiers** | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| HD HH HZ U5 U6 XE | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96165 | 363LP0808X - ARNP Psych, MH | Requires 8 minutes minimum to report unit<br><br>NCCI MUE edits do not apply |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav. Hlth Intrvtn. w/ grp (2 or more), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | 363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HD HH HZ U5 U6 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96167 | 363LP0808X - ARNP Psych, MH | Do not report for less than 16 minutes of service |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav. Hlth Intrvtn. w/ fam. & pt. face-to-face, first 30 minutes | 363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=30 mins) | | |
| **Modifiers** | | |
| HD HH HZ U5 U6 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96168 | 363LP0808X - ARNP Psych, MH | Requires 8 minutes minimum to report unit |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav. Hlth Intrvtn. w/ fam. & pt. face-to-face, each additional 15 minutes (List separately in addition to code for primary service | 363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HD HH HZ U5 U6 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96170 | 363LP0808X - ARNP Psych, MH | Do not report for less than 16 minutes of service |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav.Hlth. Intrvtn. w/ fam; no pt, face-to-face, first 30 minutes | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Unit (UN) / Minutes (MJ)** | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| UN | 101YM0800X - Lic. MH Counselor/Assoc. | |
| (1=30 mins) | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| **Modifiers** | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| HD HH HZ U5 U6 XE | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96171 | 363LP0808X - ARNP Psych, MH | Requires 8 minutes minimum to report unit |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Behav.Hlth. Intrvtn. w/ fam; no pt, face-to-face, each additional 15 minutes (List separately in addition to code for primary service) | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| UN | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| (1=15 mins; 1 or more) | 101Y99995L - Substance Use Disorder Professional Trainee | |
| **Modifiers** | (SUDPT) | |
| HD HH HZ U5 U6 XE | | |

"✚" Indicates an Add-On Code to be reported with primary service/base code.

## Brief intervention

### Modality definition

A time limited, structured behavioral intervention designed to address risk factors that appear to be related to substance use disorders, using substance use disorder screening tools and brief intervention techniques, such as evidence-based motivational interviewing and referral to additional treatment services options when indicated.

This service may be provided prior to an intake evaluation or assessment. Services may be provided at, but not limited to, sites exterior to treatment facilities such as hospitals, medical clinics, schools, or other non-traditional settings.

### Inclusions

- None

### Exclusions

- None

### Notes

- This modality may be provided prior to an assessment.
- Could include the use of screening tools such as AUDIT, DAST, ASSIST, etc.
- Use the appropriate diagnosis code to designate treatment is for an SUD.
    - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:

 

- Z7141 for alcohol abuse; and
- Z7151 for drug abuse.

### Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0050 | 363LP0808X - ARNP Psych, MH | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 363A00000X - Physician Assistant | |
| Alcohol/drug srvcs, per 15 mins | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HD HH HZ U5 FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional (SUDPT) | |

## Intensive inpatient residential services

### Modality definition

A concentrated program of substance use disorder treatment, individual and group counseling, education, and related activities for individuals diagnosed with a substance use disorder excluding room and board in a twenty-four-hour-a-day supervised facility in accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 3.5.

### Inclusions

- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

### Exclusions

- None

### Notes

- This modality may not be provided prior to an assessment.
- Client must be in the building at some point during the 24-hour period and have received a service in order to report encounter.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.
- Report Provider Type using facility Billing Provider NPI and taxonomy.
- Mental health services provided to dependent children accompanying their caregiver at intensive inpatient residential treatment setting (e.g. Pregnant and Parenting Women (PPW) residential programs). Medically necessary services for children when provided at these programs should be encountered under the child's ProviderOne client ID using the appropriate service modalities.

### Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0018 | Billing Provider NPI and taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Behavioral health; short-term resid. (nonhospital residential trx program), w/o room and board, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= a day; 1 or more) | | |
| **Modifiers** | | |
| HD HZ U5 | | |

## Long-term care residential services

### Modality definition

The care and treatment of chronically impaired individuals diagnosed with substance use disorder with impaired self-maintenance or cognitive capabilities including personal care services and a concentrated program of substance use disorder treatment, individual and group counseling, education, vocational guidance counseling and related activities for individuals diagnosed with substance use disorder excluding room and board in a twenty-four-hour-a-day, supervised facility in accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 3.3.

### Inclusions

- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

### Exclusions

- None

### Notes

- This modality may not be provided prior to an assessment.
- Client must be in the building at some point during the 24-hour period and have received a service in order to report encounter.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.
- Mental health services provided to dependent children accompanying their caregiver at long-term care residential treatment setting (e.g. Pregnant and Parenting Women (PPW) residential programs). Medically necessary services for children when provided at these programs should be encountered under the child's ProviderOne client ID using the appropriate service modalities.

### Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).
- Report Provider Type as facility Billing Provider NPI and taxonomy.
- Use the appropriate diagnosis code to designate treatment is for an SUD.
    - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:
        - Z7141 for alcohol abuse; and
        - Z7151 for drug abuse.

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPC CODE: H0019 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Alcohol/drug long-term res. (nonmedical, non-acute care in a res. tx. program; stay is typically longer than 30 days), per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=a day; 1 or more) | | |
| **Modifiers** | | |
| HD HZ U5 | | |

# Peer support

## Modality definition

This service provides scheduled activities that promote wellness, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Services are provided by Certified Peer Counselors, Certified Peer Support Specialists, or Certified Peer Specialist Trainees, as noted in the individuals' Individualized Service Plan, or without an Individualized Service Plan when provided during/post crisis episode.

Certified Peer Counselors, Certified Peer Specialists, or Certified Peer Specialist Trainees, work with adults and youth and the parents/caregiver of children receiving or who have received behavioral health services. They draw upon their experiences to support people to find hope and make progress toward recovery and wellness goals. Certified Peer Counselors, Certified Peer Specialists, and Certified Peer Support Specialist Trainees, model skills in recovery and self-management to help individuals meet their self-identified goals.

Certified Peer Counselors, Certified Peer Support Specialists, and Certified Peer Support Specialist Trainees must provide peer support services under the supervision of an SUDP or MHP who understands recovery. The peers and clinical supervisor's expertise should be aligned with the needs of the populations served by the Certified Peer.

## Inclusions

- Scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.
- Includes individual or group peer support, a peer counselor may work in a treatment setting or meet participants where they are at in the community.
- SUD peer services are distinguished from mental health peer services by diagnosis code (see page 12 of SERI guide):
    - In this ICD-10 range: F10-F19.99; or
    - When the specific diagnosis cannot be made or is unknown use:
        - Z7141 for alcohol abuse counseling and surveillance; or
        - Z7151 for drug abuse counseling and surveillance.

## Exclusions

- Peer providers cannot assess or diagnose identifiable mental health conditions or substance use disorders, and they are not able to provide mental health or substance use disorder counseling. Peer providers are not clinical providers and may not provide clinical services. Examples include intake evaluations and assessments including clinical evaluation of risk to determine levels of care and discharge planning

### Notes

- This modality may not be provided prior to an intake assessment, unless provided during/post crisis episode. See crisis intervention and stabilization sections for coding guidelines.
- More information regarding SUD Peer Support is available on the HCA website.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0038 | 175T00000X - DBHR Credentialed Certified Peer Counselor<br>175T00000X - Certified Peer Specialist/Certified Peer Support Specialist Trainee | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | | |
| Self-help/peer srvcs, per 15 mins | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HD HK HZ UD U8 FQ XE U5 | | |

## Recovery house residential services

### Modality definition

A program of care and treatment with social, vocational, and recreational activities designed to aid individuals diagnosed with substance use disorder in the adjustment to abstinence and to aid in job training, reentry to employment, or other types of community activities, excluding room and board in a twenty-four-hour-a-day supervised facility accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 3.1.

### Inclusions

- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

### Exclusions

- None

### Notes

- This modality may not be provided prior to an assessment.
- Client must be in the building at some point during the 24-hour period and have received a service in order to report encounter.
- Report Provider Type as facility Billing Provider NPI and taxonomy for this per diem code.
- Mental health services provided to dependent children accompanying their caregiver at recovery house residential treatment services (e.g. Pregnant and Parenting Women (PPW) residential programs). Medically necessary services for children when provided at these programs should be encountered under the child's ProviderOne client ID using the appropriate service modalities.

### Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2036 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Alcohol/drug tx program, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| HD HZ U5 | | |

## Withdrawal management

### Modality definition

Medically Monitored (Acute): Withdrawal Management services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Medically Monitored Withdrawal management provides medical care and physician supervision for withdrawal from alcohol or other drugs.

Clinically Managed (Sub-Acute): Withdrawal Management services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Clinically Managed is nonmedical withdrawal management or patient self-administration of withdrawal medications ordered by a physician.

### Inclusions

- None

### Exclusions

- None

### Notes

- This modality may be provided prior to an assessment.
- Report Provider Type as facility Billing Provider NPI and taxonomy for these per diem services.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

### Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0010 | Billing Provider NPI and Taxonomy | Use this code for Clinically Managed Withdrawal Management.<br><br>A client may be admitted and discharged within the same day. |
| **CPT®/HCPCS Definition** | | |
| Alcohol/drug services; subacute detox in Free Standing E&T facility, per diem (inpatient residential addiction program) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| HD HZ U5 | | |

 

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0010<br>**CPT®/HCPCS Definition**<br>Alcohol/drug services; subacute detox in hospital setting, per diem (inpatient residential addiction program)<br>**Unit (UN) / Minutes (MJ)**<br>UN<br>(1=a day; 1 or more)<br>**Modifiers**<br>HD HZ U5 | Billing Provider NPI and Taxonomy | Use this code for Clinically Managed Withdrawal Management.<br><br>A client may be admitted and discharged within the same day. |

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0011<br>**CPT®/HCPCS Definition**<br>Alcohol/drug services; acute detox in Free Standing E&T facility, per diem (inpatient residential addiction program)<br>**Unit (UN) / Minutes (MJ)**<br>UN<br>(1=a day; 1 or more)<br>**Modifiers**<br>HD HZ U5 | Billing Provider NPI and Taxonomy | Use this code for Medically Monitored Withdrawal Management.<br><br>A client may be admitted and discharged within the same day. |

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0011<br>**CPT®/HCPCS Definition**<br>Alcohol/drug services; acute detox in hospital setting, per diem (inpatient residential addiction program)<br>**Unit (UN) / Minutes (MJ)**<br>UN<br>(1=a day; 1 or more)<br>**Modifiers**<br>HD HZ U5 | Billing Provider NPI and Taxonomy | Use this code for Medically Monitored Withdrawal Management.<br><br>A client may be admitted and discharged within the same day. |

## Secure Withdrawal Management and Stabilization

### Modality definition

Services provided in a Secure Withdrawal Management and Stabilization (SWMS) facility certified to provide evaluation and assessment by SUDPs, withdrawal management treatment, treatment as tolerated, discharge assistance, and has security measures sufficient to protect patients, staff, and community. Treatment provided is for individuals who meet Involuntary Treatment Act (ITA) criteria due to a substance use disorder (RCW 71.05).

## Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/7 days per week availability.
- Nursing care.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
    - Behavioral health care coordination and community integration (formerly called rehabilitation case management).

## Exclusions

- None

## Notes

- Report Provider Type as the facility Billing Provider NPI and taxonomy for these services per diem services.
- SWMS services in a facility meeting the definition of an IMD are funded by non-Medicaid resources. This includes services provided to individuals with Medicaid as the pay source.
- SWMS services will continue to be reported through the 837I HIPAA transaction as an episode of care.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions below.
- HCA will report SWMS services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.

## Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0017 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Secure Withdrawal Management and Stabilization services in a freestanding behavioral health residential, per diem. | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| None | | |

| Code | Provider Type | Service Criteria |
| --- | --- | --- |
| REVENUE CODE: 1002 or 01X6<br>HCPCS CODE: H0017 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Secure Withdrawal Management and Stabilization facility service in a hospital setting, per diem. | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| None | | |

# Problem gambling – Medicaid State Plan Services

## Assessment services (intake evaluation and assessment)

### Modality definition

This service is a comprehensive evaluation of a person's behavioral health, along with their ability to function within a community, to determine current priority needs and formulate recommendations for treatment. The intake evaluation for problem gambling includes a review of current intoxication and withdrawal potential, biomedical complications, emotional, behavioral, cognitive complications, readiness to change, relapse potential, and recovery environment. Information from the intake is used to work with the person to develop an individualized service plan to address the identified issues.

The activities conducted to evaluate an individual to determine if the individual has a gambling disorder or problem gambling concern.

### Inclusions

Assessment services related to gambling disorders must be performed by a licensed/certified practitioner, who holds a Gambling Counselor Certification, as defined in state law; or be performed by a licensed/certified practitioner under the supervision of a Certified Gambling Counselor Supervisor.

### Exclusions

- None

### Notes

- The U7 modifier must be used with these codes when it is being used to report problem gambling assessment services.
- May be provided outside a facility when done by a certified outpatient Gambling Disorder provider following off-site service guidelines as defined in WAC.
- Assessments requiring more than one session to complete by a single clinician are coded with the applicable assessment code and the modifier "53" to indicate the service was not completed. The final session to complete the assessment is coded with applicable assessment code without a modifier.
- **For initial assessments,** for the final assessment session, providers must use the most appropriate diagnosis code available. Providers should use Z03.89 "no diagnosis or condition" when the assessment indicates there is no Problem Gambling diagnosis or condition.
- A new assessment evaluation is not required if an assessment was completed in the 12 months prior to the current request and medical necessity was established. The previously completed assessment may be used to authorize care.
- An update or addendum to the intake that addresses all pertinent areas is completed, and modifier "52" added to appropriate CPT®/HCPCS code to report the encounter.

### Limitations

- Use the appropriate diagnosis code to designate treatment is for either F63.0 Gambling Disorder or Z72.6 for Gambling and Betting

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0001 | 104100000X - Lic. Social Worker/Assoc. | |
| **CPT®/HCPCS Definition** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| Alcohol/drug assessmt. | 101YM0800X - Lic. MH Counselor/Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| UN | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| (1= 15 mins; 1 or more) | 101Y99995L - Substance Use Disorder Professional Trainee | |
| **Modifiers** | (SUDPT) | |
| 52 53 HD HH HZ *U7 U5 XE | | |

*Indicates required modifier.

## Outpatient treatment

### Modality definition

**Outpatient Treatment:** Services provided in a non-residential SUD treatment facility. Certified Gambling Counselor requirements and DOH-certified problem gambling agencies who are providing outpatient problem gambling treatment services must meet the specific modality criteria provisions set forth in WAC 246-341-1200. Services are specific to client populations and broken out between group and individual therapy.

### Inclusions

Outpatient treatment services related to gambling disorders must be performed by a licensed/certified practitioner, who holds a Gambling Counselor Certification, as defined in state law; or be performed by a licensed/certified practitioner under the supervision of a Certified Gambling Counselor Supervisor.

### Exclusions

- None

### Notes

- The U7 modifier "State or federally funded program/services" must be used with these codes when being used to report this type of encounter.
- This modality may not be provided prior to an assessment.
- Group sizes must meet criteria outlined in WAC 246-341.

### Limitations

- Use the appropriate diagnosis code to designate treatment is for either F63.0 Gambling Disorder or Z72.6 for Gambling and Betting

For the following tables (pages 80 to 82):
"✚" Indicates an Add-On Code to be reported with primary service/base code.
*Indicates required modifier.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0004 | 104100000X - Lic. Social Worker/Assoc. | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| Behav. Hlth Cnsling and thrpy, per 15 mins | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| **Unit (UN) / Minutes (MJ)** | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| UN | 101Y99995L - Substance Use Disorder Professional Trainee | |
| (1= 15 mins; 1 or more) | (SUDPT) | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 XE FQ | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96164 | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Do not report for less than 16 minutes of service |
| **CPT®/HCPCS Definition** | | |
| Behav. Hlth Intrvtn. w/ grp (2 or more) face-to-face, first 30 minutes | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= 30 min) | | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96165 | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Requires 8 minutes minimum to report unit.<br><br>NCCI MUE edits do not apply |
| **CPT®/HCPCS Definition** | | |
| Behav. Hlth Intrvtn. w/ grp (2 or more), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96167 | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Do not report for less than 16 minutes of service |
| **CPT®/HCPCS Definition** | | |
| Behav. Hlth Intrvtn. w/ fam. & pt. face-to-face, first 30 minutes | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=30 mins) | | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 FQ XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96168 | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Requires 8 minutes minimum to report unit |
| **CPT®/HCPCS Definition** | | |
| Behav. Hlth Intrvtn. w/ fam. & pt. face-to-face, each additional 15 minutes (List separately in addition to code for primary service) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 FQ XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 96170 | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Do not report for less than 16 minutes of service |
| **CPT®/HCPCS Definition** | | |
| Behav.Hlth. Intrvtn. w/ fam; no pt, face-to-face, first 30 minutes | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=30 mins) | | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 FQ XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| +96171 | 104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | Requires 8 minutes minimum to report unit |
| **CPT®/HCPCS Definition** | | |
| Behav.Hlth. Intrvtn. w/ fam; no pt, face-to-face, each additional 15 minutes (List separately in addition to code for primary service) | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=15 mins; 1 or more) | | |
| **Modifiers** | | |
| HD HH HZ *U7 U5 U6 FQ XE | | |

## Behavioral health care coordination and community integration (formerly called rehabilitation case management)

### Modality definition

A range of activities furnished to engage people in treatment and assist them in transitioning from a variety of inpatient, residential, or non-permanent settings back into the broader community. To be eligible, the person must need transition support services to ensure timely and appropriate behavioral health treatment and care coordination.

Activities include assessment for discharge or admission to community behavioral health care, integrated behavioral health treatment planning, resource identification and linkage, and collaborative development of individualized service planning that promote continuity of care.

These specialized behavioral health community integration activities are intended to promote discharge, to maximize the benefits of the transition plan, to minimize the risk of unplanned readmission, and to increase the community tenure for the person. Services focus on reducing the disabling symptoms of mental illness or substance use disorder and managing behaviors resulting from other medical or developmental conditions that jeopardize the person's ability to live in the community. Services are individualized interventions for the individual or collateral contacts for the benefit of the person and may include skill-building to develop skills promoting community tenure.

This service may be provided prior to an intake evaluation or assessment.

### Inclusions

- Liaison work between behavioral health agency and a facility that provides 24-hour care.
- Services provided as part of the state hospital Peer Bridger program, even when the services occur after discharge.

- Clinical staff going to the facility and functioning as a liaison in evaluating individuals for admission to outpatient services and monitoring progress towards discharge.
- Available prior to provision of an intake evaluation.
- Assessment for admission to behavioral health care (may be counted as an intake when the service meets the intake definition). Modifier U9 has been added to designate when this service has been provided to allow for better tracking of an intake service provided in this setting.

## Exclusions

- For Behavioral Health Support Specialists this modality is only available to address mental health and not substance use disorder.

## Notes

- May be encountered when a client is in Jail/Prison, Juvenile Detention Facility, CLIP Facility, Evaluation & Treatment Facility, medical or psychiatric inpatient facility, or un-waivered IMD for the purposes of discharge planning and coordination of care. Services provided in a skilled nursing facility are not covered in this modality but can be reported in other modalities as appropriate. this modality may be used to provide mental health services when an individual is in a substance use disorder (SUD) treatment facility.
- Service provided in an IMD, jail/prison, or juvenile detention facility is funded as a non-Medicaid service. This includes mental health services provided to individuals with Medicaid as the pay source.
- All services delivered in an un-waivered IMD will be reported as non-Medicaid services.
- This modality may be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0023 | 164W00000X - Licensed Practical Nurse | Use modifier U9 when service provided meets the definition and requirements of an intake. Modifiers 52 and 53 can only be used when modifier U9 is used. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Behav. Hlth Outreach Srvc | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN<br>(1 per encounter) | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| **Modifiers** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| 52 53 HH HK *HN HT UC UD U8 U9 XE FQ | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 183500000X - Pharmacist - D | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

*HN is required for encounters submitted by Behavioral Health Support Specialists

# Other services

# Other mental health services or supports – not covered by Medicaid

## Care coordination services

### Description of other services

Activities are provided for clients, and/or their family through a process that provides individualized services. The following activities are included in Care Coordination Services:

- Outreach and engagement
- Formation of the child (youth) and family team
- Cross system coordination
- Development and implementation of individualized plans focusing on the strengths and needs of the child and family
- Coordination with medical home
- Coordination with other active treatment components
- Non-clinical meetings with natural supports (i.e., friends, extended family, neighbors, co-workers, faith communities, member's schools)

### Inclusions

- Care coordination services are to be used for individuals 21 and younger participating in Wraparound with Intensive Services (WISe).

### Exclusions

- Child and Family team meetings
- Not an available service for adults (individuals 21 yrs of age or older).
- Not a Medicaid billable services. State funded.

### Notes

- Information on this page is intended as an overview.
- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2021 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Comm. based wrap-around srvcs, per 15 min | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Modifiers** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| HH HK U8 FQ XE | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

## Child and family team meetings

### Description of other services

Purpose: Child & Family Team (CFT) Meetings are for the development, evaluation, or modification of a cross-system care plan. In accordance with WA Children's Mental Health System Principles, care planning is family driven, youth-guided, and focused on strengths and needs. The CFT facilitates cross system coordination to support outcomes in the restoration of a higher level of functioning for the youth and family. The cross-system care plan is maintained in the official mental health provider client record and each participating member receives a copy. The cross-system care plan includes: 1. A statement of treatment and services goals; 2. Clinical interventions; 3. Supports designed to achieve those goals; and 4. An evaluation of progress.

Population served: This service is designed for children and youth who have complex emotional, behavioral, and social issues who typically require care coordination across two or more systems.

Membership on the CFT is determined by the family and youth in collaboration with service providers and includes natural supports that the family/youth designate as well as representatives of involved providers and systems.

Facilitation: The CFT is facilitated by a member identified by the team that can maintain a consistent presence, guide the team process, coordinate planning efforts, and be responsible for sign-in sheets and meeting minutes that document efforts, agreements, and progress.

Frequency: The team meets with sufficient regularity to assess progress and maintain clear and coordinated communication to carry out the plan.

### Inclusions

- See description. All meetings where the family and other members of an established CFT are participating as part of the care plan.

### Exclusions

- Meetings without the youth or family present (i.e., one or the other or both must be present).
- Meetings for a primarily clinical purpose such as individual or family treatment services that do not involve other CFT members.

### Notes

- Information on this page is intended as an overview. Refer to the PIHP contract, WA State Children's Mental Health System Principles and WA State Children's Mental Health Child and Family Team Practice Expectations.
- This service is designated using modifier "HT" – Multidisciplinary Team. This service should only be reported by one of the mental health clinicians in attendance at the team meeting by using the HT modifier. All other mental health attendees submit without the HT modifier.
- If services are reported per diem High Intensity, those members do not code Child & Family Team Meetings separately.
- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0032 | 164W00000X - Licensed Practical Nurse | This code should be used with "team" provided Services. Mental Health lead should submit with the HT modifier. All other mental health providers in attendance submit only H0032 without the HT modifier. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| MH srvcs plan dev by non-MD | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN (1=15 mins; 1 or more) | 363A00000X - Osteopathic Physician Assistant | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HH HT U8 FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

## Interpreter services

### Description of other services

Sign language, oral interpretative services necessary to ensure the provision of services for individual with sensory impairments or in the primary language of non-English speaking individuals.

### Inclusions

- Interpretation/translation provided by staff not employed by the BHA.
- Interpretation/translation provided by staff employed by the BHA, who is not the primary mental health care provider or who is not delivering the service.
- Interpreter services can be reported concurrently with another clinical service including Interactive Complexity (90785) when Interactive complexity is reported as an add-on service.

### Exclusions

- Services provided by a mental health care provider who is bilingual and does not require a separate interpreter or translator.

### Notes

- Documentation by the clinician to include, at a minimum, notation that interpretative services were utilized during the session and the name of the interpreter.
- Documentation from the interpreter is not required in the clinical file.
- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| T1013 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Sign Lang/Oral Interpreter Srvcs | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1= 15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| UC UD U8 FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

## Mental health clubhouse

### Description of other services

A service provided with State-only or local funding. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use International Center for Clubhouse Development (ICCD) standards as guidelines. Services include all of the following:

- Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community.
- Opportunities to participate in administration, public relations, advocacy, and evaluation of clubhouse effectiveness.
- Assistance with employment opportunities, housing, transportation, education, and benefits planning.
- Operate at least ten hours a week after 5:30 p.m. Monday through Friday, or anytime on Saturday or Sunday.
- Opportunities for socialization activities.

### Inclusions

- Operate at least ten hours a week that occurs either after 5:30 p.m. Monday through Friday or during any hours on Saturday or Sunday.
- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the mental health clubhouse.

### Exclusions

- None

### Notes

- Report Provider Type using Billing Provider NPI and taxonomy for this per diem code.
- This modality may not be provided prior to an intake.

- See Day Support on page 22 regarding Medicaid funded services in this setting.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2031 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| MH clubhouse srvcs, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= a day; 1 or more) | | |
| **Modifiers** | | |
| UD | | |

## Respite care services

### Description of other services

A service provided with State-only or local funding to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support, and monitoring to meet the physical, emotional, social, and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home, etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional.

### Inclusions

- Observation, direct support, and monitoring to meet needs of an enrollee by someone other than the primary caregivers.
- Service may be provided on a planned or an emergent basis.
- Service provided in a variety of settings such as the person's or caregiver's home, an organization's facilities, or in a respite worker's home.
- Service provided in a manner necessary to provide relief for the person or caregivers.
- Concurrent or auxiliary services may be provided by staff who are not assigned to provide respite care.

### Exclusions

- Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration)

### Notes

- Respite care up to 8 hours is reported as T1005. Respite care of 8 hours or longer is reported as a per diem.
- Report Provider Type using Billing Provider NPI and taxonomy for these per diem codes.
- This modality may not be provided prior to an intake.
- For H0045 the "HW- Funded by state mental health agency" modifier is required.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0045 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Respite not-in-home, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=a day; 1 or more) | | |
| **Modifiers** | | |
| UC UD *HW | | |

*Indicates required modifier.

| Code | Provider Type | Service Criteria |
|---|---|---|
| S9125 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Respite care, in the home, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=a day; 1 or more) | | |
| **Modifiers** | | |
| UD | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| T1005 | 164W00000X - Licensed Practical Nurse | Require 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Respite care services, 15 minutes | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN (1=15 mins; 1 or more) | 363A00000X - Osteopathic Physician Assistant | |
| **Modifiers** | 2084P0800X - Psychiatrist/MD | |
| HH UC UD XE | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

## Supported employment

### Description of other services

A service provided with State-only or local funding. Services will include:

- An assessment of work history, skills, training, education, and personal career goals.

- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
- Involvement with consumers serviced in creating and revising individualized job and career development plans that include consumer strengths, abilities, preferences, and desired outcomes.
- Assistance in locating employment opportunities that is consistent with the consumer's strengths, abilities, preferences, and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.
- Services are provided by or under the supervision of a mental health professional.

## Inclusions

- Assessment of work history, skills, training, education, and personal career goals.
- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
- Involvement with consumers served in creating and revising. individualized job and career development plans that include consumer strengths, abilities, preferences, and desired outcomes.
- Assistance in locating employment opportunities that is consistent with the consumer's strengths, abilities, preferences, and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.

## Exclusions

- None

## Notes

- This modality may not be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2023 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Supported employ, per 15 min | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH HT UC UD FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2025 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Supp maint employ, 15 min | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN | 363A00000X - Osteopathic Physician Assistant | |
| (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/MD | |
| **Modifiers** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| HH HT UC UD FQ XE | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

# Mental health programs – non-Medicaid funded

## Special program reporting

### Description
Special programs are specified behavioral health services targeted by designated funding or legal settlement delivered to an identified population of individuals.

### General information & reporting instructions for programs
- The program description pages provide a brief narrative of the program as well as specific admission criteria and any additional services allowed under the program. The reader is referred to the contract and/or program standards for additional specific information and requirements related to the program.
- Individuals are identified for participation in programs based on program specific criteria defined in contract.
- At the time of an individual's entry to a program, the program identification code (2- characters) is reported to HCA/DBHR enrolled participants. Program descriptions provide detailed information for types of services, available codes, and modifiers.
- Criteria for discharge or exit from a program are as defined by the contract. At time of discharge or exit from a program, a program end date is reported for each program participant.
- When generating data reports for special programs, to get a full picture of all services provided to a client, be sure to include all the encounters, regardless of Special Program Reporting identifiers, that occurred within the time range of the specific program as identified as a part of the Program Episode Identifier transaction.
    - For example: To get a full picture of the services that have been provided to program participants, both types of encounters must be captured. To identify program-only encounters, only look at those with the Special Program Reporting identifiers.

## Jail services/community transition

### Program description
The Jail Services Program provides mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health services upon the release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits. Services provided as part of this program are intended to facilitate safe transition into community services. Post release transition services are available for up to 90 days following release from any episode of confinement.

### Inclusions
- This service is program specific and is only available for persons in the Jail Services Program.
- Criteria for entry into this program are specified in the contract.

### Exclusions
- None

### Notes
- Community transition is a state-funded service. Please refer to your contract regarding specific requirements or services to be reported.
- Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.
- This program may be provided prior to an intake.
- There is no time associated with this code.

| Code | Provider Type | Service Criteria |
|---|---|---|
| T2038 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Community transition waiver/srvcs, per srvc | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN (1=15 mins; 1 or more) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH UD FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |

## Offender re-entry community safety program (ORCSP)

### Program description

The Offender Re-entry Community Safety Program (ORCSP) is designed to improve the process of identification and provision of additional mental health treatment for mentally ill persons being released from the Department of Corrections (DOC) who pose a threat to themselves or others.

The ORCSP funding supplements other resources and provides additional mental health treatment.

### Inclusions

- The MCO, BH-ASO, or provider must have an ORCSP contract with the HCA/DBHR to report services for this program.
- Entry criteria for the program are assignment of an individual to the contractor by HCA/DBHR ORCSP Program Administrator.
- Referral source for this program is "Corrections." Participants are initially identified by Department of Corrections and then screened for acceptance by the Statewide Multi-system Review Committee.
- Additional services allowed for participants in this program include:
    - Case Management (T1016-HW) – Coordination of mental health services, assistance with unfunded medical expenses, obtaining SUD treatment, housing, employment services, education or vocational training, independent living skills, parenting education, anger management services; and other such services as deemed necessary (RCW 71.24.70).
    - Sex offender treatment (H2028) – Services to reduce reoffending behavior by teaching skills to identified sexual offenders as an effort to prevent relapse.

### Exclusions

- None

### Notes

- Information on this page is intended as an overview. Refer to the contract for complete program requirements.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2028 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report for first unit |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Sex offend tx srvcs, per 15 mins | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| T1016 | 164W00000X - Licensed Practical Nurse | Requires 10 minutes minimum to report first unit. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Case management, each 15 minutes | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1=15 mins; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HH *HW FQ XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*Indicates required modifier.

# Mental health programs – Medicaid and non-Medicaid funded

## WA-PACT

### Program description

The Washington Program for Assertive Community Treatment (WA-PACT) is a client-centered recovery-oriented mental health service delivery model that supports facilitating community living, psychosocial rehabilitation, and recovery for individuals who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

WA-PACT Services are delivered by a group of multi-disciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. The team is directed by a team leader and psychiatric prescriber and sufficient staff from the core mental health disciplines to cover 24 hours per day, seven days a week, and provide intensive services based on the individual's need and mutually agreed upon plan. WA-PACT teams are mobile and deliver services in community locations.

### Inclusions

- The WA-PACT team must be recognized by HCA/DBHR as a WA-PACT participant and actively participate in the WA-PACT Fidelity Review requirements. Criteria for entry to this program are specified in the HCA/DBHR PACT standards.
- Services provided by staff who are members of a WA-PACT team are reported with the applicable CPT®/HCPCS code in the SERI guide and the modifier "UD."

### Exclusions

- The following services are excluded from the WA-PACT program:
    - Per Diem Codes
    - High Intensity Treatment
    - WISe
    - New Journeys
    - Intensive Residential Treatment
    - Mental Health Services Provided in a Residential Setting
    - Intensive Outpatient and Partial Hospitalization

### Notes

- Information on this page is intended as an overview. Refer to the contract and Washington State PACT standards for complete program requirements.
- May include Flexible Assertive Community Treatment (FACT) and Felony Forensic Assertive Community Treatment (FFACT).

| Code | Provider Type | Service Criteria |
|---|---|---|
| Any code in this guide except for those codes under the modalities listed in Exclusion section above on page 98 i.e. High Intensity and Day Support.<br>**CPT®/HCPCS Definition**<br><br>**Unit (UN) / Minutes (MJ)**<br><br>**Modifiers**<br>UD | As applicable to code selected from this guide. | Use modifier "UD" to identify delivery of service by WA-PACT team members to individuals enrolled in the WA-PACT program. This modifier should be used in combination with any CPT®/HCPCS code available in the SERI guide for use with the WA-PACT program. |

## Wraparound with Intensive Services (WISe)

### Program description

Wraparound with Intensive Services (WISe) is a Medicaid-funded range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home- and community-based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school, or peers requiring:

- The coordination of services and support across multiple domains (i.e., mental health system, juvenile justice, child protection/welfare, special education, developmental disabilities);
- Intensive care collaboration; and
- Ongoing intervention to stabilize the child and family to prevent more restrictive or institutional placement.

WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home- and community-based services and mobile rapid response crisis team outreach services based on the individual's need and the cross-system care plan* developed by the Child and Family Team. Care is integrated in a way that ensures youth are served in the most natural, least restrictive environment.

*Cross-System Care Plan: An individualized comprehensive plan created by a Child/Family Team that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement, the official individual service plan that each system maintains in the client record.

### Inclusions

- Criteria for entry to this program are specified in the HCA/DBHR WISe manual.
- The MCO/BH-ASO must have a WISe Contract with HCA/DBHR to report services for this program.
- Agencies must be qualified by HCA/DBHR to provide these services.
- Individual encounters must be reported by WISe-certified staff using the U8 modifier.

### Exclusions

- WA-PACT
- New Journeys
- High Intensity Treatment - specifically the per diem codes should not be used for anyone in the WISe program
- Intensive Residential Treatment
- Mental Health Services Provided in a Residential Setting,
- Intensive Outpatient and Partial Hospitalization
- Per diem codes are excluded from the WISe program

### Notes

- Information on this page is intended as an overview. Refer to the PIHP contract and Wraparound with Intensive Services program manual for complete requirements.

| Code | Provider Type | Service Criteria |
|---|---|---|
| Any code in this guide except those that represent the above exclusions section<br>**CPT®/HCPCS Definition**<br><br>**Unit (UN) / Minutes (MJ)**<br><br>**Modifiers**<br>U8 | As applicable to code selected from this guide. | WA State HCA/DBHR defined modifier "U8" to identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners.<br><br>**Do not use the "U8" modifier to identify services to WISe participants by non-WISe child and family team members.** |

## New Journeys Coordinated Specialty Care (NJ CSC)

### Model description

New Journeys Coordinated Specialty Care (NJ CSC) is a delivery model designed to meet the needs of those experiencing a first episode of psychosis with treatment provided as a multidisciplinary team intensive outpatient service. Treatment provides evidence-based health and recovery support interventions for youth and young adults when first diagnosed with Severe Mental Illness (SMI)/Severe Emotional Disturbance (SED).

NJ CSC services are delivered by multi-disciplinary mental health providers who work as a team and provide treatment, rehabilitation, and supports to assist individuals to achieve their goals. The service array is provided on an outpatient basis with options for home and community settings, based on the individual's own needs and what they identify as helping them achieve a more meaningful life. The service components include individual and/or group psychotherapy, family psychoeducation and support, medication management, nurse case management, and peer support.

### Inclusions

- Information on this page is intended as an overview. Refer to contract and HCA/DBHR New Journeys manual for additional information.

- The New Journeys provider must be an approved provider by HCA/DBHR to provide these services. Refer to HCA/DBHR New Journeys manual for additional information.
- Services provided by staff members of a New Journey's team are reported with applicable CPT®/HCPCS code in the SERI guide and the modifier "HT."
- Providers must use modifier "HT" to identify and encounter all services provided to New Journey's participants by qualified NJ-CSC providers.

## Exclusions

The following services are excluded from the New Journeys:

- Per diem codes
- High Intensity Treatment
- WISe
- WA-PACT
- Intensive Residential Treatment
- Mental Health Services Provided in a Residential Setting
- Intensive Outpatient and Partial Hospitalization

## Notes

Definitions of tiers:

Tier 1: Initial participation, 0-6 months.
Tier 2: Remaining participation, 7-24 months
After Tier 2: Participation greater than 24 months, up to 5 years.

If provider's contract specifies a team-based case rate payment structure, the below procedure codes should be used choosing between two separate reimbursement structures based upon threshold of intensity and 24 months of intervention:

- A) New Journeys Encounter Rate (H2041 HT): If the service intensity threshold described below is not met, then the provider encounters the H2041 HT code for every service encountered within SERI that has the HT modifier attached and is provided by a member of an attested New Journeys team.
    - Tier 1 up to 7 or less service encounters per month
    - Tier 2 up to 5 or less service encounters per months
    - After Tier 2 (greater than 24-months up to 5 years), encounter for every service encounter per month, max of 5 encounter rates in any given month

OR

- B) The New Journeys Team Based Rate (TBR) (T2022 HT & T2023 HT): The TBR is used once per month with a minimum number of encounters to meet the threshold required for the full model. It is two-tiered based on length and intensity of treatment, with a lifetime maximum of 24 months per individual.
    - Tier 1: 8 or more encounters per month (T2022 HT) – months 0-6
    - Tier 2: 6 or more encounters per month (T2023 HT) – months 7-24

Note: Both the Team Based Rate (T2022 HT & T2023 HT) and the Encounter Rate (H2041 HT) codes cannot both be encountered within the same month.

 

| Code | Provider Type | Service Criteria |
|---|---|---|
| Any code in this guide except for those listed under the exclusions on the preceeding page<br>**CPT®/HCPCS Definition**<br><br>**Unit (UN) / Minutes (MJ)**<br><br>**Modifiers**<br>*HT | As applicable to code selected from this guide. | Use modifier "HT" to identify all services provided to New Journey's participants by qualified NJ-CSC providers. |

*Required modifier

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2041<br>**CPT®/HCPCS Definition**<br>Coordinated specialty care, team-based, for first episode psychosis<br>**Unit (UN) / Minutes (MJ)**<br>UN (1),<br>See Service Criteria section, Max of 7 units in a given month<br>**Modifiers**<br>*HT | Billing Provider NPI and taxonomy | Tier 1: for each encounter up to 7 or less encounters per month<br><br>Tier 2: for each encounter up to 5 or less encounters per month<br><br>After Tier 2: greater than 24-months up to 5 years, for each encounter per month<br><br>Optional – To be used if provider contract specifics a team-based case rate. |

*Required modifier

| Code | Provider Type | Service Criteria |
|---|---|---|
| T2022 | Billing Provider NPI and taxonomy | Tier 1 – Monthly team-based case rate for intake through first 6 months of services.<br><br>8 or more encounters per month<br><br>Optional – To be used if provider contract specifics a team-based case rate. |
| **CPT®/HCPCS Definition** | | |
| Case management, per month | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1)<br>(1 per month) | | |
| **Modifiers** | | |
| *HT | | |

*Required modifier

| Code | Provider Type | Service Criteria |
|---|---|---|
| T2023 | Billing Provider NPI and taxonomy | Tier 2 – Monthly team-based case rate for months 7 through month 24 of services.<br><br>6 or more encounters per month<br><br>Optional – To be used if provider contract specifics a team-based case rate. |
| **CPT®/HCPCS Definition** | | |
| Targeted case management, per month | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1)<br>(1 per month) | | |
| **Modifiers** | | |
| *HT | | |

*Required modifier

## Intensive residential treatment

### Program description

Intensive Residential Treatment (IRT) is a model for providing a range of outreach-based service components that are individualized, intensive, coordinated, comprehensive, and culturally competent. The model is for adults living in Aging and Long-Term Services Administration (ALTSA) licensed Adult Family Homes and Assisted Living Facilities. IRT teams work with individuals discharging or diverting from state hospitals or long-term hospitalizations who need wraparound behavioral health support.

IRT services are delivered by a team of multi-disciplinary mental health staff. The team uses Assertive Community Treatment principles to work together to provide rehabilitative mental health treatment and support services, based on the individual's unique needs. The model includes a mix of Medicaid and non-Medicaid services and supports.

### Inclusions

- Each IRT team must have a contract with an MCO to report services for this program.
- Criteria for entry to this program are specified in the HCA/DBHR IRT standards guide.

 

- Services provided by staff who are members of an IRT are reported with the applicable CPT/HCPCS code in the SERI guide and the modifier "UC."

### Exclusions

- The following services are excluded from the IRT program:
  - Day Support
  - High Intensity Treatment
  - WA-PACT
  - WISe
  - New Journeys
  - Mental Health Services Provided in a Residential Setting
  - Intensive Outpatient and partial hospitalization
  - Per diem codes

### Notes

- Information on this page is intended as an overview. Refer to HCA guidance documents for additional information.
- IRT services should be reflected in the supplemental transactions to Behavioral Health Data System (BHDS). Services should use the Program ID# 44 for these services as per the BHDS Data Guide.
- Services are reported with applicable CPT®/HCPCS code in the SERI guide and the modifier "UC."

| Code | Provider Type | Service Criteria |
|---|---|---|
| Any code in this guide except those listed under the Exclusions section | As applicable to code selected from this guide. | |
| **CPT®/HCPCS Definition** | | |
| **Unit (UN) / Minutes (MJ)** | | |
| **Modifiers** | | |
| *UC | | |

*Required modifier

## Peer support provided within a mental health peer respite facility

### Description

Mental health peer respite is an alternative facility type for individuals who are in psychiatric distress. Peer support services provided in a respite facility is a voluntary, short-term overnight environment. Peer support may be one-on-one or group peer support. Peer support services are provided by certified peer counselors who are credentialed through the Department of Health Services provided are under the supervision of a Mental Health Professional. Mental health peer respite is further outlined in WAC 246-341-0725.

### Facility Inclusions

- Peer Respite Facilities are limited to individuals who are:
  - At least eighteen years of age.
  - Experiencing psychiatric distress but who are not detained or involuntarily committed under chapter 71.05 RCW.
  - Independently seeking respite services by their own choice.

### Exclusions

- Peer respite facilities do not provide medical services, such as prescribing medication or management/oversight of management. However, an outside provider may provide and bill for

concurrent or auxiliary professional services, such as prescribing medication or related medication management services.

### Notes

- Report Provider Type using Billing Provider NPI and taxonomy for these per diem codes.
- This modality may not be provided prior to an intake.
- For this service only use place of service (POS) 16
- Information on this page is intended as an overview. Refer to HCA guidance documents for additional information.
- An agency certified to provide mental health peer respite services must be licensed according to this chapter and meet the general requirements in:
    - WAC 246-341-0718 for recovery support services; and
    - WAC 246-341-0724 for peer support services.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0045 | Billing Provider NPI and Taxonomy | A client may be admitted and discharged within the same day. The per diem is to cover both Medicaid allowable services (i.e., intake by MHP, peer services, etc.) and non-Medicaid allowable expenses, such as room and board. |
| **CPT®/HCPCS Definition** | | |
| Respite not-in-home, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1=a day; 1 or more) | | |
| **Modifiers** | | |

## Intensive outpatient and partial hospitalization

### Program description

Intensive Outpatient Treatment (IOP) and Partial Hospitalization Program models (PHP) for mental health are structured intensive outpatient treatment of daily or near-daily sessions with the client returning home each day. These service models provide active treatment using a multidisciplinary approach and individualized treatment plans. Services offered could include medical monitoring, medication management, and nutritional and wellness support. Frequency, duration and array of services are tailored to meet individual needs determined by intake evaluations and supported by individualized treatment plans.

- IOP models must be at least 9-12 hours of service per week with an average of 2 to 3 hours per day, at least three sessions each week, occurring on separate days.
- PHP models must be at least 15-20 hours of service per week with an average of 4 to 5 hours per day, occurring on separate days.

### Inclusions

- Each IOP or PHP must have a contract with an MCO to report services for this program.
- Use the HA modifier to denote when services are provided to Medicaid enrolled youth 20 years of age or under.

## Exclusions

Individuals receiving the following services are not eligible to receive IOP or PHP services at the same time:

- WISe
- WA-PACT
- New Journeys
- High Intensity Treatment—this is a separate and distinct service
- Intensive Residential Treatment
- Mental Health Services Provided in a Residential Setting
- Day Support
- Other per diem codes

## Notes

- These services are designated by the addition of the "HK- Specialized MH programs for high-risk population" modifier.
- Information on this page is intended as an overview. Refer to HCA Guidance Document for additional information.
- Service may be provided via telemedicine, please refer to telemedicine and telehealth section for additional guidelines.

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0035 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Mental health partial hospitalization, treatment, less than 24 hours | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= a day; 1 per encounter) | | |
| **Modifiers** | | |
| HH U6 HA *HK HT | | |

*Indicates required modifier.

| Code | Provider Type | Service Criteria |
|---|---|---|
| S9480 | Billing Provider NPI and Taxonomy | This code with the required modifier is specifically for MH IOP and is not to be used for High Intensity Services. The service criteria for High Intensity Services can be found under the "Mental Health Service Modalities" section pg. 15 |
| **CPT®/HCPCS Definition** | | |
| Intnsv. O/P psychiatric srvcs, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN (1= a day; 1 per encounter) | | |
| **Modifiers** | | |
| HH U6 HA *HK HT | | |

*Indicates required modifier.

# Occupational Therapy Services for Behavioral Health Conditions

## Description

Occupational therapy services is an allowable Medicaid benefit under Washington's Medicaid state plan. In the 2023 legislation, SB 5228 was passed requiring the Health Care Authority to expand coverage within Apple Health (Medicaid) to ensure that licensed Behavioral Health Agencies are reimbursed for the medically necessary occupational therapy needs of their clients.

The practice of occupational therapy uses assessment, analysis and purposeful activity with individuals across their lifespan. Occupational therapists and occupational therapy assistants perform comprehensive person-centered evaluations to determine needs and offer a wide range of supports, including addressing barriers to optimal functioning using the recovery model to help the individual be engaged with daily life activities that are meaningful. Additionally, practitioners work on daily roles, habits, and routines, as well as promote progress towards independent living. Further examples include community/work reintegration training and promotion of functional participation in independent activities of daily living. Examples could include navigation of public transit or a grocery store.

## Inclusions

- BHAs must contract with MCOs to be reimbursed for these services to provide to Apple Health enrollees.
- Guidance for encountering occupational therapy services can be found in the Outpatient Rehabilitation billing guide on the Provider billing guides and fee schedules | Washington State Health Care Authority page.
- Allowable provider types include licensed Occupational Therapists and Occupational Therapy Assistants.

## Exclusions

- None

## Notes

- Information on this page is intended as an overview. Refer to HCA guidance documents for additional information. Occupational therapy for behavioral health conditions fact sheet.

# Other substance use services – not covered by Medicaid

*Urinalysis Drug Screening may be covered by either Medicaid or non-Medicaid funding, see guidance starting on page 101.

## Alcohol/drug information schools

### Description of other services

Alcohol/Drug Information Schools provide information regarding the use and abuse of alcohol/drugs in a structured educational setting. Alcohol/Drug Information Schools must meet the certification standards in WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 0.5.

### Inclusions

- None

### Exclusions

- None

### Notes

- This modality may be provided prior to an assessment.
- Usually court-ordered.

### Limitations

- Place of Service Code '57' only (Non-Residential Substance Abuse Facility).

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0026 | 101Y99995L - Other (Clinical Staff) | Service to be provided by SUDP or any other certified ADIS instructor. |
| **CPT®/HCPCS Definition** | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| Alcohol/drug prevention | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per encounter) | | |
| **Modifiers** | | |
| HD HZ U5 XE | | |

## Interim services

### Description of other services

Interim Services or Interim Substance Use Disorder Services means services that are provided until an individual is admitted to a substance use disorder treatment program. The purposes of the services are to reduce the adverse health effects of such use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services, if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

### Inclusions

- None

### Exclusions

- If State-only funded, interim services for HIV treatment are not included.

### Notes

- This modality may not be provided prior to an assessment.
- SABG Funded for PPW and IUID.

- May also be funded with State Funds.
- This is a SABG reporting requirement.

### Limitations

- Use the appropriate diagnosis code to designate treatment is for an SUD.
    - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:
        - Z7141 for alcohol abuse; and
        - Z7151 for drug abuse

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0025 | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| **CPT®/HCPCS Definition** | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| Behavioral Health Prevention Education | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per encounter) | | |
| **Modifiers** | | |
| HD HH HZ U5 XE FQ | | |

## Recovery support services

### Description of other services

A broad range of nonclinical services that assist individuals and families to initiate, stabilize, and maintain long-term recovery from substance use. Recovery support services can be delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. Services can be provided by a single entity or a consortium of health and human service providers.

### Inclusions

- Recovery support services can include, but are not limited to:
    - Transportation to and from treatment or recovery support services
    - Employment services and job training
    - Relapse prevention
    - Housing assistance services
    - Childcare
    - Family/marriage education
    - Self-help and support groups, life skills, spiritual and faith-based support, education, and parent education

### Exclusions

- Recovery support services do not include rent, dental, or medical costs, hygiene items, electronics, or anything that is for personal use.

### Notes

- This modality may not be provided prior to an assessment.
- SABG, CJTA, or State-funded only
- Use the appropriate diagnosis code to designate treatment is for an SUD.
    - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:
        - Z7141 for alcohol abuse; and
        - Z7151 for drug abuse.

 

### Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0047 | 164W00000X - Licensed Practical Nurse | Direct communications with the client and/or collaterals designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. (Excludes: reminder (non-therapeutic) phone calls, listening to voice mails, e-mails) |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Alcohol/drug abuse svc, NOS | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN | 363A00000X - Osteopathic Physician Assistant | |
| (1 per encounter) | 2084P0800X - Psychiatrist/MD | |
| **Modifiers** | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| HD HH HV U5 | 104100000X - Lic. Social Worker/Assoc. | |
| HZ FQ XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional (SUDPT) | |

## Sobering services

### Description of other services

Provides short-term (less than 24 consecutive hours) emergency shelter, screening, and referral services to people who need to recover from the effects of alcohol. Services include medical screening, observation, and referral to continued treatment and other services as appropriate.

### Inclusions

- None

### Exclusions

- SUDP and SUDPT Provider Types are excluded from providing this service.

### Notes

- This modality may be provided prior to an assessment.
- SABG or SGIA funded.

### Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0016 | 164W00000X - Licensed Practical Nurse | |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Alcohol/drug services, per hour | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Osteopathic Physician Assistant | |
| | 2084P0800X - Psychiatrist/MD | |
| UN | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| (1=1 hour; 1 or more) | 104100000X - Lic. Social Worker/Assoc. | |
| **Modifiers** | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| HD HZ U5 XE | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

## Pregnant, postpartum, or parenting women's (PPW) housing support services

### Description of other services

Support services provided to PPW individuals in a transitional residential housing program designed exclusively for this population. Activities include facilitating contacts and appointments for community resources for medical care, financial assistance, social Services, vocational, childcare needs, outpatient treatment services, and permanent housing services.

### Inclusions

- Includes women with dependent children.

### Exclusions

- None

### Notes

- This modality may not be provided prior to an assessment.
- Report encounter Providers Type using facility Billing Provider NPI and taxonomy.
- Residential and outpatient treatment interventions are Medicaid eligible services, including providing these services to address the needs of specialty populations such as PPW. SABG funding may be available for Individuals who are not eligible for Medicaid and for non-Medicaid PPW components such as outreach and housing support services.
- For PPW housing support:
    - Pregnant, postpartum, or parenting (children age of 17 and under) at the time they enter housing support services. Pregnant includes any stage of gestation. Postpartum includes up to one (1) year, regardless of the outcome of the pregnancy or placement of children.
    - Currently participating in outpatient treatment for a substance use disorder or have completed residential or outpatient substance use disorder treatment within the last twelve (12) months.
    - At or below two hundred twenty percent (220%) of the Federal Poverty Level (FPL); or on Medicaid at the time they enter transition housing.
    - Not actively involved in using alcohol or other drugs.
- For PPW residential:

 

- Pregnant or postpartum women up to one (1) year regardless of the outcome of pregnancy or placement of children, parenting children age of six (6) and under. Parenting women include those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children Youth and Family (DCYF).

### Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0043 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Supported housing, per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1= a day; 1 or more) | | |
| **Modifiers** | | |
| *HD HH U5 | | |

*Indicates required modifier.

## Urinalysis drug screening

### Description of other services

Drug test(s), presumptive, utilizing immunoassay, any number of drug classes.

For persons receiving medications for treatment of substance use disorder(s) medical necessity criteria as outlined in WAC 182-500-0070 must be met. For persons receiving treatment from a Department of Health credentialed substance use disorder treatment agency, the state plan for Washington's substance use disorder benefit currently limits Medicaid reimbursement for medically necessary drug screens/urinalysis testing. Per attachment 3.a. of the Medicaid State Plan:

Drug screens must meet the following criteria:

- Medical necessity criteria, and
- Be ordered by a physician as part of a medical evaluation; or
- Be necessary to assess suitability for medical tests or treatment

### Inclusions

- Drug screens and urinalysis confirmation testing that occur because of court compliance requirements in pre-trial, probation, and diversion programs in the criminal justice system, are not considered medically necessary and thus are not covered by Medicaid.
- For court or compliance required drug screening/urinalysis testing, other available non-Medicaid funding must be used (i.e., county behavioral health taxes, client participation fees, substance abuse block grants, Criminal Justice Treatment Account dollars, etc.).
- For these non-Medicaid services H0003 would be encountered (see coding below).

### Exclusions and limitations

- For more information and guidance, on Medicaid covered drug screening/urinalysis testing please refer to the "Considerations Informing HCAs Drug Testing Policy" document which as of April 1, 2025, can be found under the Physician-related/professional services tab on the Provider billing guides and fee schedules | Washington State Health Care Authority page.

### Notes

- Applicable to the following SUD service settings:
  - Outpatient and intensive outpatient treatment
  - Withdrawal management
  - Secure Withdrawal Management and Stabilization

 

- Intensive residential treatment
- Long-term care residential services
- Opioid treatment program

## Limitations

- None

| Code | Provider Type | Service Criteria |
|---|---|---|
| 80305 | 164W00000X - Licensed Practical Nurse | Analysis completed onsite by provider and billed by provider. Clinical Laboratory Improvement Amendment (CLIA) number not required.<br><br>Medicaid funded if medical necessity and documentation criteria are met. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Presumptive Drug Class Screening/ Direct Optical Observation Only (e.g., immunoassay - Dipstick Method, Cups, etc.), includes sample validation when performed, per date of service. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per UA) | | |
| **Modifiers** | | |
| HD HH HZ U5 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| 80306 | 164W00000X - Licensed Practical Nurse | Analysis completed and billed by a provider with an onsite lab or completed and billed by a lab. Clinical Laboratory Improvement Amendment (CLIA) number required.<br><br>Medicaid funded if medical necessity and documentation criteria are met. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Presumptive Drug Class Screening via instrument assisted direct optical observation (e.g., immunoassay – dipsticks, cups, etc.), includes sample validation when performed, per date of service | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per UA) | | |
| **Modifiers** | | |
| HD HH HZ U5 XE | | |

 

| Code | Provider Type | Service Criteria |
|---|---|---|
| 80307 | 164W00000X - Licensed Practical Nurse | Analysis completed and billed by a provider with an onsite lab or completed and billed by a lab. Clinical Laboratory Improvement Amendment (CLIA) number required.<br><br>Medicaid funded if medical necessity and documentation criteria are met. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Presumptive Drug Class Screening / via Instrumented Chemistry Analyzers (e.g., immunoassay, chromatography, & mass spectrometry), includes sample validation when performed, per date of service. | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per UA) | | |
| **Modifiers** | | |
| HD HH HZ U5 XE | | |

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0003 | 164W00000X - Licensed Practical Nurse | Analysis completed onsite by provider and billed by provider. Clinical Laboratory Improvement Amendment (CLIA) number not required.<br><br>Non-Medicaid funded (i.e., general fund state dollars, block grant dollars) |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Presumptive Drug Class Screening | 363LP0808X - ARNP Psych, MH<br>363A00000X - Physician Assistant<br>363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician<br>104100000X - Lic. Social Worker/Assoc.<br>106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101YA0400X - Substance Use Disorder Professional (SUDP)<br>101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)<br><br>Use Billing Provider NPI and taxonomy if rendered by none of the above | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1 per UA) | | |
| **Modifiers** | | |
| HD HH HZ U5 XE | | |

# Guidance for other behavioral health services and supports – *includes both Medicaid and non-Medicaid*

## Request for services

Request for services is required to be documented for all individuals seeking non-crisis services.

### Description of services

A request for mental health or substance use services occurs when services are sought or applied for through a telephone call, walk-in, or written request from the individual or those defined as family or upon the receipt of a written EPSDT referral. Although not a clinical intervention or treatment service, request for services is documented for all individuals seeking non-crisis services. Request for services encounter data is used to monitor access to services and compliance with access standards.

### Inclusions

- These services are provided prior to intake.

### Exclusions

- Does not include information and referral calls.

### Notes

- Request for service encounter is REQUIRED when an individual, who is not currently enrolled in services, seeks non-crisis services.
- A UB modifier must be used with this code when it is being used to report this type of encounter.
- Use facility Billing Provider NPI and taxonomy when the individual providing service is a non-clinical staff.
- Documentation of the request must be made in the consumer's medical record, but a formal progress note is not needed if administrative staff took the initial request.
- This Service Type is allowed to be provided prior to an intake.
- Use the appropriate diagnosis code to designate the condition to be treated:
- For SUD: Use the appropriate diagnosis code to designate treatment is for an SUD.
    - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:
        - Z7141 for alcohol abuse; and
        - Z7151 for drug abuse.
- For MH:
    - Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or
    - When a diagnosis cannot be made or in unknown use F99

### Limitations

- None

 

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0046 | 164W00000X - Licensed Practical Nurse | Can be used for behavioral health. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Mental health services, NOS | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN (1= < 15 mins; 1 per encounter) | 363A00000X - Osteopathic Physician Assistant | |
| **Modifiers** | 2084P0800X - Psychiatrist/MD | |
| *HN **UB UC UD U8 FQ XE | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y00000X - Behavioral Health Support Specialist | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 376K00000X - Nursing Assistant Registered/Certified | |
| | Use Billing Provider NPI and taxonomy if rendered by none of the above | |

*HN is required for encounters submitted by Behavioral Health Support Specialists. **Indicates required modifier when using this code for this service.

## Telemedicine

### Key terms:

1. **Telemedicine** – The delivery of health care services using interactive audio and video technology, permitting real-time communication between the client at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include any of the following services:
   - Email and facsimile transmissions
   - Installation or maintenance of any telecommunication devices or systems
   - Purchase, rental, or repair of telemedicine equipment
   - Incidental services or communications that are not billed separately, such as communicating laboratory results
2. **Audio-only telemedicine** – The delivery of health care services using audio-only technology, permitting real-time communication between the client at the originating site and the provider, for the purposes of diagnosis, consultation, or treatment.
3. **Face-to-face** – The client could be receiving the care in person or via HIPAA compliant audiovisual technology.
4. **In Person** – The client and the provider are in the same location.

 

## Key concepts:

Telemedicine Applications for a BH provider who is reporting an encounter using Service Encounter Reporting Instructions (SERI):

**Place of Service**:

- Use the new POS 10 and the revised definition of POS 02 (see grid below).
- Choose the appropriate POS when services were provided via telemedicine (audio-visual) or Telemedicine (audio-only).

| Place of Service (POS) | Description Below are recent updates to POS from CMS, to be implemented no later than 4/4/2022 |
|---|---|
| 02 | The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. |
| 10 | The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. |

**Audio-Only:**

As of August 1, 2022, providers will report the service modality code (CPT or HCPC code) from the HCA approved BH audio-only procedure code list as you would if the encounter was in-person. Always document the modality used for delivery in the health care record. Refer to HCA's Provider billing guides and fee schedules webpage, under Telehealth and Audio-only telemedicine for the procedure code list.

- Use telemedicine audio-only modifier FQ.

Below you will find additional terms & concepts that may be listed/outlined in HCA Policies such as HCA's Physician related services/Health care professional services billing guide and HCA Washington Apple Health (Medicaid)Telemedicine Policy and Billing Guide. Please note that these terms & concepts are not applicable to Behavioral Health Agencies (BHAs) and providers using the SERI guide.

## Additional terms:

1. **Distant site** – The site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine.

2. **Facility** – See the *Site-of-Service Payment Differential* section in HCA's Physician related services/Health care professional services billing guide.

3. **Nonfacility** – See the *Site-of-Service Payment Differential* section in HCA's Physician-related services/Health care professional services billing guide.

4. **Originating site** – The physical location of a client receiving health care services through telemedicine.

5. **Store and forward technology** – Use of an asynchronous transmission of a covered person's medical or behavioral health information from an originating site to the health care provider at a distant site which results in medical or behavioral health diagnosis and management of the covered person and does not include the use of audio-only telephone, facsimile, or email.

## Additional concepts:

- BHAs using the SERI guide will use FQ modifier and **NOT** the 93 modifier.

 

- For BHAs using SERI modifier 95 and the following definitions of facility and non-facility are **NOT** applicable as they are referenced in HCA's Physician related services/Health care professional services billing guide.

### Resources

Current telemedicine (HIPAA-compliant audio-visual) and telemedicine (audio-only) polices can be found at: Provider billing guides and fee schedules, under the Telehealth tab.

Under the Telehealth tab, the section titled "Telemedicine policy and billing" provides specific guidance and policy documents within the following subsections:

- Physical health - lists current and past overarching policy.
- Behavioral health - lists current and past supporting behavioral health FAQs.
- Audio-only telemedicine - lists current and past information on what codes are or are not approved for audio only both for physical and behavioral health.

## Involuntary treatment investigation

### Description – not Medicaid-covered

An Involuntary Treatment ACT (ITA) specifies an evaluation by a Designated Crisis Responder (DCR) for the purpose of determining the likelihood of serious harm to self, danger to others, danger to property of others, and/or grave disability due to a behavioral health condition. The DCR informs the person being investigated for involuntary detention of their legal rights as soon as it is determined that an ITA investigation is necessary. (See Information and Protocols for Designated Crisis Responders.)

Involuntary treatment process: Effective January 1, 2021, the Involuntary Treatment Act (ITA) permits DCRs to detain individuals for an initial detention period of one hundred twenty hours (120 hours, or 5 days) as a result of a behavioral health condition. Those who meet the legal criteria (RCW 71.05, RCW 71.34) for an ITA commitment may be committed by a court order for further involuntary treatment either inpatient or outpatient.

### Inclusions

- Involuntary treatment investigation service is available to all individuals, age 13 and above, regardless of residency, or insurance coverage.
- Services may be provided prior to intake/assessment.

### Exclusions

- Activities performed by a Designated Crisis Responder that are determined not to be an investigation include, but are not limited to, crisis services and community support. These activities are reported under the appropriate service type.

### ITA Encounter Guidance

- When does an ITA encounter start?
  - When a DCR decides an ITA investigation is indicated, usually upon receiving a DCR referral request. This is based upon review of the clinical information provided at the time of the request. An example is a request from jail for a discharge or an inpatient unit who is going to be discharging the person.
  - If a region has a combined DCR/MRRCT team and during an MRRCT outreach there is clinical cause to warrant a DCR to start an investigation under ITA, the DCR will formally read rights, and this will begin a H2011- HW encounter.

- When does an ITA encounter end and potentially become a crisis intervention encounter?
  - When the ITA results in detention, the DCR writes a petition for a legal hold under RCW 71.05 or RCW 71.34. This would be a part of an H2011-HW encounter.

    Coordination of further treatment/placement (by DCR/Mental Health Professional (MHP) or crisis staff) can be encountered under the crisis intervention modality, which corresponds to

code H2011 without HW modifier. See SERI guide section on General encounter reporting instructions for additional guidance.

Note: Waiting for return calls are not encounterable.

- If the ITA does not result in detention, the DCR either shifts roles and either provides crisis intervention or makes a referral for crisis intervention in pursuit of least restrictive options. This could be H2011 **without** HW modifier triggering a mobile rapid response crisis team encounter see Crisis Services on page 16.

Note: waiting for return phone calls is not encounterable.

- If the person is doing crisis intervention/linking to resources, then H2011 without HW modifier would be appropriate and this would be a Medicaid allowable encounter.

Note: Waiting for return calls are not encounterable

## Notes

- This service is designated by the addition of the "HW- Funded by state mental health agency" modifier.
- This service may be provided prior to an intake.
- If conducted using video, follow telemedicine guidelines. Place of service (POS) 02 or POS 10 will denote when video ITA was utilized.
- Use the appropriate diagnosis code to designate the condition to be treated.
- For SUD:
  - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
  - When the specific diagnosis cannot be made or is unknown:
    - Z7141 for alcohol abuse; or
    - Z7151 for drug abuse.
- For MH:
  - Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or
  - When a diagnosis cannot be made or is unknown use F99

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2011 | 164W00000X - Licensed Practical Nurse | First unit for this service may be reported for 1-22 minutes. Units thereafter follow standard half-way rounding rules.<br><br>Services must be provided by a Designated Crisis Responder (DCR) only. Report highest-level actual provider type. |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Crisis interven svc, 15 mins. | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| UN<br>(1 = 15 mins; 1 or more) | 363A00000X - Osteopathic Physician Assistant<br>2084P0800X - Psychiatrist/MD<br>2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| HD HK *HW UC UD XE | 106H00000X - Lic. Marriage and Family Therapist/Assoc.<br>101YM0800X - Lic. MH Counselor/Assoc.<br>103T00000X - Lic. Psychologist/Psychological Assoc.<br>101Y99996L - MA/PHD (non-licensed)<br>101Y99995L - Below Master's Degree<br>101Y99995L - Bachelor Level w Exception Waiver<br>101Y99995L - Master Level w Exception Waiver | |

*Indicates required modifier.

 

## Testimony for involuntary treatment services

### Description of services – not Medicaid-covered

Court testimony provided about an individual who has been investigated and detained by a Designated Crisis Responder.

### Inclusions

- LRA revocation.
- May be provided prior to intake evaluation.

### Exclusions

- Staff accompanying an individual to court proceedings that are not related to ITA activity (i.e., providing advocacy) is reported under individual treatment services.
- Emergency room physician/staff not employed by the Behavioral Health Agency/BH-ASO.

### Notes

- Report testimony as service encounter with code 99075-H9.
- The hearing will continue to be reported as a non-encounter data transaction.
- This Service Type may be provided prior to an intake.

| Code | Provider Type | Service Criteria |
|---|---|---|
| 99075 | 164W00000X - Licensed Practical Nurse | Modifier H9 must be reported with this service |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Medical testimony | 363LP0808X - ARNP Psych, MH | |
| **Unit (UN) / Minutes (MJ)** | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| UN | 2084P0800X - Psychiatrist/MD | |
| (1 per encounter) | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| **Modifiers** | 104100000X - Lic. Social Worker/Assoc. | |
| *H9 UC UD U8 | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| | 101YM0800X - Lic. MH Counselor/Assoc. | |
| | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 101Y99995L - Other (Clinical Staff) | |

*Indicates required modifier.

## Co-occurring treatment

### Description of services

Integrated co-occurring substance use disorder and mental illness treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.

### Inclusions

- None

### Exclusions

- None

### Notes

- This service is designated using modifier "HH" – Integrated mental health/substance abuse program.
- Clinicians using the "HH" modifier either must hold the SUDP/SUDP-T credential and hold a mental health credential (e.g., Agency Affiliated, LMHC, LICSW, etc.) **or** meet the Co-Occurring

Enhancement Requirements and FAQ outlined by the Department of Health (DOH) **or** hold one of the following license types with SUD and MH within scope of practice:
    - 363LP0808X - ARNP Psych, MH
    - 363A00000X - Physician Assistant
    - 363A00000X - Osteopathic Physician Assistant
    - 2084P0800X - Psychiatrist/MD
    - 2084P0800X - Psychiatrist/Osteopathic Physician
    - 104100000X - Lic. Social Worker/Assoc.
    - 106H00000X - Lic. Marriage and Family Therapist/Assoc.
    - 101YM0800X - Lic. MH Counselor/Assoc.
    - 103T00000X - Lic. Psychologist/Psychological Assoc.
- Report highest-level provider type.
- Outpatient agencies providing COD Services must be licensed as both an SUD and MH provider.

## Engagement and outreach

### Description of services

Engagement is a strategic set of activities that are implemented to develop an alliance with an individual for the purpose of bringing them into or keeping them in ongoing treatment. The activities occur primarily in the field rather than the worker's office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the worker's office seeking assistance or by referral.

### Inclusions

- None

### Exclusions

- Routine mental health and/or substance use services.

### Notes

- This service is designated using modifier HW – Funded by state mental health agency.
- Engagement and outreach is a State-funded service.
- These services may be provided prior to intake.
- If there are multiple engagement and outreach events (more than three in a 90-day period to the same person) and an intake/assessment has not been provided, a note must be included in the chart indicating why the consumer has not received an intake/assessment.
- Use the appropriate diagnosis code to designate the condition to be treated.
- For SUD:
    - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
    - When the specific diagnosis cannot be made or is unknown:
        - Z7141 for Alcohol abuse; or
        - Z7151 for drug abuse.
- For MH:
    - Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or
    - When a diagnosis cannot be made or in unknown use F99

 

| Code | Provider Type | Service Criteria |
|---|---|---|
| H0023 | 164W00000X - Licensed Practical Nurse | The HW modifier must be reported with this service. Use the appropriate diagnosis code to identify the condition for which Engagement and Outreach services are being rendered. Use U5 modifier to identify outreach services to IUID. The UD modifier may not be used with the HD, or HZ modifiers |
| **CPT®/HCPCS Definition** | 163W00000X - Registered Nurse | |
| Behavioral Health Outreach (planned approach to reach a targeted population) | 363LP0808X - ARNP Psych, MH | |
| | 363A00000X - Physician Assistant | |
| | 363A00000X - Osteopathic Physician Assistant | |
| **Unit (UN) / Minutes (MJ)** | 2084P0800X - Psychiatrist/MD | |
| | 2084P0800X - Psychiatrist/Osteopathic Physician | |
| UN (1 per encounter) | 104100000X - Lic. Social Worker/Assoc. | |
| | 106H00000X - Lic. Marriage and Family Therapist/Assoc. | |
| **Modifiers** | 101YM0800X - Lic. MH Counselor/Assoc. | |
| HD HH *HW HZ U5 UC UD FQ XE | 103T00000X - Lic. Psychologist/Psychological Assoc. | |
| | 101Y99996L - MA/PHD (non-licensed) | |
| | 101Y99995L - Below Master's Degree | |
| | 101Y99995L - Bachelor Level w Exception Waiver | |
| | 101Y99995L - Master Level w Exception Waiver | |
| | 175T00000X - DBHR Credentialed Certified Peer Counselor | |
| | 175T00000X - Certified Peer Support Specialist/Certified Peer Support Specialist Trainee | |
| | 101Y99995L - Other (Clinical Staff) | |
| | 101YA0400X - Substance Use Disorder Professional (SUDP) | |
| | 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) | |

*Indicates required modifier.

## Room and board for behavioral health residential services

### Description – not Medicaid-covered

Room and board for both short-term and long-term residential stays (nonhospital residential treatment) for mental health, substance use disorder, or co-occurring disorder treatment in a residential setting.

### Inclusions

- None

### Exclusions

- None

### Notes

- This service must be designated with modifier HW – Funded by non-Medicaid funds.
- Room and board cannot be funded using Medicaid.
- Room and board can be funded using state funds or block grant funds.
- Report Provider Type as facility Billing Provider NPI and taxonomy for this per diem code

### Limitations

- None

 

| Code | Provider Type | Service Criteria |
|---|---|---|
| H2036 | Billing Provider NPI and Taxonomy | |
| **CPT®/HCPCS Definition** | | |
| Per diem | | |
| **Unit (UN) / Minutes (MJ)** | | |
| UN<br>(1=a day; 1 or more) | | |
| **Modifiers** | | |
| *HW | | |

*Indicates required modifier when using this code for this service.

## Reentry initiative benefit

### Description

The Reentry Demonstration Initiative (Reentry Initiative) is a new Apple Health (Medicaid) initiative under the Medicaid Transformation Project (MTP 2.0). It provides essential, pre-release services for individuals leaving incarceration. Under this initiative, incarcerated individuals who are Apple Health-eligible will receive a set of services up to 90 days before their release.

Under the Reentry Initiative, participating carceral facilities must ensure access to a minimum set of mandatory Apple Health reentry benefits and may elect to provide access to additional optional benefits that may be reimbursed by Apple Health. These benefits are in addition to the existing Apple Health benefit covering inpatient hospitalization stays for incarcerated individuals. Additionally, under the Consolidated Appropriations Act (CAA) of 2023, all facilities serving Apple Health clients who CAA-eligible, meaning clients who are ages 20 years and younger or are foster care alumni ages 21 through 26 years, must provide access to certain services pre-adjudication, post-adjudication, and post-release.

### Inclusions

- Mandatory reentry initiative benefits
    - Reentry Targeted Case Management (rTCM)
    - Reentry Substance Use Disorder (SUD): Evaluation, Assessment, and Medications
    - Reentry Pharmacy: Medications At Release
    - Clinical Assessment & Evaluation for CAA-Eligible Clients Post-Adjudication
    - Apple Health Benefits for CAA-Eligible Clients Pre-Adjudication
- Optional reentry initiative benefits
    - Clinical Assessment & Evaluation for Adults
    - Reentry Pharmacy: Pre-Release Medications
    - Laboratory Services
    - Radiology Services
    - Services from Providers with Lived Experience
    - Medical Equipment & Supplies at Release

### Notes

Information on this page is intended as an overview. Refer to HCA guidance documents for additional information regarding re-entry, including allowable service codes.

- Reentry from a carceral setting | Washington State Health Care Authority
- Reentry Initiative Policy and Operations Guide

 

# Appendices

# Funding matrix

The following tables identify funding sources for different services. Modalities and programs in bold may be provided prior to intake/assessment.

| Mental Health and Other Service Modalities and Programs | Services | Medicaid | GF-S | Mental Health Block Grant (MHBG) |
|---|---|---|---|---|
| **Behavioral Health Care Coordination & Community Integration** (formerly called rehabilitation case management) | MH & SUD | X | X | X |
| Brief Intervention Treatment | MH | X | X | X |
| Care Coordination Services | MH | | X | X |
| Child and Family Team Meeting | MH | | X | X |
| Co-Occurring Treatment | MH & SUD | X | X | X |
| **Crisis Intervention Services** | MH & SUD | X | X | X |
| **Crisis Stabilization Services** | MH & SUD | X | X | X |
| Day Support | MH | X | X | X |
| **Engagement and Outreach** | MH & SUD | | X | X |
| Family Treatment | MH | X | X | X |
| **Freestanding Evaluation and Treatment** | MH | X | X | X |
| Group Treatment Services | MH | X | X | X |
| High Intensity Treatment | MH | X | X | X |
| Individual Treatment Services | MH | X | X | X |
| Intake Evaluation | MH | X | X | X |
| Intensive Residential Treatment | MH | X | X | |
| Intensive Outpatient and Partial Hospitalization | MH | X | | X |
| Occupational Therapy Services for Behavioral Health Conditions | MH & SUD | X | | |

| Service Modalities and Programs | Services | Medicaid | GF-S | MHBG |
|---|---|---|---|---|
| **Involuntary Treatment Investigation** | MH & SUD | | X | |
| **Jail Services/Community Transition** | MH | | X | X |
| Medication Management | MH | X | X | X |
| Medication Monitoring | MH | X | X | X |
| Mental Health Clubhouse | MH | | X | X |
| Mental Health Services Provided in a Residential Setting | MH | X | X | X |
| New Journeys Coordinated Specialty Care | MH | X | X | X |
| Offender Re-entry Community Safety Program (ORCSP) | MH | | X | |
| Peer Support | MH | X | X | X |
| Peer Support in Respite Facility | MH | X | X | |
| Problem Gambling | SUD | X | | |
| Psychological Assessment | MH | X | X | X |
| Reentry Benefit | MH | X | | |
| **Request for Services** | MH & SUD | | X | |
| Respite Care Services | MH | | X | X |
| Special Population Evaluation | MH | X | X | X |
| Supported Employment | MH | | X | X |
| **Testimony for Involuntary Treatment Services** | MH | | X | |
| Therapeutic Psychoeducation | MH | X | X | X |
| WA-PACT | MH | X | X | X |
| Wraparound with Intensive Services (WISe) | MH | X | X | |

| Substance Use Services Modalities and Programs | Services | Medicaid | GF-S | SUD Block Grant (SABG) | CJTA-Drug Court |
|---|---|---|---|---|---|
| Alcohol/Drug Information School | SUD | | X | | |
| Assessment | SUD | X | X | X | X |
| Brief Intervention | SUD | X | X | X | X |
| Case Management | SUD | X | X | X | X |
| Co-Occurring Treatment | SUD & MH | X | X | X | X |
| **Engagement and Outreach** | MH & SUD | | X | X | X |
| Intensive Inpatient Residential Services | SUD | X | X | X | X |
| Interim Services | SUD | | X | X | X |
| Involuntary Commitment | SUD | * | X | X | X |
| Long-Term Care Residential Services | SUD | X | X | X | X |
| Opiate Substitution Treatment Services | SUD | X | X | X | X |
| Outpatient Treatment | SUD | X | X | X | X |
| Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services | SUD | | X | X | X |
| Recovery House Residential Services | SUD | X | X | X | X |
| Recovery Support Services | SUD | | X | X | X |
| **Request for Services** | MH & SUD | | X | | |
| **Secure Withdrawal Management and Stabilization (SWMS)** | SUD | X | X | X | |
| Sobering Services | SUD | | X | X | X |
| Withdrawal Management | SUD | X | X | X | X |

*Involuntary Investigations and Court Activities are not Medicaid reimbursable Services. Medically necessary treatment services at a SWMS facility or evaluation and treatment center resulting from an ITA investigation may be reimbursed by Medicaid.

# CPT® /HCPCS index

# Procedure modifiers index

| Mo | Definition | Modalities/Programs |
|---|---|---|
| 25 | *Significant and separately identifiable E&M*<br><br>This modifier is used to indicate a significant and separately identifiable E&M code by the same physician on same day of the procedure or another service was rendered and being reported. | |
| 52 | *Reduced Services*<br><br>This modifier is used in combination with a CPT®/HCPCS code for intake and identifies when a brief or partial intake is completed, i.e., update or addendum to previous intake. | Assessment, 65<br>Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Intake Evaluation, 37 |
| 53 | *Discontinued procedure*<br><br>This modifier is used in combination with a CPT®/HCPCS code for intake and identifies when an intake has not been completed during a scheduled session. | Assessment, 65<br>Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Intake Evaluation, 37 |
| ET | *Emergency Services*<br><br>This modifier is used by Endorsed Mobile Rapid Response Crisis teams (EMRRCT), Endorsed Community Based Crisis Teams (ECBCT) and Endorsed Crisis Stabilization Teams (ECST). | Crisis Intervention Services, 17<br>Crisis Stabilization Services, 19 |
| FQ | This modifier is used when doing telemedicine (audio-only). | See Telemedicine, 116 |
| H9 | *Court-ordered*<br><br>This modifier is to be used in combination with CPT® code 99075 to indicate medical testimony provided as part of an involuntary treatment service. | Testimony for Involuntary Treatment Services, 120 |
| HA | *Child/adolescent program*<br><br>This modifier is used by the Child and Youth Mobile Rapid Response Crisis teams and stabilization teams. | Crisis Intervention Services, 17<br>Crisis Stabilization Services, 19 |
| HB | *Adult Program*<br><br>This modifier is used by the Adult and hybrid Mobile Rapid Response Crisis teams and stabilization teams | Crisis Intervention Services, 17<br>Crisis Stabilization Services, 19 |

| Mo | Definition | Modalities/Programs |
|---|---|---|
| HD | *Pregnant/parenting women's program*<br><br>This modifier is used to indicate the provision of outpatient, PPW Housing Support Services, and Residential SUD Services. See "PPW Housing Support Services" section of the SERI for restrictions specific to that program.<br><br>"Pregnant and Postpartum Women and Women with Dependent Children" ("PPW") means:<br><br>Women who are pregnant.<br><br>Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children.<br><br>Women who are parenting children (age 17 or under), including those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children and Family Services (DCFS). | Alcohol/Drug Information School, 108<br>Assessment, 65<br>Brief Intervention, 71<br>Case Management, 66<br>Intensive Inpatient Residential Services, 72<br>Interim Services, 107<br>Involuntary Treatment Investigation, 117<br>Long-Term Care Residential Services, 73<br>Opioid Treatment Program, 67<br>Outpatient Treatment, 81<br>Peer Support (SUD), 74<br>Pregnant, Postpartum, or Parenting (PPW) Women's Housing Support Services, 110<br>Recovery House Residential Services, 75<br>Recovery Support Services, 108<br>Sobering Services, 109<br>Withdrawal Management, 76 |
| HH | *Integrated mental health/substance abuse program*<br><br>This modifier is used to indicate the requirements for Co-Occurring Treatment Services as found in the Co-Occurring Treatment Services section are met and a co-occurring encounter occurred, as applicable. | Assessment, 65<br>Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Brief Intervention, 71<br>Care Coordination Services, 86<br>Case Management, 66<br>Child and Family Team Meeting, 87<br>Crisis Intervention, 17<br>Crisis Stabilization, 19<br>Day Support, 22<br>Engagement and Outreach, 120<br>Family Treatment, 23<br>Group Treatment Services, 26<br>High Intensity Treatment, 27<br>Individual Treatment Services, 30<br>Intake Evaluation, 37<br>Interim Services, 107<br>Jail Services/Community Transition, 94<br>Mental Health Clubhouse, 89<br>Offender Re-entry Community Safety Program (ORCSP), 95<br>Opioid Treatment Program, 67<br>Outpatient Treatment, 81<br>Pregnant, Postpartum, or Parenting (PPW) Women's Housing Support Services, 110<br>Recovery Support Services, 108<br>Request for Services, 114<br>Respite Care Services, 90<br>Supported Employment, 91<br>Therapeutic Psychoeducation, 62 |

 

| Mo | Definition | Modalities/Programs |
|---|---|---|
| HI | *Integrated mental health and intellectual disability/developmental disabilities program*<br><br>This modifier is used if contracting for specialty beds. | Freestanding Evaluation and Treatment Services, 24 |
| HK | *Specialized MH programs for high-risk population*<br><br>This modifier is used to indicate multiple staff were required to provide the service, as needed:<br><br>For safety purposes, when there are two providers on an outreach, when used in combination with H2011, H0038, H2019 or H0036; to represent a two-person outreach OR<br><br>For WISe Services, when the service includes multiple staff and the U8 (WISe modifier) is also being used. | Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Care Coordination Services, 86<br>Crisis Intervention, 17<br>Crisis Stabilization, 19<br>Family Treatment, 23<br>Group Treatment Services, 26<br>High Intensity Treatment, 27<br>Individual Treatment Services, 30<br>Intake Evaluation, 37<br>Involuntary Treatment Investigation, 117<br>Medication Management, 44<br>Medication Monitoring, 51<br>Peer Support (SUD), 74<br>Psychological Assessment, 56<br>Special Population Evaluation, 62<br>Therapeutic Psychoeducation, 62<br>Wraparound with Intensive Services (WISe), 98 |
| HN | Bachelor's degree level<br><br>*This modifier is used to indicate Behavioral Health Support Specialists.* | Not service specific as this is utilized to denote a specific provider type and should be submitted with encounters for the identified provider type throughout SERI |
| HT | *Multi-disciplinary team*<br><br>*This modifier is used to identify all services provided using the New Journeys Coordinated Specialty Care (NJ CSC) delivery model by a qualified provider. See pages 98-99.* | Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Crisis Intervention, 17<br>Child and Family Team Meeting, 87<br>Family Treatment, 23<br>Group Treatment Services, 26<br>Individual Treatment Services, 29<br>Intake Evaluation, 37<br>Interpreter Services, 89<br>Medication Management, 44<br>Medication Monitoring, 51<br>Peer Support, 74<br>Psychological Assessment, 56<br>Request for Services, 114<br>Special Population Evaluation, 62<br>Supported Employment, 91<br>Therapeutic Psychoeducation, 62 |
| HV | *Funded by state addictions agency* | Recovery Support Services, 108 |

| Mo | Definition | Modalities/Programs |
|---|---|---|
| HW | *Funded by state mental health agency*<br><br>This modifier is used in combination with T1016 to indicate case management services provided to a client in a state-only funded program. This modifier in combination with H0023 identifies the service as state funded engagement and outreach. HCA defined to indicate that a crisis service was provided that met criteria as an investigation of the need for involuntary treatment. | Respite Care Services, 90<br>Engagement and Outreach, 120<br>Involuntary Treatment Investigation, 117<br>Offender Re-entry Community Safety Program (ORCSP), 95<br>Room and Board for Behavioral Health Residential service, 121 |
| HZ | *Funded by criminal justice treatment account pursuant to 71.24.580*<br><br>This modifier is used for Criminal Justice Treatment Account (CJTA) program only. This modifier is used for services delivered under the BH-ASO | Alcohol/Drug Information School, 107<br>Assessment, 65<br>Brief Intervention, 71<br>Case Management, 66<br>Intensive Inpatient Residential Services, 72<br>Interim Services, 107<br>Involuntary Treatment Investigation, 117<br>Long-Term Care Residential Services, 73<br>Opioid Treatment Program, 67<br>Outpatient Treatment, 81<br>Peer Support (SUD), 74<br>Recovery House Residential Services, 75<br>Recovery Support Services, 108<br>Sobering Services, 109<br>Withdrawal Management, 76 |
| TF | *Intermediate level of care*<br><br>This modifier is to be used when Opioid Treatment Program provider is doing interim maintenance (IM). | Opioid Treatment Program, 67 |
| U5 | *Medicaid level of care 5, as defined by each state*<br><br>This modifier is used to describe Individual Using Intravenous Drugs (IUID).<br><br>Use when intravenous drug use occurred within 30 days (excluding time spent incarcerated, hospitalized, or otherwise in a restricted environment) of the assessment that led to the current episode of care. If the individual is continuing services following assessment, providers can continue to identify them as IUID (Residential to outpatient, outpatient to residential, etc.). | Alcohol/Drug Information School, 107<br>Assessment, 65<br>Brief Intervention, 71<br>Case Management, 66<br>Intensive Inpatient Residential Services, 72<br>Interim Services, 107<br>Involuntary Treatment Investigation, 117<br>Long-Term Care Residential Services, 73<br>Opioid Treatment Program, 67<br>Outpatient Treatment, 81<br>Peer Support (SUD), 74<br>Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services, 110<br>Recovery House Residential Services, 75<br>Recovery Support Services, 108<br>Sobering Services, 109<br>Withdrawal Management, 76 |

 

| Mo | Definition | Modalities/Programs |
|---|---|---|
| U6 | *Medicaid level of care 6, as defined by each state*<br><br>Brief Intervention Treatment<br><br>This modifier is used to describe brief intervention treatment when added to the identified CPT®/HCPCS codes associated with services in the Modalities/Program column. | Family Treatment, 23<br>Group Treatment Services, 26<br>Individual Treatment Services, 29<br>Outpatient Treatment, 81 |
| U7 | *Medicaid level of care 7, as defined by each state*<br><br>This modifier to be used when doing problem gambling services, to distinguish these services from SUD services. | Problem Gambling Assessment and Treatment, 80 |
| U8 | *Medicaid level of care 8, as defined by each state*<br><br>This modifier is used to identify all services provided to a Wraparound Intensive Services (WISe) participant by a qualified WISe practitioner.<br><br>Do not use the 'U8' modifier to identify services to WISe participants by non-WISe qualified child and family team members.<br><br>The use of this modifier is only allowed for those agencies deemed by HCA as qualified to provide the WISe program services. | Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Care Coordination Services, 86<br>Child and Family Team Meeting, 87<br>Crisis Intervention, 17<br>Family Treatment, 23<br>Group Treatment Services, 26<br>High Intensity Treatment, 27<br>Individual Treatment Services, 30<br>Intake Evaluation, 37<br>Interpreter Services, 89<br>Medication Management, 44<br>Medication Monitoring, 51<br>Peer Support (SUD), 74<br>Psychological Assessment, 56<br>Request for Services, 114<br>Special Population Evaluation, 62<br>Testimony for Involuntary Treatment Services, 119<br>Therapeutic Psychoeducation, 62<br>Wraparound with Intensive Services (WISe), 98 |
| U9 | *Medicaid level of care 9, as defined by each state*<br><br>Behavioral health care coordination and community integration (formerly called rehabilitation case management), Intake.<br><br>This modifier is used with the Behavioral health care coordination and community integration (formerly called rehabilitation case management), code to indicate when the service provided meets definition and requirements of an intake. | Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Intake Evaluation, 37 |

| Mo | Definition | Modalities/Programs |
|---|---|---|
| UB | *Medicaid level of care 11, as defined by each state*<br><br>This modifier is used in combination with H0046 to indicate a request for behavioral health services, or an initial crisis referral was received. | Request for Services, 114<br>Crisis Intervention, 17 |
| UC | ***Medicaid level of care 12, as defined by each state***<br><br>*This modifier is used to identify all services provided as a part of intensive residential treatment* | Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Crisis intervention, 17<br>Engagement and Outreach, 120<br>Family Treatment, 23<br>Group Treatment Services, 26<br>Individual Treatment Services, 29<br>Intake Evaluation, 37<br>Interpreter Services, 89<br>Involuntary Treatment Investigation, 117<br>Jail Services/Community Transition, 94<br>Medication Management, 44<br>Medication Monitoring, 51<br>Peer Support (SUD), 74<br>Psychological Assessment, 56<br>Request for Services, 114<br>Respite Care Services, 90<br>Special Population Evaluation, 62<br>Supported Employment, 91<br>Testimony for Involuntary Treatment Services, 119<br>Therapeutic Psychoeducation, 62 |

| Mo | Definition | Modalities/Programs |
|---|---|---|
| UD | *Medicaid level of care 13, as defined by each state*<br><br>This modifier is used to identify the delivery of service(s) by WA-PACT team members to individuals enrolled in the WA-PACT program. This modifier may be used in combination with any CPT®/HCPCS code available for use with the WA-PACT program. | Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Crisis intervention, 17<br>Engagement and Outreach, 120<br>Family Treatment, 23<br>Group Treatment Services, 26<br>Individual Treatment Services, 29<br>Intake Evaluation, 37<br>Interpreter Services, 89<br>Involuntary Treatment Investigation, 117<br>Jail Services/Community Transition, 94<br>Medication Management, 44<br>Medication Monitoring, 51<br>Mental Health Clubhouse, 89<br>Mental Health Services Provided in a Residential Setting, 53<br>Peer Support (SUD), 74<br>Psychological Assessment, 56<br>Request for Services, 114<br>Respite Care Services, 90<br>Special Population Evaluation, 62<br>Supported Employment, 91<br>Testimony for Involuntary Treatment Services, 119<br>Therapeutic Psychoeducation, 62<br>WA-PACT, 97 |
| XE | *Separate encounter, a service that is distinct because it occurred during a separate encounter (non-E&M modality code)*<br><br>This modifier is used to report any 2nd non-E&M encounter, or subsequent encounters for specific crisis or crisis related encounters when that encounter is with the same provider, on the same day, for the same modality code and that code is not an E&M code (use 25 for E&M codes per current SERI guide) | All non-E&M Codes for 2nd encounter for a maximum of 2 encounters on the same day<br><br>2nd and subsequent encounters for these services and codes only:<br>Behavioral health care coordination and community integration (formerly called rehabilitation case management), 83<br>Crisis Intervention, 17<br>Community Support Services, 37<br>Crisis Stabilization Services, 19 |

# Provider types

The provider type identifies the level of professional who renders the service by taxonomy. A BH practitioner must provide services within their scope of practice in accordance with their Department of Health credentials and granted by rule. It should be noted that many of these recognized provider types and taxonomies have additional subspecialities that HCA accepts. Additionally, providers may have two or more taxonomies from the list below. The provider type reported on an encounter shall be for the highest allowable credential for the agency staff who **actually** rendered the encounter. Please use the educational preparation level to identify the taxonomy to use for a student or intern.

If providing services to a client with co-occurring conditions, the provider submits an encounter with the taxonomy that best represents the diagnosis for which the most time was spent and the most intervention was provided.

If encounters are submitted through a clearinghouse, the provider type may have to be the federally recognized taxonomy associated with the NPI federal registration. In this situation, providers must enroll with HCA with the federal taxonomy and the taxonomy as assigned below. See FAQ under "Guidance Document Links" for more information. How to register a National Provider Identifier (NPI) (wa.gov)

Note: For some encounters, the provider identifier and type submitted must be the facility billing provider NPI and taxonomy. Follow the instructions under "Provider Type" for each encounter code summary page, as applicable.

 

| Code | Definition |
|---|---|
| 163W00000X | Registered Nurse |
| 164W00000X | Licensed Practical Nurse |
| 363LP0808X | Psych, Mental Health ARNP |
| 363A00000X | Physician Assistant |
| 363A00000X | Osteopathic Physician Assistant |
| 2084P0800X | Psychiatrist/MD |
| 2084P0800X | Psychiatrist/Osteopathic Physician |
| 207Q00000X | Physician/Family Medicine |
| 104100000X | Licensed Social Worker (Advanced or Independent Clinical License)/ Associates |
| 101YM0800X | Licensed Mental Health Counselor/ Associates |
| 106H00000X | Licensed Marriage and Family Therapist/ Associates |
| 103T00000X | Licensed Psychologist/ Psychological Associates |
| 101Y00000X | Behavioral Health Support Specialist<br>*requires HN modifier with encounter submissions |
| 101Y99996L | Non-Licensed MA/PHD |
| 101Y99995L | Below Master's Degree |
| 101Y99995L | Bachelor Level W Exception/Waiver |
| 101Y99995L | Master Level with Exception/Waiver |
| 175T00000X | DBHR Credentialed Certified Peer Counselor |
| 175T00000X | Certified Peer Support Specialist/Certified Peer Support Specialist Trainee |
| 183500000X | Pharmacist - D |
| 101Y99995L | Other Clinical staff |
| 101Y99993L | Medical Assistant - Certified |
| 376K00000X | Nursing Assistant Registered/Certified |
| 101YA0400X | Substance Use Disorder Professional (SUDP) |
| 101Y99995L | Substance Use Disorder Professional Trainee (SUDPT) |

# Provider type crosswalk

The below table is a crosswalk showing the DOH license/credential, Medicaid State Plan provider type, and the 9-digit provider taxonomy.

| **DOH License/Credential**<br><br>See DOH website for more information (Washington State Department of Health) | **Medicaid State Plan Provider Type**<br>See additional definitions below grid | **SERI Provider Type 9-digit Taxonomy**<br>*Denotes a local taxonomy code, see additional information below grid | **Mental Health Professional (MHP), X=Yes**<br>RCW 71.05.020 |
|---|---|---|---|
| Registered Nurse | Registered Nurse, as a Psychiatric Nurse (see definition below); or Registered Nurse | 163W00000X Registered Nurse | If definition of psychiatric nurse is met |
| Licensed Practical Nurse | Licensed Practical Nurse | 164W00000X Licensed Practical Nurse | |
| Nursing Assistant Registered/Certified | Nursing Assistant Registered/Certified | 376K00000X Nursing Assistant | |
| Advanced Registered Nurse Practitioner | Advanced Registered Nurse Practitioner, working as a Psychiatric Advance Registered Practitioner (see definition below) | 363LP0808X Psych, Mental Health ARNP | X |
| Physician Assistant | Physician Assistant, working under the supervision of a psychiatrist | 363A00000X Physician Assistant | When working with a supervising psychiatrist |
| Physician | Physician, working as a Psychiatrist or Child Psychiatrist (see definition below) | 2084P0800X Psychiatry and Neurology | X |
| Physician | Physician | 207Q00000X Family Medicine | When working as a Psychiatrist |
| Osteopathic Physician | Osteopathic Physician, working as a Psychiatrist (see definition below) | 2084P0800X Psychiatrist/Osteopathic Physician | When working as a psychiatrist |
| Osteopathic Physician Assistant | Osteopathic Physician Assistant, working under the supervision of a psychiatrist | 363A00000X Physician Assistant | When working with a supervising psychiatrist |
| Licensed Social Worker (Advanced or | Mental Health Professional (MHP) | 104100000X Licensed Social Worker (Advanced or | X |

| **DOH License/Credential**<br><br>See DOH website for more information (Washington State Department of Health) | **Medicaid State Plan Provider Type**<br>See additional definitions below grid | **SERI Provider Type 9-digit Taxonomy**<br>*Denotes a local taxonomy code, see additional information below grid | **Mental Health Professional (MHP), X=Yes**<br>RCW 71.05.020 |
|---|---|---|---|
| Independent Clinical License)/Associates | | Independent Clinical License) | |
| Licensed Mental Health Counselor/Associates | Mental Health Professional (MHP) | 101YM0800X<br>Licensed Mental Health Counselor | X |
| Licensed Marriage and Family Therapist/ Associates | Mental Health Professional (MHP) | 106H00000X<br>Licensed Marriage and Family Therapist | X |
| Licensed Psychologist | Psychologist/ Mental Health Professional (MHP) | 103T00000X<br>Licensed Psychologist | X |
| Licensed Psychological Associates | Mental Health Professional (MHP) | NEW: 103T00000X<br>Licensed Psychologist | X |
| Agency Affiliated Counselor – Licensed | Mental Health Professional (MHP) | *101Y99996L<br>Non-Licensed MA/PHD<br>or<br>*101Y99995L<br>Master Level with Exception/Waiver | X |
| Agency Affiliated Counselor – Certified | Mental Health Professional (MHP) | *101Y99995L<br>Bachelor Level with exception/waiver | X |
| Agency Affiliated Counselor - Registered | Mental Health Care Provider (MHCP)<br>(see definition below) | *101Y99995L<br>Below Master's Degree | |
| Agency Affiliated Counselor – Registered | Mental Health Care Provider (MHCP) | *101Y99995L<br>Other Clinical Staff | |
| Behavioral Health Support Specialist | Behavioral Health Support Specialist | NEW: 101Y00000X. | |
| Agency Affiliated Counselor - Registered | Certified Peer Counselor | 175T00000X<br>DBHR Credentialed Peer Counselor<br><br>Note: this provider type will sunset as of December 30, 2026. | |
| Certified Peer Support Specialist | Certified Peer Support Specialist | NEW: 175T00000X-<br>Certified Peer Support Specialist | |

| DOH License/Credential<br><br>See DOH website for more information (Washington State Department of Health) | Medicaid State Plan Provider Type<br>See additional definitions below grid | SERI Provider Type 9-digit Taxonomy<br>*Denotes a local taxonomy code, see additional information below grid | Mental Health Professional (MHP), X=Yes<br>RCW 71.05.020 |
|---|---|---|---|
| Certified Peer Support Specialist Trainee | Certified Peer Support Specialist Trainee | NEW: 175T00000X-Certified Peer Support Specialist Trainee | |
| Pharmacist | Pharmacist | 183500000X Pharmacist - D | |
| Medical Assistant - Certified | Medical Assistant – Certified | *101Y99993L Medical Assistant-Certified | |
| Substance Use Disorder Professional (SUDP) | Substance Use Disorder Professional (SUDP) | 101YA0400X Substance Use Disorder Professional (SUDP) | |
| Substance Use Disorder Professional Trainee (SUDPT) | Substance Use Disorder Professional Trainee (SUDPT) | *101Y99995L Substance Use Disorder Professional Trainee (SUDPT) | |

*Taxonomy - Providers should enroll under the taxonomy that is most appropriate for their credentialing or licensure. Note for the following list of taxonomy codes, clinicians must *also* enroll their NPI with HCA using the National Plan and Provider Enumeration System (NPPES) taxonomy code and should always use the NPPES taxonomy when submitting claims or encounters to a clearinghouse or MCO. This applies to the local taxonomies, all of which end in an "L": 101Y99993L, 101Y99995L, 101Y99996L. Please refer to this guidance document for additional details: How to register a National Provider Identifier (NPI) (wa.gov)

## Additional specialties

Per Medicaid State Plan, Behavioral Health Specialist holds a state credential from the list above and meets state requirements for:

- Child mental health specialist (see WAC 182-538D-0200)
- Geriatric mental health specialist (see WAC 182-538D-0200)
- Ethnic minority mental health specialist (see WAC 182-538D-0200)
- Disability mental health specialist (see WAC 182-538D-0200)
- Certified problem gambling counselor specialist (see definition below)
- Co-occurring disorder specialist-enhancement (see definition below)

## Additional definitions

**Agency Affiliated Counselor**: a person registered, certified, or licensed under this chapter who is employed by an agency or is a student intern, as defined by DOH. Agency Affiliated Counselor

**Certified Behavioral Health Support Specialist:** an individual certified by the state to deliver brief behavioral health services under the supervision of a Mental Health Professional or a licensed practitioner covered under this benefit whose scope of practice includes assessment, diagnosis, and treatment of identifiable mental and behavioral health conditions. To provide services as a Certified Behavioral Health Support Specialist, this person must have a bachelor's degree and have completed the BHSS educational program approved by the state. Behavioral Health Support Specialist

**Certified Gambling Counselor**: an individual that holds a state license as a Marriage and Family Therapist, a Marriage and Family Therapist Associate, A Mental Health Counselor, a mental Health Counselor Associate, a Social Worker (Advanced, Independent Clinical, or Associate), Psychologist or a state certification as a Substance Use Disorder Professional or Substance Use Disorder Professional Trainee and also holds a state certification as a Certified Gambling Counselor.
Evergreen Council on Problem Gambling

**Certified Peer Support Specialist:** an individual who has self-identified in recovery from behavioral health experiences/challenges and/or is the parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services; has received specialized training provided or contracted by the Health Care Authority; has passed an exam, which includes both written and oral components; has met the experience requirement or has 1000 hours working as a Peer Specialist Trainee under the supervision of an approved supervisor; works under the supervision of an MHP or SUDP, and has been credentialled by the state. A Certified Peer Support Specialist may be recognized as a Certified Peer Support Specialist Supervisor if they complete the required training and experiential hours."

**Certified Peer Support Specialist Trainee:** "an individual who has self-identified in recovery from behavioral health experiences/challenges and/or is the parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services; has received specialized training provided or contracted by the Health Care Authority; has passed an exam, which includes both written and oral components; is working towards the supervised experience to become a Certified Peer Support Specialist under the supervision of an approved supervisor; works under the supervision of an MHP or SUDP and has been credentialled by the state."

**Co-Occurring Disorder Specialist-Enhancement**: The Co-Occurring Disorder Specialist is an enhancement available to be added to the license of specific counselors under RCW 18.205.105 (1) which allows them to provide substance use disorder treatment with some limitations. It is not available as a stand-alone credential, applicants must already possess one of the qualified license types to be eligible to apply. Co-Occurring Disorder Specialist Enhancement

**Child Psychiatrist**: Per the Medicaid State Plan - "Child psychiatrist" means a person having a license as a physician in this state, who has had graduate training in child psychiatry in a program approved by the American Board of Medical Specialties or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

**Mental Health Care Provider**: an individual working in a Behavioral Health Agency, under the supervision of a Mental Health Professional, who has primary responsibility for implementing an individualized plan for mental health rehabilitation services. To provide services as a Mental Health Care Provider, this person must be a Registered Agency Affiliated Counselor and have a minimum of one year of education or experience in mental health or a related field.

**Mental Health Professional**: "Mental health professional" means an individual practicing within their statutory scope of practice as defined in RCW 71.05.020.

**Psychiatric Nurse**: Per the Medicaid State Plan - "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a Mental Health Professional. "Psychiatric nurse" also means any other registered nurse who has three years of such experience.

**Psychiatrist**: Per the Medicaid State Plan - "Psychiatrist" means a physician licensed by the state who has in addition completed four years of graduate training in psychiatry in a program approved by the American Board of Medical Specialties or the American Osteopathic Board and is certified or eligible to be certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. Also see RCW 71.05 and 71.34.

 

**Psychiatric Advanced Registered**: Per the Medicaid State Plan - "Psychiatric advanced nurse practitioner" means person who is licensed as an advanced registered nurse practitioner according to state law; who is board-certified in advance practice psychiatric and mental health nursing. Also see RCW 71.05 and 71.34.

## Resources

State Plan

- hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-state-plan
- hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf

DOH

- doh.wa.gov
- doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/agency-affiliated-counselor/frequently-asked-questions

SERI

- hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri

NPI FAQs

- hca.wa.gov/billers-providers-partners/programs-and-services/resources then go to Claims billing-encounter data tab

 

# Summary of changes

*Note: Expected implementation on or before January 1, 2026, unless otherwise indicated below.*

## General additions

| Page | Change |
|---|---|
| 27 | Added language under the High Intensity modality and MH Intensive Outpatient Service modality clarifying that these are distinct and separate services with distinct and separate specifications on utilization of code S9480. |
| 12, 38 | Added diagnosis Z03.89 "for no diagnosis or condition" to diagnostic code range and clarified that this is to be used when a diagnosis cannot be made at the end of a final session of an intake evaluation, or assessment. Also added to the MH intake and evaluation section, SUD, and Problem Gambling assessment sections |

## Content changes due to State Plan Amendment (SPA) and/or legislation

| Page | Change |
|---|---|
| 55 | Added MHP to SUD Peer Support services to align with the State Plan 13d update. |
| 135, 137 | Due to 2247-S2.PL.pdf added the provider type Licensed Psychological Associate where applicable throughout SERI to include the Provider Types section beginning on page 135 and Provider Crosswalk beginning on page 137. Note for scope of practice concerns or questions please refer to the Psychologist \| Washington State Department of Health and Chapter 18.83 RCW: Psychologists. |
| 136 | Due to 1427-S2.PL.pdf changed provider type to Certified Peer Support Specialist and Certified Peer Support Specialist Trainee throughout SERI, the provider type table and crosswalk. Also updated the peer support service modality language to match section 13d State Plan language, which included DOH credential specific supervision language. Overall, service description did not change but some words changed to offer clarification and readability.<br><br>**As a reminder DBHR credential certified peer counselor will sunset as of December 20, 2026.** |
| 136 | Due to 5189-S.PL.pdf section13d of the Washington State Medicaid plan (SPA) added provider type Behavioral Health Support Specialist to appropriate service modalities and codes throughout SERI, to the provider types page and the provider crosswalk. This provider type is recognized by the 101Y00000X taxonomy and must use the HN modifier when submitting encounters. Note the HN modifier has been added to the modifier index page 128. |

## Deletions

| Page | Change |
|---|---|
| | Throughout SERI, Provider Types and Provider Crosswalk removed Certified counselor & Cert. Counselor from taxonomy 101M0800X. This is to ensure alignment with the State Plan provider type, NUCC taxonomy name, DOH credential and to not be confused with a certified counselor |
| | Removed Housing and Recovery Through Peer Services (HARPS) from SERI guide due to SERI not being the source document for program and billing guidance. This should not have an impact on managed care and SERI utilizers as contracting is with HCA and providers and funding is through sources such as GF-S, grants etc. |

| Page | Change |
|---|---|
| 97 | For the WA-PACT modality under the notes section removed the language<br><br>"Exceptions to Provider Types:<br><br>o Peer Specialists who are not certified may serve on a PACT team. Select appropriate level of Peer Counselor to report all Peer Counselor Services.<br><br>Removed to be aligned with DOH credentialing expectations which requires Peer providers to be credentialed at the time of providing services. Peer providers who are not certified cannot serve on a PACT team.<br><br>o The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN Services."<br><br>Removed as there are different provider taxonomies to represent an RN and an LPN: 164W00000X - Licensed Practical Nurse & 163W00000X - Registered Nurse. The provider should use the appropriate taxonomy to represent their credential. |

## Modifications

| Page | Change |
|---|---|
| 6 | Updated the EBP reporting link to ensure it links to the most current version of the guide. |
| 14 | Modified title of link under guidance documents section to be aligned with the website page regarding billing resources, evaluation and reporting tools. |
| 18 | Clarified language under High Intensity and WISe exclusions section that WISe and High Intensity are excluded from one another i.e. per diem codes except for H2023 Multisystemic therapy for juveniles for High Intensity services. |
| 20 | Updated the crisis stabilization inclusions section to offer additional clarity regarding the various stabilization services and settings. |
| 68 | For OTP under limitations section added place of service 15 as a place of service option. |
| 71 | Under the notes section in the Opioid Treatment Modality section added clarifying language that OTP providers should follow encounter guidance described in the Substance Use service modalities section. |
| 77 | Updated Secure Withdrawal Management language throughout SERI to Secure Withdrawal Management and Stabilization. Also updated H0017 description for Secure Withdrawal Management per diem. |
| 104 | Updated the MH Intensive Outpatient and Partial Hospitalization Modality language to align with the HCA Guidance Document FAQ language i.e. providing specifics on timeframes, services, clarifications. |
| | Throughout SERI updated provider types to include associates where applicable. For example: previously would read 101YM0800X - Lic. MH Counselor now reads 101YM0800X - Lic. MH Counselor/Assoc. The purpose of this was to be aligned with the provider crosswalk and provide additional clarity. |

 

## Code changes, additions, deletions

| Page | Change |
|---|---|
| 13, 33 | Deleted extraneous provider taxonomy of 1041C0700X - Lic. Social Worker Clinical from code 90837 and +G2212 as this taxonomy is not listed anywhere else in SERI or the provider crosswalk. Social Work taxonomy 104100000X is on the provider crosswalk and used throughout SERI. As a reminder there are other subsets of taxonomies that represent provider types and while SERI does not list them all it does not mean they are not allowed. See How to register a National Provider Identifier (NPI) for additional information. |
| 8, 9, 13, 14, 31, 32, 33, 34 | Edited Individual Treatment codes 90832, +90833, 90834, +90836, 90837 and +90838 to remove "and or w/family" in coding description to be in alignment with correct coding and to ensure distinction from family therapy codes. Edited and added phrasing in the service criteria for 90832, 90834 and 90837 "Patient must be present for all or **MOST** of the srvc". |
| 102 | Updated Intensive Residential Treatment (IRT) by removing place of service 14 and 33 as IRT is identified by use of the "UC" modifier. See HCA Issue#51376- IRT place of service- Historically there was a need for POS distinction as IRT and WA-PACT both utilized the UD modifier; however, the "UC" modifier distinguishes IRT from WA-PACT and because of this the language regarding limiting POS to 33 or 14 will be removed. The result of this is IRT will be in alignment with other community-based programs such as WA-PACT, WISe etc. and with the premise that services should occur in the most appropriate place to ensure the client's needs are met.<br><br>***Implementation expectation ASAP or no later Nov 25th, 2025.** |
| 103 | For IRT under the notes section: Exceptions to Provider Types:<br>o "IRT staffing requires RN. Provider type RN/LPN should be used to report all RN Services."<br><br>Removed as there are different provider taxonomies to represent an RN and an LPN: 164W00000X - Licensed Practical Nurse & 163W00000X - Registered Nurse. The provider should use the appropriate taxonomy to represent their credential. |