

IMC Service Encounter Reporting Instructions (SERI)

Effective July 1, 2019

Table of Contents

IMC Service Encounter Reporting Instructions	1
Table of Contents	2
Introduction	4
Medically Necessary	6
Evidenced-based Practice: Children’s Mental Health Services	7
Service Encounter Reporting Instructions Updates	8
General Encounter Reporting Instructions	9
Mental Health Service Modalities	18
Brief Intervention Treatment	19
Crisis Services (ASO Only)	20
Day Support	22
Family Treatment	24
Freestanding Evaluation and Treatment Services	26
Group Treatment Services	28
High Intensity Treatment	30
Individual Treatment Services	33
Intake Evaluation	40
Medication Management	47
Medication Monitoring	53
Mental Health Services Provided in a Residential Setting	55
Peer Support	57
Psychological Assessment	59
Rehabilitation Case Management	65
SPECIAL POPULATION EVALUATION	67
Stabilization Services	68
Therapeutic Psychoeducation	70
Other Mental Health Services	72
Care Coordination Services	73
Child and Family Team Meetings	74
Housing and Recovery Through Peer Services (HARPS)	76
Interpreter Services	78
Mental Health Clubhouse	79
Respite Care Services	80
Supported Employment	82
Mental Health Programs	84
Jail Services/Community Transition	86
Offender Re-entry Community Safety Program (ORCSP)	87
WA-PACT	89
Wraparound with Intensive Services (WISe)	91
Substance Use Service Modalities	93
Assessment Services	94
Case Management	95
Opioid Treatment Program	97
Outpatient Treatment	100
Brief Intervention	102

Intensive Inpatient Residential Services	103
Long-Term Care Residential Services	104
Recovery House Residential Services	105
Withdrawal Management	106
Secure Detox	108
Other Substance Use Services	109
Alcohol/Drug Information Schools	110
Interim Services	111
Recovery Support Services	112
Sobering Services	114
Pregnant, Post Partum, or Parenting Women’s (PPW) Housing Support Services	115
Other Behavioral Health Service	116
Request for Services	117
Telemedicine	119
Involuntary Treatment Investigation	121
Testimony for Involuntary Treatment Services	123
Co-occurring Treatment	124
Engagement and Outreach	125
Appendices	127
CPT/HCPCS Index	128
Procedure Modifiers Index	129
Provider Types	135
Summary of Changes	136

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, Behavior Health Organizations (BHOs) in non-integrated regions and all BH providers in licensed community mental health clinics/licensed behavior health agencies assistance for reporting behavior 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 behavior health system.

These instructions, in conjunction with the Division of Behavior Health and Recovery's (DBHR) Behavior Health Data Store (BHDS) Data Dictionary for BHOs and the SERI FAQ (See "Guidance Document Links") describe service encounter and program reporting, coding guidelines, and the data elements required to be submit to 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 (CPTTM/HCPCS) code for service description. Program pages include a brief description of the program, guidelines for inclusions, exclusions, and any additional services available for specific programs.

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Descriptive narrative accompanying CPT and HCPC 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 PHIP contract, the Apple Health-Integrated Managed Care (IMC) contract and the Apple Health IMC Behavior 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 State Behavior Health Contract and the Apple Health-IMC Behavior Health Services Wrap-Around contract.

Medically Necessary

What is a Medically Necessary Service?

Behavior 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.

Evidenced-based Practice: Children's Mental Health Services

Program Description

Evidenced-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 Evidenced- Based Practices Reporting Guide at:

<https://www.hca.wa.gov/assets/program/ebp-reporting-guides.pdf>

To report EBPs used during an encounter follow these instructions:

- Identify the three-digit EBP SERI code in the EBP Reporting Guide (link above).
 - HCA **requires** a nine-digit EBP code constructed as follows: 860XX000. 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 IMC Service Encounter Reporting Instructions (SERI) can be found online at:

<https://www.hca.wa.gov/assets/billers-and-providers/IMC-SERI-Inst.pdf>

Frequently Asked Questions for SERI topics can be found online at:

<https://www.hca.wa.gov/about-hca/healthier-washington/regional-resources> under "General" option.

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 P1 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. Heath Care Authority (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 and/or family member). 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 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

<http://www.cms.gov/Transmittals/Downloads/R1951CP.pdf>, 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 examples:
 - i. 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.

- ii. A clinician meets with their client in the morning for 7 minutes (not reportable) and then has another meeting in the afternoon for 11 minutes for a total of 18 minutes. In this case, the clinician may report 1 unit of H2015, Comprehensive Community Support Services, per 15 minutes, as the time required for code 90832 (Psychotherapy 30 minutes) is not met.
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 concurrent 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 Behavior Health Agency **must** submit encounters per the instructions in the HCA FQHC Provider/Billing Guide: <https://www.hca.wa.gov/assets/billers-and-providers/FQHC-20181001-bi.pdf> on page 64. (Also, see SERI Webinar FAQ under "Guidance Document Links").

Qualified encounters must be submitted using:

- a. the designated facility Billing Provider taxonomy 261QF0400X;
AND
- b. the servicing taxonomy for a Community Mental Health Center:
261QM0801X or 251S00000X.

12. 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 of 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/HCPC 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.
 - e. The service addresses an issue on the care plan or the issue addressed is added to care plan
 - f. The service is specific to the consumer; e.g., group therapy progress note is specific to the consumer.
13. Time associated with activities used to meet criteria for the E/M 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). Time shall be the controlling factor used for the selection of the level of E/M service only when counseling or coordination of care dominates the encounter more than 50% except when done in conjunction with a psychotherapy visit when discussing with the patient or family any of the following:
 - a. Prognosis
 - b. Test Results
 - c. Compliance/Adherence
 - d. Education
 - e. Risk Reduction
 - f. Instructions

14. 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 time 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.

EPSTD 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 year 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. Additional information about EPSDT services and the delivery of these services can be found at: https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

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 ICD10 ranges: F01 - F09; F20-F99, or
 - when a diagnosis cannot be made or is unknown use: F99 "Mental disorder, not otherwise specified".
- For SUD condition use a diagnosis code:
 - in this ICD10 range: F10 - F19; 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.

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 - Alcohol abuse counseling and surveillance, of alcoholic; or
 - Z7151- 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 that 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 (QHCP and a patient who:
 - a. Is not fluent in the same language as the physician or other QHCP, 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 QHCP if he/she were to use typical language for communication.

Use in conjunction with

The following psychiatric "primary" 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 QHCP 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.

Prolonged Services Reporting Guidelines

Codes 99354 and 99355 are add-ons used to report the total duration of face-to-face time spent by a physician or other qualified healthcare professional when they provide prolonged service(s) beyond the usual duration of the evaluation and management (E/M) or psychotherapy service. An add-on code is used even if the time spent on that date is not continuous. These services are provided in an office or outpatient setting. No other individual treatment services code (e.g., H0004) should be used to report prolonged psychotherapy services, which can only be provided by Master's Level (or above) clinicians.

Use code 99354 to report the first hour of prolonged service on a given date. Use code 99355 report each additional 30 minutes beyond the first hour. Notes:

- Do not use the prolonged service code(s) if the service is less than 30 minutes total in duration on a given date because the work involved is included in the total work of the E/M or psychotherapy codes.
 - The use of these time-based add-on codes requires the primary E/M or psychotherapy service has a typical or specified time (as published in the CPT codebook and this SERI manual).
 - MCOs or BH-ASOs may set maximum time durations for prolonged services; the reason for the prolonged duration of a given service must be documented in the corresponding service note.

Prolonged Service Codes

Total Duration of Prolonged Services	Applicable Psychotherapy or E/M Codes:
Less than 30 minutes	Not reported separately – part of E/M code
30-74 minutes	99354 x 1
75 – 104 minutes	99354 x 1 and 99355 x 1
105 or more	99354 x1 and 99355 x 2 or more for each additional 30 minutes

When using prolonged codes, the E/M or psychotherapy code time should be the listed amount of time, without use of rounding rules. For example:

- Scenario 1: A psychotherapy service lasts at least 95 minutes. Report 1 unit for code 90837 with an additional 1 unit add-on prolonged service 99354; for a total service time of 95 minutes (60 for the psychotherapy and 35 for the prolonged service).
- Scenario 2: An E/M or psychotherapy service for 80 minutes would be submitted as 1 unit for the code with the highest minute value, 60 minutes, e.g. 90837. In this case, a prolonged service add-on code cannot be used in this scenario, because the encounter does not exceed the time allowed for the E/M by at least 30 minutes.
- Scenario 3: An E/M or psychotherapy service for 175 minutes total duration would be submitted as 1 unit for the E/M or psychotherapy code for the first 60 minutes of service; plus 1 unit of add-on code of 99354 for the first hour of prolonged service, and add-on 99355 X 2 Units for the additional 55 minutes of the prolonged service.

Guidance document links

- ◆ This SERI and future revisions to the IMC Service Encounter Reporting Instructions (SERI) can be found online at: https://www.hca.wa.gov/assets/billers-and-providers/SERI_v2019-1EffectiveJuly1_2019.pdf
- ◆ Encounter Data Reporting Guide (EDRG) can be found online at: <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/resources>
- ◆ HIPAA Electronic Data Interchange (EDI) Website and companion guides can be found online at: <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi>
- ◆ For guidance on assisting individuals in obtaining or maintaining employment, please refer to the Guide to Support an Individual's Employment Goals can be found

online at:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/supportedemploymentgoalsguide.pdf>

- ◆ For the SERI FAQ can be found online at: <https://www.hca.wa.gov/about-hca/healthier-washington/regional-resources> under "General" option.

Mental Health Service Modalities

Brief Intervention Treatment	19	Medication Management	47
Crisis Services (ASO Only)	20	Medication Monitoring	53
Day Support	22	Mental Health Services Provided in a Residential Setting	55
Family Treatment	24	Peer Support	57
Freestanding Evaluation and Treatment Services	26	Psychological Assessment	59
Group Treatment Services	28	Rehabilitation Case Management	65
High Intensity Treatment	30	SPECIAL POPULATION EVALUATION	67
Individual Treatment Services	33	Stabilization Services	60
Intake Evaluation	40	Therapeutic Psychoeducation	70

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 by the use of modifier "U6" – WA State Medicaid Plan.
- This modality may not be provided prior to an intake.

Crisis Services (ASO Only)

Modality Definition

Evaluation and treatment of mental health crisis for all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis Services shall be 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 in a location best suited to meet the needs of the individual 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 face to face.
- Crisis Hotline Services (H0030)

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.
- 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.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0030	BH hotline service	UN (1 per encounter)	UD HH	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 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	
H2011	Crisis interven srvc, per 15 mins	UN (1=15 mins; 1 or more)	GT HH HK UD U8	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 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	First unit for this service may be reported for 1-22 minutes. Units; thereafter follow standard rounding rules.

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 an 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

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	
Unit (UN) / Minutes (MJ)	106H00000X - Lic. Marriage and Family Therapist	
UN	101YM0800X - Lic. or Cert. MH Counselor	
(1= hour; 1 or more)	103T00000X - Lic. Psychologist	
Modifiers	101Y99996L - MA/PHD (non-licensed)	
HH	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	

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.
CPT/HCPCS Definition	163W00000X - Registered Nurse	
	363LP0808X - ARNP Psych, MH	
Fam. psychother. w/o PT	363A00000X - Physician Assistant	
	2084P0800X - Psychiatrist/MD	
Unit (UN) / Minutes (MJ)	104100000X - Lic. Social Worker	
	106H00000X - Lic. Marriage and Family Therapist	
UN (1=15 mins; 1 or more)	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
Modifiers	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
GT HH UD UK U6 U8	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

Code	Provider Type	Service Criteria
90847	164W00000X - Licensed Practical Nurse	Interactive complexity (90785) is not billable for this service.
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Fam. psychother. w/ PT present	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH UK UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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)	

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. These are not-for-profit organizations. 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 so as 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 pharmacology. 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 pharmacology.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
 - 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

Notes

- When submitting encounters via 837I use revenue codes with HCPC 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 (1=a day; 1 or more)		
Modifiers		
None		

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. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

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	
	363LP0808X - ARNP Psych, MH	
Multi fam. grp psychother. (does not require patient to be present)	363A00000X - Physician Assistant	
	2084P0800X - Psychiatrist/MD	
	104100000X - Lic. Social Worker	
	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
Unit (UN) / Minutes (MJ)	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
UN (1=15 mins; 1 or more)	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
Modifiers	101Y99995L - Other (Clinical Staff)	
HH HK UD U6 U8		

Code	Provider Type	Service Criteria
90853	164W00000X - Licensed Practical Nurse	May be billed with interactive complexity (90785)
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Grp psychother. (other than of a multiple-fam. grp)	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK	106H00000X - Lic. Marriage and Family Therapist	
UD	101YM0800X - Lic. or Cert. MH Counselor	
U6 U8	103T00000X - Lic. Psychologist	
	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)	

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

- None

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 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant	
CPT/HCPCS Definition		
Multisys. ther. for juv., per 15 mins	2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 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)	
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
GT HH HK U8		

Code	Provider Type	Service Criteria
S9480	Billing Provider NPI and Taxonomy	
CPT/HCPCS Definition		
Intnsv. O/P psychiatric svcs, per diem		
Unit (UN) / Minutes (MJ)		
UN (1= a day; 1 per encounter)		
Modifiers		

Individual Treatment Services

Modality Definition

A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. 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.
- Advocacy during court proceeding (does not include testimony during ITA hearing).
- Testimony during court proceeding (does not include testimony during ITA hearing).
- Representative payee 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 of history, examination, and medical decision-making.
- 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 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Master Level w Exception Waiver	May be billed with interactive complexity (90785) Patient must be present for all or some of the srvcs.
CPT/HCPCS Definition		
Psychother. w/ PT. and/or fam. mem., approx. 30 mins.		
Unit (UN) / Minutes (MJ)		
UN (1= 16-37 mins; 1 per encounter)		
Modifiers		
GT HH U6 HK UD U8		

Code	Provider Type	Service Criteria
+90833	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This an add-on code cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E/M services (99201-99255; 99304-99337; 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		
Psychother, w/ PT and/or fam. mem., approx. 30 mins, performed w/ an E/M code. (List separately in addition to the code for primary procedure).		
Unit (UN) / Minutes (MJ)		
UN (1= 16-37 mins; 1 per encounter)		
Modifiers		
GT HH HK UD U6 U8		

Code	Provider Type	Service Criteria
90834	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Master Level w/ Exception Waiver	May be billed with interactive complexity (90785)
CPT/HCPCS Definition		
Psychother, w/ PT and/or fam. mem., approx. 45 mins		
Unit (UN) / Minutes (MJ)		
UN (1= 38-52 mins; 1 per encounter)		
Modifiers		
GT HH HK UD U6 U8		

Code	Provider Type	Service Criteria
+90836	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	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		
Psychother. approx. 45 mins w/ PT and/or fam. mem.; performed w/ an E/M svc. (List separately in addition to the code for primary procedure).		
Unit (UN) / Minutes (MJ)		
UN (1=38-52 mins; 1 per encounter)		
Modifiers		
GT HH U6 HK UD U8		

Code	Provider Type	Service Criteria
90837	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 2084P0800X - Psychiatrist/M 103T00000X - Lic. Psychologist 104100000X - Lic. Social Worker 1041C0700X - Lic. Social Worker Clinical 106H00000X - Lic. Marriage and Family Therapist 101Y99996L - MA/PHD (non licensed) 101Y99995L - Below Masters Degree 101Y99995L- Bachelors Level w/Exception Waiver 101Y99995L - Master Level w/Exception Waiver	May be billed with interactive complexity (90785). May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
CPT/HCPCS Definition		
Psychother. approx. 60 mins w/ PT and/or fam. mem.		
Unit (UN) / Minutes (MJ)		
UN (1=53 68 mins; 1 per encounter)		
Modifiers		
GT HH U6 HK UD U8		

Code	Provider Type	Service Criteria
+90838	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	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		
Psychother. approx. 60 mins w/ PT and/or fam. mem.; performed w/ an E/M svc. (List separately in addition to the code for primary procedure).		
Unit (UN) / Minutes (MJ)		
UN (1=53-68 mins; 1 per encounter)		
Modifiers		
GT HH U6 HK UD U8		

Code	Provider Type	Service Criteria
+99354	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 104100000X - Lic. Social Worker 1041C0700X - Lic. Social Worker Clinical 106H00000X - Lic. Marriage and Family Therapist 101Y99998L - MA/PHD (non- licensed) 101Y99995L - Below Masters Degree 101Y99995L - Bachelors Level w/Exception Waiver 101Y99995L - Master Level w/Exception Waiver	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
CPT/HCPCS Definition		
Prolong E/M or psychother. srvc, O/P (beyond the typical service time of the primary procedure) direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other O/P E/M or psychother. svc)		
Unit (UN) / Minutes (MJ)		
UN (1= first hour; 1 per encounter)		
Modifiers		
GT HH HK UD U6 U8		

Code	Provider Type	Service Criteria
+99355	363LP0808X - ARNP Psych, MH	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
CPT/HCPCS Definition	363A00000X - Physician Assistant	
Prolong E/M or psychother. svcs, O/P, each add'l 30 mins. (List separately in addition to code for prolonged service)	2084P0800X - Psychiatrist/MD	
Unit (UN) / Minutes (MJ)	104100000X - Lic. Social Worker	
UN (1= add'l 30 mins; 1 or more)	106H00000X - Lic. Marriage and Family Therapist	
Modifiers	101YM0800X - Lic. or Cert. MH Counselor	
GT HH HK UD U6 U8	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Master Level w Exception Waiver	

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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH HK UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH HK UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

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 svcs, NOS	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=<15mins; 1 per encounter)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH HK UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	
	183500000X - Pharmacist- D	

Code	Provider Type	Service Criteria
H2014	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Skills train and dev, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH HK UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	

Code	Provider Type	Service Criteria
H2015	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Comp. comm. supp. svcs, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH UC UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	
	183500000X - Pharmacist- D	

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 svcs, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH HK UD U6 U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

Intake Evaluation

Modality Definition

An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and freestanding evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

"Mental health professional" Defined in RCW; 71.05 and 71.34. Waiver criteria in RCW; 71.24.260.

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
 - 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.
- 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 Rehabilitation Case Management service (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.

- 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.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
90791	Psych Diag. Eval	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Master Level w Exception Waiver	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).
90792	Psych Diag. Eval w/ med srvc	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	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).
99201	Office/ OP visit for new PT (self-limiting problems; approx. 10 min face - face)	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99202	Office/ OP visit for new PT (problems are low to moderate severity; approx. 20 mins face - face)	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99203	Office/OP visit for new PT(problems moderate severity; approx. 30 mins face - face)	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99204	Office/OP visit for new PT (problems moderate to high severity; approx. 45 mins face – face)	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99205	Office/OP visit for new PT (problems are moderate to high severity; approx. 60 mins face -face)	UN (1 per ENC)	52 53 GT HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99304	Initial visit at nursing facility E/M, per day, (problem(s) are of low severity; approx. 25 minutes w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.
99305	Initial visit at nursing facility E/M, per day, (problem(s) are of moderate severity; approx. 35 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.
99306	Initial visit at nursing facility E/M, per day, (problem(s) are of high severity; approx. 45 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.
99324	Domiciliary or rest home visit for new PT E/M (problem(s) are of low severity; approx. 20 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99325	Domiciliary or rest home visit for new patient E/M (problem(s) are of moderate severity; approx. 30 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UC UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99326	Domiciliary or rest home visit for new PT E/M (problem(s) are of moderate to high severity; approx. 45 mins w/ the PT and/or family or caregiver)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99327	Domiciliary or rest home visit for new PT E/M (problem(s) are of high severity; approx. 60 mins w/ the PT and/or fam or caregiver)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99328	Domiciliary or rest home visit for new PT E/M (Usually, the patient is unstable or has developed a significant new problem requiring immediate MD attention; approx. 75 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99341	Home visit for new PT E/M (problem(s) of low severity; approx. 20 mins are spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	52 53 HH UC UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99342	Home visit for new PT E/M (problem(s) of moderate severity; approx. 30 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	52 53 HH UC UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99343	Home visit for new PT E/M (problem(s) of moderate to high severity; 45 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99344	Home visit for new PT E/M (problem(s) of high severity; approx. 60 mins spent face - face w/ other Pt and/or fam.)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99345	Home visit for new PT E/M (patient is unstable or has developed a significant new prob. requiring immediate physician attention: approx. 75 mins spent face - face w/ other PT and/or fam.)	UN (1 per ENC)	52 53 HH HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
+99354	Office or O/P prolonged E/M or psychotherapy srvc (beyond the typical service time of the primary procedure); 1st hour. (List separately in addition to code for office or other outpatient E/M or psychotherapy service)	UN (1 = first hour; 1 per ENC)	52 53 GT HK HH UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
+99355	Office or O/P prolonged E/M or psychotherapy srvc (beyond the typical service time of the primary procedure); each add'l 30 mins. (List separately in addition to code for office or other outpatient E/M or psychotherapy service)	UN (1= add'l 30 mins; 1 or more)	52 53 GT HK HH UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
+99356	Inpat. or observ. prolonged service requiring unit/floor time beyond the usual service; 1st hour (List separately in addition to code for inpatient E/M service)	UN (1= first hour; 1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
+99357	Inpt. or observ. prolonged service in the inpt. or observ. setting, requiring unit/floor time beyond the usual service; each add'l 30 mins (List separately in addition to code for prolonged service)	UN (1= add'l 30 mins; 1 or more)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
H0031	MH health assess by non-MD	UN (1= 15mins ; 1 or more)	52 53 HH HK UD U8	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Service must be provided by a Mental Health Professional.

Medication Management

Modality Definition

The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face, including via telemedicine, by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

Inclusions

- Service rendered face-to-face, including face to face telemedicine, by a person licensed to perform such services.
- Consultation with collaterals, primary therapists, and/or case managers.
- Minimal psychotherapy services may be provided.

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	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
96372	Injection for ther/proph/diag purposes SQ or IM	UN (1 per ENC)	UC UD U8	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD101Y99993L - Medical Assistant – Certified 183500000X - Pharmacist- D	
99211	Office or other outpatient visit for establ. PT E/M that may not require the presence of a physician. (problem(s) are minimal; approx. 5 mins are spent performing or supervising srvc	UN (1 per ENC)	GT UC UD U8	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99212	Office or other outpatient visit for established patient E/M (problem(s) are self-limited or minor; approx. 10 mins face - face w/ the PT and/or fam.)	UN (1 per ENC)	GT UC UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99213	Office or other outpatient visit for establ. PT E/M (problem(s) of low to moderate severity; approx. 15 mins face - face w/ the PT and/or fam.)	UN (1 per ENC)	GT HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99214	Office or other outpatient visit for establ. PT E/M (problem(s) of moderate to high severity; approx. 25 minutes face - face w/ the PT and/or fam.)	UN (1 per ENC)	GT HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99215	Office or other outpatient visit for establ. PT E/M (problem(s) of moderate to high severity; approx. 40 minutes face - face w/ the PT and/or fam.)	UN (1 per ENC)	GT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99307	Subseqt. nursing facility visit, per day, E/M (patient stable, recovering, or improving; approx. 10 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	GT UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.
99308	Subsequent nursing facility visit, per day, E/M (patient is responding inadequately to therapy or has developed a minor complication; approx. 15 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	GT UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.
99309	Subsequent nursing facility visit, per day, E/M (patient has developed a significant complication or a significant new prob.; approx. 25 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	GT UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.
99310	Subsequent nursing facility visit, per day, E/M (patient may be unstable or may have developed a significant new problem requiring immediate physician attention; approx. 35 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	GT UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357, as appropriate.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99334	Domiciliary or rest home visit for establ. PT E/M (problem(s) are self-limited or minor; approx. 15 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99335	Domiciliary or rest home visit for establ. PT E/M (problem(s) of low to moderate severity; approx. 25 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99336	Domiciliary or rest home visit for establ. PT E/M (problem(s) of moderate to high severity; approx. 40 minutes w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99337	Domiciliary or rest home visit for establ. PT E/M (PT may be unstable or may have developed a significant new prob. requiring immediate MD attention; approx. 60 mins w/ the PT and/or fam. or caregiver)	UN (1)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99347	Home visit for establ. PT E/M (problem(s) are self-limited or minor; approx. 15 mins are spent face - face w/ the PT and/or fam)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99348	Home visit for estab. PT E/M (problems(s) of low to moderate severity; approx. 25 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99349	Home visit for estab. PT E/M (problem(s) of moderate to high severity; approx. 40 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
99350	Home 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; approx. 60 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E/M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355, as appropriate.
+99354	Office or O/P prolonged E/M or psychotherapy srvc (beyond the typical service time of the primary procedure); 1 st hour. (List separately, in addition to code for office or other outpatient E/M or psychotherapy service)	UN (1= first hour; 1 per ENC)	52 53 GT HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
+99355	Office or O/P prolonged E/M or psychotherapy srvc (beyond the typical service time of the primary procedure); each add'l 30 minutes. (List separately, in addition to code for office or other outpatient E/ M or psychotherapy service)	UN (1= add'l 30 mins; 1 or more)	52 53 GT HK UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
+99356	Inpatient or observation prolonged service requiring unit/floor time beyond the usual service; 1st hour (List separately, in addition to code for inpatient E/M service)	UN (1 per ENC)	52 53 UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
+99357	Inpatient or observation prolonged service requiring unit/floor time beyond the usual service; each add'l 30 mins. (List separately, in addition to code for inpatient E/M service)	UN (1= 30 mins/ 1 or more)	52 53 UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
T1001	Nursing Assess./Eval.	UN (1 per ENC)	HK UD U8	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 183500000X - Pharmacist- D	

Medication Monitoring

Modality Definition

Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.

Inclusions

- Face-to-face, 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	
	363LP0808X - ARNP Psych, MH	
	363A00000X - Physician Assistant	
Oral med admin. direct obsrvtn.	2084P0800X - Psychiatrist/MD	
	104100000X - Lic. Social Worker	
Unit (UN) / Minutes (MJ)	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
UN (1=15 mins; 1 or more)	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
Modifiers	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
HK UD U8	101Y99995L - Other (Clinical Staff)	
	101Y99993L - Medical Assistant – Certified	

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)	2084P0800X - Psychiatrist/MD	
	104100000X - Lic. Social Worker	
	106H00000X - Lic. Marriage and Family Therapist	
UN (1=15 mins; 1 or more)	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
Modifiers	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
HK UD U8	101Y99995L - Other (Clinical Staff)	
	101Y99993L - Medical Assistant – Certified	

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., boarding homes, supported housing, cluster housing, SRO 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 is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. 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 an apartment complex or cluster housing, boarding home or adult family home.
- 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)

Notes

- When submitting encounters via 837I use revenue codes with HCPC 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

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1001 or 01x4 HCPC CODE: H0018	BH srvc; short-term residential (nonhospital residential tx program), w/o R&B, per diem	UN (1= a day; 1 or more)	UD	Billing Provider NPI and Taxonomy	
REVENUE CODE: 1001 or 01x4 HCPC CODE: H0019	BH srvc; 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	UN (1= a day; 1 or more)	UD	Billing Provider NPI and Taxonomy	

Peer Support

Modality Definition

Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the individual's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan, which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved.

Peer counselors are responsible for the implementation of peer support services. Peer counselors may service on High Intensity Treatment Teams.

Peer Support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20

Inclusions

- Service availability is up to 4 hours per day.
- 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 mental illness.
- 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

- None

Notes

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

Code	Provider Type	Service Criteria
H0038	175T00000X - DBHR Credentialed Certified Peer Counselor	Requires 10 minutes minimum to report first unit
CPT/HCPCS Definition	175T99994L - Non-DBHR Certified Peer Counselor	
Self-help/peer svcs, per 15 mins		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
GT HK UD U8		

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 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT/HCPCS Definition		
Developmental scrning; (e.g., Developmental Screening Test II, Early Language Milestone Screen), w/ intrprtn and rprt, per hour		
Unit (UN) / Minutes (MJ)		
UN (1=an hour; 1 or more)		
Modifiers		
UC UD U8		

Code	Provider Type	Service Criteria
96116	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) (PHD only)	
CPT/HCPCS Definition		
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. rpt, first hour		
Unit (UN) / Minutes (MJ)		
UN (1 =1 first hour)		
Modifiers		
GT HK UD U8		

Code	Provider Type	Service Criteria
+96121	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) (PHD only)	Add-on code to 96116
CPT/HCPCS Definition		
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		
Unit (UN) / Minutes (MJ)		
UN (1=add'l 1 hour; 1 or more)		
Modifiers		
GT HK UD U8		

Code	Provider Type	Service Criteria
96130	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT/HCPCS Definition		
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		
Unit (UN) / Minutes (MJ)		
UN (1= first hour)		
Modifiers		
HK UD U8		

Code	Provider Type	Service Criteria
+96131	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Add-on to 96130
CPT/HCPCS Definition		
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.		
Unit (UN) / Minutes (MJ)		
UN (1= 1 add'l hour; 1 or more)		
Modifiers		
HK UD U8		

Code	Provider Type	Service Criteria
96132	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed)(PHD only)	
CPT/HCPCS Definition		
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		
Unit (UN) / Minutes (MJ)		
UN (1= first hour)		
Modifiers		
HK UD U8		

Code	Provider Type	Service Criteria
+96133	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed)(PHD only)	Add-on code to 96132
CPT/HCPCS Definition		
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.		
Unit (UN) / Minutes (MJ)		
UN (1= add'l hour; 1 or more)		
Modifiers		
HK UD U8		

Code	Provider Type	Service Criteria
96136	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT/HCPCS Definition		
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.		
Unit (UN) / Minutes (MJ)		
UN (1= first 30 mins.)		
Modifiers		
HK UD U8		

Code	Provider Type	Service Criteria
+96137	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Add-on code to 96136
CPT/HCPCS Definition		
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.		
Unit (UN) / Minutes (MJ)		
UN (1= add'l 30 mins; 1 or more)		
Modifiers		
HK UD U8		

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

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

Rehabilitation Case Management

Modality Definition

A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of an individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual.

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 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 (Rehabilitation Case Management Intake) 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

- None

Notes

- Rehabilitation Case Management (RCM) can be the only service to be encountered when a client is in Jail/Prison, Juvenile Detention Facility, CLIP Facility, Evaluation & Treatment Facility, Medical or Psychiatric Inpatient Facility 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. RCM may be used to provide mental health services when an individual is in a substance use disorder treatment facility.
- RCM 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 RCM services delivered in an 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 (1 per encounter)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
52 53 GT HH HK UD U8 U9	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	183500000X - Pharmacist- D	

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 ICD10 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 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Service must be provided by a Mental Health Specialist as defined in.
CPT/HCPCS Definition		
Program intake assmt screening to determine appropriateness of an individual for participation in a spec. program, project or tx protocol, per encounter		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
GT HE* HK UD U8		

*Indicates required modifier

Stabilization Services

Modality Definition

Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities. Stabilization Services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional Stabilization Services. Stabilization Services may be provided prior to an intake evaluation for mental health services.

Inclusions

- 24 hours per day/ 7 days per week availability.
- Services may be provided prior to intake evaluation.
- Services provided in:
 - the person's own home or another home-like setting, or
 - a facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities.
- Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.
- Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional Stabilization Services.
- Additional mental health, or substance use disorder 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.

Code	Provider Type	Service Criteria
S9484	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Services provided in person's own home or other home like setting. 55 mins minimum for the first hour, standard halfway service rounding rules apply thereafter. Services reported may be discontinuous, but must be reported on the date of service where they occur. 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. Not to be used for services provided in a facility licensed by Department of Health and certified by HCA/DBHR as either Crisis Stabilization Units or Crisis Triage Facilities.
CPT/HCPCS Definition		
Crisis intervention, per hour		
Unit (UN) / Minutes (MJ)		
UN (1=1 hour; 1 or more)		
Modifiers		
GT HH HK UD U8		

Code	Provider Type	Service Criteria
S9485	Billing Provider NPI and Taxonomy	Use this code for Stabilization Services provided in a facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities. 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		
UD		

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.

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. srvc (delivery of services with target population to affect knowledge, attitude and/or behavior)	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
GT HH HK UD U8	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	

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	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
GT HH HK UD U8	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	

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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	104100000X - Lic. Social Worker	
(1=15 mins; 1 or more)	106H00000X - Lic. Marriage and Family Therapist	
Modifiers	101YM0800X - Lic. or Cert. MH Counselor	
GT HH HK UD U8	103T00000X - Lic. Psychologist	
	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	

Other Mental Health Services

CARE COORDINATION SERVICES	73	MENTAL HEALTH CLUBHOUSE	79
CHILD & FAMILY TEAM MEETING	74	RESPIRE CARE SERVICES	80
HOUSING & RECOVERY THROUGH PEER SERVICES	76	SUPPORTED EMPLOYMENT	82
INTERPRETATIVE SERVICES	78		

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 members schools)

Inclusions

- None

Exclusions

- Child and Family Team Meetings
- Limited to clients who are <21 years old.

Notes

- Information on this page is intended as 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 srvc, per 15 min	363LP0808X - ARNP Psych, MH	
	363A00000X - Physician Assistant	
Unit (UN) / Minutes (MJ)	2084P0800X - Psychiatrist/MD	
	104100000X - Lic. Social Worker	
	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
UN (1=15 mins; 1 or more)	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
Modifiers	175T00000X - DBHR Credentialed Certified Peer Counselor	
GT HH HK U8		

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 is able to 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 in order 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 by the use of 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 srvc's plan dev by non-MD	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	104100000X - Lic. Social Worker	
(1=15 mins; 1 or more)	106H00000X - Lic. Marriage and Family Therapist	
Modifiers	101YM0800X - Lic. or Cert. MH Counselor	
GT HH HT U8	103T00000X - Lic. Psychologist	
	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	

Housing and Recovery Through Peer Services (HARPS)

Description of Other Services

A service provided with state only or local funding. Supportive housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive housing services include activities that assist a homeless or unstably housed individual to live with maximum independence in community integrated housing. Activities are intended to assure successful community living through utilization of skills training, cueing and/or supervision as identified by the person-centered assessment. Supportive housing services such as identifying housing options, contacting prospective landlords, scheduling interviews, assisting with housing applications, and assisting with subsidy applications and supporting the individual once housed in collaboration are not done for the individual, but rather they are delivered through training, cueing, and supervision to help the participant become more independent in doing these tasks. Services may include outreach, mediating landlord-tenant, roommate, and neighbor issues as a collateral service as long as a minimum of 15 minutes of face-to-face service with the individual occurs. Rehabilitation skills training on interpersonal relations and landlord tenant rights/laws. These services should be client-specific and may be located in scattered-site, clustered/integrated or single-site housing as long as the tenant holds a lease.

Inclusions

- Assistance in obtaining integrated housing focusing on choice and preferences, to collect appropriate documentation for the housing of their choice, to complete housing applications, and complete applications and re-certifications for housing subsidies, etc.
- Assisting the individual to self-advocate with landlords, lease negotiations, roommate agreements, acquiring furnishings, to purchase cleaning supplies, dishes, linens, etc., the individual to move and acquire housing if first or second housing situation does not work out.
- Educating the individual on tenancy rights and responsibilities, eviction prevention (paying rent on time, conflict resolution, lease behavior agreements, utilities management).
- Educating the individual on landlord relationship maintenance.
- Educating the individual on subsidy provider relationship maintenance.
- HARPS plan development with individual.
- Assisting the individual to apply for entitlements.
- Independent living skills coaching such as meal planning/preparation, household cleaning, personal hygiene, reminders for medications, monitoring symptoms and side effects, community resource access and utilization, crisis coping skills, shopping, recovery management skills and education, financial management, and developing social and interpersonal skills.
- Linkages to education, job skills training, and employment with individual.

- The reporter must have a HARPS Contract with HCA to report services for this program.

Exclusions

- None

Notes

- Report Provider Type using Billing Provider NPI and taxonomy for this per diem service.
- This Service Type may be provided prior to an intake.
- 60 minutes minimum spent on behalf of an individual required to report this per diem as long as a minimum of 15 minutes of face-to-face service with the individual occurs.

Code	Provider Type	Service Criteria
H0043	Billing Provider NPI and Taxonomy	
CPT/HCPCS Definition		
Supp. Housing, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		

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	
	363LP0808X - ARNP Psych, MH	
Sign Lang/Oral Interpreter Srvc	363A00000X - Physician Assistant	
	2084P0800X - Psychiatrist/MD	
Unit (UN) / Minutes (MJ)	104100000X - Lic. Social Worker	
	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
UN (1= 15 mins; 1 or more)	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
Modifiers	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
GT UD U8	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101YA0400X - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	

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 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 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and
- 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.

Code	Provider Type	Service Criteria
H2031	Billing Provider NPI and Taxonomy	
CPT/HCPCS Definition		
MH clubhouse srvc, 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.

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		
UD		

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 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 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	Require 10 minutes minimum to report first unit
CPT/HCPCS Definition		
Respite care services, 15 minutes		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
HH UD		

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;
 - o 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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH UD	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	

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 (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH UD	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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)	

Mental Health Programs

JAIL SERVICES/COMMUNITY TRANSITION	86
OFFENDER RE-ENTRY COMMUNITY SAFETY PROGRAM (ORCSP)	87
WA-PACT	89
WRAP AROUND WITH INTENSIVE SERVICES (WISe)	91

Special Program Reporting

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

1. 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.
2. Individuals are identified for participation in programs based on program specific criteria defined in contract.
3. 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 detail information for types of services, available codes and modifiers.
4. 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.
5. 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

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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
GT HH UD	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	

Offender Re-entry Community Safety Program (ORCSP)

Program Description

The Offender Re-entry Community Safety Program (ORCSP) previously known as the Community Integration Assistance Program (CIAP) and Dangerously Mentally Ill Offender (DMIO) Program is designed to improve the process of identification and provision of additional mental health treatment for mentally ill offenders being released from the Department of Corrections (DOC) who pose a threat to public safety.

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

Inclusions

- The BHO 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 chemical dependency treatment, housing, employment services, education or vocational training, independent living skills, parenting education, anger management services; and other such services as deemed necessary (RCW 71.24470).
 - 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 srvc, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HH HW*	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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.

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 a sufficient number of 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 BHO must have a WA-PACT contract with HCA/DBHR to report services for this program.
- 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:
 - Day Support
 - High Intensity Treatment

Notes

- Information on this page is intended as an overview. Refer to the contract and Washington State PACT standards for complete program requirements.
- Exceptions to Provider Types:
 - Peer Specialists who are not certified may serve on a PACT team. Select appropriate level of Peer Counselor to report all Peer Counselor Services.
 - The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN Services.

Code	CPT/ HCPC S Defini tion	UN / MJ	Mod	Provider Type	Service Criteria
Any code in this guide except that for Day Support or High Intensity Treatment			GT 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 in order 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 crisis 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 BHO/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

- 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	CPT /HC PCS Definition	UN /MJ	Mod	Provider Type	Service Criteria
Any code in this guide except codes defined as a per diem code			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. Do not use the “U8” modifier to identify services to WISe participants by non-WISe child and family team members.

Substance Use Service Modalities

ASSESSMENT SERVICES

Assessment Services

94

OUTPATIENT TREATMENT SERVICES

Case Management

95

Opioid Treatment Program

97

Outpatient Treatment

100

Brief Intervention

102

RESIDENTIAL TREATMENT

Intensive Inpatient Residential Services

103

Long Term Care Residential Services

104

Recovery House Residential Services

105

WITHDRAWAL MANAGEMENT SERVICES

Withdrawal Management

106

Secure Detox

108

Assessment Services

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.

Inclusions

- Must be done by a CDP or CDPT under the supervision of a CDP
- Includes DUI assessment

Exclusions

- None

Notes

- Must be provided by a certified SUD provider.
- 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.
- 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

- None

Code	Provider Type	Service Criteria
H0001	101YA0400X - Chemical Dependency Professional (CDP)	Must be done face-to-face.
CPT/HCPCS Definition	101Y99995L - Chemical Dependency Professional Trainee	
Alcohol/drug assessmt.		
Unit (UN) / Minutes (MJ)		
Minutes (1 or more)		
Modifiers		
52 53 HD HH HZ U5		

Case Management

Modality Definition

Case management services are services provided by a Chemical Dependency Professional (CDP), CDP Trainee, or person under the clinical supervision of a CDP 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 CDP reviewing a CDP 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 CDP or CDPT.

Code	Provider Type	Service Criteria
T1016	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). Requires 10 minutes minimum to report first unit. For Medicaid funded services, this service may only be provided by a CDP or CDPT.
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Case management, each 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
GT HD HH HZ U5	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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 - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	

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, individual or group therapy for the primary patient and their family or significant others.

Note: Code H0020 is to only be used to report the encounter for dosing. Report ALL other services using the applicable SERI code. For example, if an individual receives a dosing service, report using one unit of H0020. If the same person also receives group or individual therapy, those services would be reported using the correct code in the outpatient services section of the SERI. All services must be reported independently, regardless of how the OTP clinic is paid by the managed care entity.

Inclusions

- Observation and/or delivery of medications to client

Exclusions

- None

Notes

- 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.
- Individuals receiving OTP services may also receive other ASAM level of care treatment services at other treatment agencies as per ASAM treatment criteria and 42 CFR § 8.12(f)(1)
- 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).
 - **NEW CODE:** Use code S0109 to report the amount of medication dispensed for self-administration. Report 1 unit for every 5 mgs of medication dispensed. To determine units divide total milligrams of medication dispensed divided by 5. (Example: 60mgs dispensed report 12 units).
 - ◆ ALSO Report the NDC on the bottle from which the medication was dispensed on the encounter line to support rebate activities.
 - **NEW CODES:** Report urinalysis testing codes as described below.
 - **NEW CODES:** Report E/M and psychotherapy codes described elsewhere, as indicated, to represent other services rendered as part of Opioid Treatment Program.

Limitations

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

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

Code	Provider Type	Service Criteria
S0109	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	This code to account for the number of total mgs dispensed in 5 mg intervals. Use regardless of the medication issued.
CPT/HCPCS Definition		
Methadone oral; 5mg (dispensed for home use)		
Unit (UN) / Minutes (MJ)		
UN (1=5mgs; 1 or more for every 5 mg dispensed to take home)		
Modifiers		
HD HH HZ U5		

Code	Provider Type	Service Criteria
80306	164W00000X - Licensed Practical Nurse	
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Presumptive Drug Class Screening/ Direct Optical Observation e.g. Dipstick Method	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1 per UA)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101YA0400X - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	

Code	Provider Type	Service Criteria
80307	164W00000X - Licensed Practical Nurse	
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Presumptive Drug Class Screening / via Instrumented Chemistry Analyzer	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1 per UA)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101YA0400X - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	

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 a Substance Use Disorder.
 - For SUD: Use a diagnosis code falling in this ICD10 range F10 - F19; or
 - When the specific diagnosis cannot be made or is unknown:
 - ◆ Z7141 for alcohol abuse and
 - ◆ Z7151 for drug abuse.

Limitations

- None

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
H0004	Behav. Hlth Cnslng and thrpy, per 15 mins	UN (1=15 mins; 1 or more)	GT HD HH HZ U5 U6	101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	Requires 10 minutes minimum to report first unit
96153	Behav. Hlth Intrvtn. w/ grp (2 or more) face to face, per 15 mins	UN (1=15 mins; 1 or more)	GT HD HH HZ U5 U6	101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	Requires 10 minutes minimum to report first unit
96154	Behav. Hlth Intrvtn. w/ fam. & pt. face to face, per 15 mins	UN (1=15 mins; 1 or more)	GT HD HH HZ U5 U6	101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	Requires 10 minutes minimum to report first unit
96155	Behav.Hlth. Intrvtn. w/ fam; no pt, face to face, per 15 mins	UN (1=15 mins; 1 or more)	GT HD HH HZ U5 U6	101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	Requires 10 minutes minimum to report first unit

Brief Intervention

Modality Definition

A time limited, structured behavioral intervention using substance use disorder brief intervention techniques, such as evidence-based motivational interviewing and referral to treatment services when indicated. 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 a Substance Use Disorder.
 - Use a diagnosis code falling in this ICD10 range F10 - F19; 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	101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	Requires 10 minutes minimum to report first unit
CPT/HCPCS Definition		
Alcohol/drug srvc, per 15 mins		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
GT HD HH HZ U5		

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 HCPC code included in coding instructions.
- Report Provider Type using facility Billing Provider NPI and taxonomy.

Limitations

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

Code	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01x6 HCPC 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 HCPC code included in coding instructions.

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 a Substance Use Disorder.
 - Use a diagnosis code falling in this ICD10 range F10 - F19; 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 CPC 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		

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 no 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

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 (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 HCPC code included in coding instructions.

Limitations

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

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01x6 HCPC CODE: H0010	Alcohol/drug services; subacute detox in Free Standing E&T facility, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Clinically Managed Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPC CODE: H0010	Alcohol/drug services; subacute detox in hospital setting, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Clinically Managed Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPC CODE: H0011	Alcohol/drug services; acute detox in Free Standing E&T facility, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Medically Monitored Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPC CODE: H0011	Alcohol/drug services; acute detox in hospital setting, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Medically Monitored Withdrawal Management.

Modality Definition

Services provided in a secure detoxification facility certified to provide evaluation and assessment by CDPs, 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:
 - Rehabilitation Case Management

Exclusions

- None

Notes

- Report Provider Type as the facility Billing Provider NPI and taxonomy for these services per diem services.
- Secure Detox 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.
- Secure Detox 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 HCPC code included in coding instructions below.
- HCA will report Secure Detox Services delivered in an IMD as non-Medicaid Services.
- This modality may be provided prior to an intake.

Limitations

- None

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01X6 HCPC CODE: H0017	Withdrawal management facility service in a Free Standing E&T, per diem.	UN (1= a day; 1 or more)	None	Billing provider NPI and taxonomy	
REVENUE CODE: 1002 or 01X6 HCPC CODE: H0017	Withdrawal management facility service in a hospital setting, per diem.	UN (1= a day; 1 or more)	None	Billing provider NPI and taxonomy	

Other Substance Use Services

COMMUNITY ENGAGEMENT and REFERRAL SERVICES

Alcohol/Drug Information School 110

Interim Services 111

OTHER SERVICES

Recovery Support Services 112

OTHER TRIAGE SERVICES

Sobering Services 114

SUPPORT SERVICES

Pregnant, Post Partum, or Parenting (PPW)
Women's Housing Support Services 115

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 CDP or any other certified ADIS instructor
CPT/HCPCS Definition	101YA0400X - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	
Alcohol/drug prevention		
Unit (UN) / Minutes (MJ)		
UN (1 per encounter)		
Modifiers		
GT HD HZ U5		

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 SGIA dollars or State Funds
- If SGIA funded and PPW or IUID, report both applicable modifiers
- This is a SABG reporting requirement

Limitations

- Use the appropriate diagnosis code to designate treatment is for a Substance Use Disorder.
 - Use a diagnosis code falling in this ICD10 range F10 - F19; 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 - Chemical Dependency Professional (CDP) 101Y99995L - Chemical Dependency Professional Trainee	
CPT/HCPCS Definition		
Behavior Health Prevention Education		
Unit (UN) / Minutes (MJ)		
UN (1 per encounter)		
Modifiers		
GT HD HH HZ U5		

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
 - Child care
 - Family/marriage education
 - Self-help and support groups, life skills, spiritual and faith-based support, education, and parent education

Exclusions

- Recovery Support Services does 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 a Substance Use Disorder.
 - Use a diagnosis code falling in this ICD10 range F10 - F19; 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	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
GT HD HH HV U5 HZ	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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 - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	

Sobering Services

Description of Other Services

Provides short-term (less than 24 consecutive hours) emergency shelter, screening, and referral Services to persons 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

- CDP and CDPT 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	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=1 hour; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HD HZ U5	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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, Post Partum, 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.
- SABG funded.
- For PPW Housing Support
 - Pregnant, postpartum, or parenting (children age 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	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
H0043	Supported housing, per diem	UN (1= a day; 1 or more)	HD* HH U5	Billing Provider NPI and Taxonomy	

*Indicates required modifier.

Other Behavioral Health Service

Request for Services	117
Telemedicine	119
Involuntary Treatment Investigation	121
Testimony for Involuntary Treatment Services	123
Co-occurring Treatment	124

Request for 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. This service is provided to all individuals seeking non-crisis services.

Inclusions

- These services are provided prior to intake.

Exclusions

- Does not include information and referral calls.

Notes

- 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 may 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 a Substance Use Disorder.
 - Use a diagnosis code falling in this ICD10 range F10 - F19; 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 ICD10 ranges F01 - F09; F20-F99; or
 - When a diagnosis cannot be made or in unknown use F99.x

Limitations

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)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
UB* UD U8	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	
	101YA0400X - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	
	101Y99995L - Other (Clinical Staff)	
	Use Billing Provider NPI and taxonomy if rendered by none of the above	

*Indicates required modifier when using this code for this service

Description of Services

The delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site, and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone, facsimile, or email.

Reimbursement is for medically necessary services provided via telemedicine if those same services are available in person. Telemedicine services occur when audio and visual technology is used to connect the consumer at an "originating site" with the provider at a "distant site". Originating sites must be a:

- Hospital;
- Rural health clinic;
- Federally qualified health center;
- Physician's or other health care provider's office;
- Community behavioral health center;
- Skilled nursing facility; or
- Home or any location determined by the individual receiving the service.

Coverage of telemedicine health services is subject to all terms and conditions of the plan in which the covered person is enrolled, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements applicable to coverage of a comparable health care service provided in person.

Provision of telemedicine services must meet all HIPAA regulations regarding PHI. Documentation of the encounter should indicate the service was provided through telemedicine.

Intakes and assessments cannot be conducted using telemedicine.

If the service is provided through "Store and forward" technology, there must be an associated office visit between the client and the referring provider. (Store and forward is the asynchronous transmission of medical information to be reviewed at a later time by the physician or practitioner at the distance site).

NOTE: All telemedicine services must use 02 as the place of service code.

Inclusions

- None

Exclusions

- Email, telephone and facsimile transmissions.
- Home health monitoring.
- Installation or maintenance of any telecommunication devices or systems.
- Intakes or Assessments, Freestanding Evaluation and Treatment, facility-based Stabilization Services, MH services provided in a Residential Setting, Withdrawal Management, Opioid Substitution Treatment, Involuntary Treatment Services (SUD and MH),

Residential SUD Treatment, High Intensity Treatment, and Psychological Assessment.

Notes

- PLEASE SEE OTHER SECTIONS. THIS SERVICE IS DESIGNATED BY THE USE OF THE "GT" MODIFIER.

Involuntary Treatment Investigation

Description of Services

An evaluation by a Designated Crisis Responder (DCR) for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental or substance use disorder. The DCR accepts, screens, and documents all referrals for an ITA investigation. The DCR informs the person being investigated for involuntary detention of his/her legal rights as soon as it is determined that an ITA investigation is necessary. (See updated Protocols for Designated Crisis Responders - <https://www.dshs.wa.gov/node/6143>.)

Involuntary Treatment Process: Effective April 1, 2018, The Involuntary Treatment Act (ITA) permits Designated Crisis Responders to detain individuals for up to 72 hours who, as a result of a mental illness or a substance use disorder, are gravely disabled or may be a danger to themselves or others. 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, regardless of eligibility for any program or insurance coverage.
- Services may be provided prior to intake/assessment.

Exclusions

- Activities performed by a DCR 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.

Notes

- This service is designated by the addition of the "HW- Funded by state mental health agency" modifier.
- This service type may be provided prior to an intake.
- Use the appropriate diagnosis code to designate the condition to be treated.
 - For SUD:
 - Use a diagnosis code falling in this ICD10 range F10 - F19; 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 ICD10 ranges F01 - F09; F20-F99; or
 - When a diagnosis cannot be made or in unknown use F99.x

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

*Indicates required modifier.

Testimony for Involuntary Treatment Services

Description of Services

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/BHO/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	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
GT H9* UD U8	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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 by the use of modifier "HH" – Integrated mental health/substance abuse program.
- Clinicians using the "HH" modifier must hold the CDP/CDP-T credential and hold a mental health credential (e.g. Agency Affiliated, LMHC, LICSW, etc.).
- 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 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 workers office seeking assistance or by referral.

Inclusions

- None

Exclusions

- Routine mental health and/or substance use services.

Notes

- This service is designated by the use of 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 ICD10 range F10 - F19; 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 ICD10 ranges F01 - F09; F20-F99; or
 - When a diagnosis cannot be made or in unknown use F99.x

Code	Provider Type	Service Criteria
H0023	164W00000X - Licensed Practical Nurse	<p>The HW modifier must be reported with this service.</p> <p>Use the appropriate diagnosis code to identify condition for which Engagement and Outreach services are being rendered.</p> <p>Use U5 modifier to identify outreach services to IUID.</p> <p>The UD modifier may not be used with the HD, or HZ modifiers</p>
CPT/HCPCS Definition	163W00000X - Registered Nurse	
Behavior Health Outreach (planned approach to reach a targeted population)	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
GT HD HH HW* HZ U5 UD	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	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	
	101Y99995L - Other (Clinical Staff)	
	101YA0400X - Chemical Dependency Professional (CDP)	
	101Y99995L - Chemical Dependency Professional Trainee	

*Indicates required modifier.

Appendices

CPT/HCPC INDEX	128	PROVIDER TYPES	135
PROCEDURE MODIFIER INDEX	129	SUMMARY OF CHANGES	136

CPT/HCPCS Index

CPT/HCPC.....Page(s)
80306.....98
80307.....98
+90785.....11,13,14, 23, 24
+90785.....27, 28, 33, 34
+90785.....35, 41, 77
90791.....14, 41
90792.....14, 41
90832.....9, 10, 14, 15, 33
+90833.....11, 14, 33, 49, 50
90834.....14, 33
+90836.....11, 14, 34, 49, 50
90837.....14, 15, 16, 34
+90838.....11, 14, 15, 35
90846.....14, 23
90847.....14, 24
90849.....14, 27
90853.....14, 28
9611.....58
96116.....59
+96121.....59
96130.....60
+96131.....60
96132.....61
+96133.....61
96136.....62
+96137.....62
96138.....62
+96139.....63
96153.....100
96154.....100
96155.....100
96372.....47
99075.....122, 129
99201.....33, 41
99202.....41
99203.....41
99204.....42
99205.....42
99211.....47
99212.....47
99213.....47
99214.....47

CPT/HCPC.....Page(s)
99215.....48
99304.....33, 42
99305.....42
99306.....42
99307.....48
99308.....48
99309.....48
99310.....48
99324.....42
99325.....43
99326.....43
99327.....43
99328.....43
99334.....48
99335.....48
99336.....48
99337.....33, 48
99341.....33, 43
99342.....44
99343.....44
99344.....44
99345.....44
99347.....50
99348.....50
99349.....50
99350.....50
+99354.....15, 16, 34, 35, 41
+99354.....42, 43, 44, 47, 48
+99354.....49, 50
+99355.....15, 16, 34, 36, 41
+99355.....42, 43, 44, 45, 47
+99355.....48, 49, 50, 51
+99356.....42, 45, 48, 51
+99357.....42, 45, 48, 51
H0001.....93
H0004.....15, 36, 100
H0010.....106
H0011.....106
H0016.....113
H0017.....98
H0018.....55, 102
H0019.....55, 103

CPT/HCPC.....Page(s)
H0020.....96, 97
H0023.....39, 65, 125, 131
H0025.....70, 110
H0026.....109
H0030.....19, 20
H0031.....45
H0032.....74
H0033.....52
H0034.....53
H0036.....36, 131
H0038.....57
H0040.....30
H0043.....76, 114
H0045.....79
H0046.....9, 37, 117
H0047.....112
H0050.....101
H2011.....20, 121, 131
H2012.....22
H2014.....37
H2015.....10, 37
H2017.....38
H2021.....72
H2022.....30
H2023.....10, 82
H2025.....82
H2027.....70
H2028.....86, 87
H2031.....78
H2033.....30
H2036.....104
S0109.....96, 97
S9125.....80
S9446.....70
S9480.....31
S9484.....68
S9485.....68
T1001.....51
T1013.....77
T1016.....86, 87, 95, 131
T1023.....66
T2038.....85

Procedure Modifiers Index

Mod.	Definition	Modalities/Programs
25	<p><i>Significant and separately identifiable E&M</i></p> <p>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.</p>	
52	<p><i>Reduced Services</i></p> <p>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.</p>	<p>Assessment, 94 Intake Evaluation, 40 Rehabilitation Case Management, 65</p>
53	<p><i>Discontinued procedure</i></p> <p>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.</p>	<p>Assessment, 94 Intake Evaluation, 40 Rehabilitation Case Management, 65</p>
GT	<p><i>This modifier is used to indicate the use of telemedicine to render the services via interactive audio and video telecommunication systems.</i></p>	<p>Alcohol/Drug Information School, 110 Brief Intervention, 102 Care Coordination Services, 73 Case Management, 95 Child and Family Team Meeting, 74 Co-Occurring Treatment Services, 124 Crisis Services, 20 Engagement and Outreach, 125 Family Treatment, 24 High Intensity Treatment, 30 Individual Treatment Services, 33 Intake Evaluation, 40 Interim Services, 111 Interpreter Services, 85 Jail Services/Community Transition, 86 Medication Management, 47 Outpatient Treatment, 100 Offender Re-entry Community Safety Program (ORCSP), 87 Peer Support, 57 Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services, 115 Recovery Support Services, 112 Rehabilitation Case Management, 65 Request for Services, 117 Special Population Evaluation, 67 Stabilization Services, 68 Supported Employment, 82 Testimony for Involuntary Treatment Services, 123 Therapeutic Psychoeducation, 74</p>

Mod.	Definition	Modalities/Programs
H9	<p><i>Court-ordered</i></p> <p>This modifier is to be used in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.</p>	<p>Testimony for Involuntary Treatment Services, 123</p>
HD	<p><i>Pregnant/parenting women's program</i></p> <p>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.</p> <p>"Pregnant and Postpartum Women and Women with Dependent Children" ("PPW") means:</p> <p>Women who are pregnant.</p> <p>Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children.</p> <p>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).</p>	<p>Alcohol/Drug Information School, 110</p> <p>Assessment, 94</p> <p>Brief Intervention, 102</p> <p>Case Management, 95</p> <p>Intensive Inpatient Residential Services, 103</p> <p>Interim Services, 111</p> <p>Involuntary Treatment Investigation, 121</p> <p>Long-Term Care Residential Services, 104</p> <p>Opioid Treatment Program, 97</p> <p>Outpatient Treatment, 100</p> <p>Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services, 115</p> <p>Recovery House Residential Services, 105</p> <p>Recovery Support Services, 112</p> <p>Sobering Services, 114</p> <p>Withdrawal Management, 106</p>

Mod.	Definition	Modalities/Programs
HH	<p><i>Integrated mental health/substance abuse program</i></p> <p>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.</p>	<p>Assessment, 94 Brief Intervention, 102 Care Coordination Services, 73 Case Management, 95 Child and Family Team Meeting, 74 Crisis Services, 20 Day Support, 22 Engagement and Outreach, 125 Family Treatment, 24 Group Treatment Services, 28 High Intensity Treatment, 30 Individual Treatment Services, 33 Intake Evaluation, 40 Interim Services, 111 Jail Services/Community Transition, 86 Mental Health Clubhouse, 79 Offender Re-entry Community Safety Program (ORCSP), 87 Opioid Treatment Program, 97 Outpatient Treatment, 100 Pregnant, Post Partum, or Parenting (PPW) Women’s Housing Support Services, 115 Recovery Support Services, 112 Rehabilitation Case Management, 65 Request for Services, 117 Respite Care Services, 80 Stabilization Services, 68 Supported Employment, 82 Therapeutic Psychoeducation, 74</p>
HK	<p><i>Specialized MH programs for high risk population</i></p> <p>This modifier is used to indicate multiple staff were required to provide the service, as needed:</p> <p>For safety purposes, when used in combination with H2011 or H0036; OR</p> <p>For WISE Services, when the service includes multiple staff and the U8 (WISE modifier) is also being used.</p>	<p>Care Coordination Services, 73 Child and Family Team Meeting, 74 Co-Occurring Treatment Services, 124 Crisis Services, 20 Family Treatment, 24 Group Treatment Services, 28 High Intensity Treatment, 30 Individual Treatment Services, 33 Intake Evaluation, 40 Interpreter Services, 85 Involuntary Treatment Investigation, 121 Medication Management, 47 Medication Monitoring, 53 Peer Support, 57 Psychological Assessment, 59 Rehabilitation Case Management, 65 Request for Services, 117 Special Population Evaluation, 67 Stabilization Services, 68 Testimony for Involuntary Treatment Services, 123 Therapeutic Psychoeducation, 74 Wraparound with Intensive Services (WISE), 91</p>
HT	<i>Multi-disciplinary team</i>	Child and Family Team Meeting, 74
HV	<i>Funded by state addictions agency</i>	Recovery Support Services, 112

Mod.	Definition	Modalities/Programs
HW	<p><i>Funded by state mental health agency</i></p> <p>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.</p>	<p>Engagement and Outreach, 125 Involuntary Treatment Investigation, 121 Offender Re-entry Community Safety Program (ORCSP), 87</p>
HZ	<p><i>Funded by criminal justice treatment account pursuant to 71.24.580</i></p> <p>This modifier is used for Criminal Justice Treatment Account (CJTA) program only. This modifier is used for services delivered under the BH-ASO model in the IMC regions and by the BHO in the non IMC regions.</p>	<p>Alcohol/Drug Information School, 110 Assessment, 94 Brief Intervention, 102 Case Management, 95 Intensive Inpatient Residential Services, 103 Interim Services, 111 Involuntary Treatment Investigation, 121 Long-Term Care Residential Services, 104 Opioid Treatment Program, 97 Outpatient Treatment, 100 Recovery House Residential Services, 105 Recovery Support Services, 112 Sobering Services, 114 Withdrawal Management, 106</p>
U5	<p><i>Medicaid level of care 5, as defined by each state</i></p> <p>This modifier is used to describe: Individual Using Intravenous Drugs (IUID).</p> <p>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.).</p>	<p>Alcohol/Drug Information School, 110 Assessment, 94 Brief Intervention, 102 Case Management, 95 Intensive Inpatient Residential Services, 103 Interim Services, 111 Involuntary Treatment Investigation, 121 Long-Term Care Residential Services, 104 Opioid Treatment Program, 97 Outpatient Treatment, 100 Pregnant, Post Partum, or Parenting (PPW) Women’s Housing Support Services, 115 Recovery House Residential Services, 105 Recovery Support Services, 112 Sobering Services, 114 Withdrawal Management, 106</p>
U6	<p><i>Medicaid level of care 6, as defined by each state</i></p> <p>Brief Intervention Treatment</p> <p>This modifier is used to describe brief</p> <p>intervention treatment when added to the identified CPT/HCPCS codes associated with services in the Modalities/Program column.</p>	<p>Family Treatment, 24 Group Treatment Services, 28 Individual Treatment Services, 33 Outpatient Treatment, 100</p>

Mod.	Definition	Modalities/Programs
U8	<p><i>Medicaid level of care 8, as defined by each state</i></p> <p>This modifier is used to identify all services provided to a Wraparound Intensive Services (WISe) participant by a qualified WISe practitioner.</p> <p>Do not use the 'U8' modifier to identify services to WISe participants by non-WISe qualified child and family team members.</p> <p>The use of this modifier is only allowed for those agencies deemed by HCA as qualified to provide the WISe program services.</p>	<p>Care Coordination Services, 73 Child and Family Team Meeting, 74 Co-Occurring Treatment Services, 124 Crisis Services, 20 Family Treatment, 24 Group Treatment Services, 28 High Intensity Treatment, 30 Individual Treatment Services, 33 Intake Evaluation, 40 Interpreter Services, 85 Medication Management, 47 Medication Monitoring, 53 Peer Support, 57 Psychological Assessment, 59 Rehabilitation Case Management, 65 Request for Services, 117 Special Population Evaluation, 67 Stabilization Services, 68 Testimony for Involuntary Treatment Services, 123 Therapeutic Psychoeducation, 74 Wraparound with Intensive Services (WISe), 91</p>
U9	<p><i>Medicaid level of care 9, as defined by each state</i></p> <p>Rehabilitation Case Management Intake.</p> <p>This modifier is used with the Rehabilitation Case Management code to indicate when the service provided meets definition and requirements of an intake.</p>	<p>Intake Evaluation, 40 Rehabilitation Case Management, 65</p>
UB	<p><i>Medicaid level of care 11, as defined by each state</i></p> <p>This modifier is used in combination with H0046 to indicate a request for behavioral health services.</p>	<p>Request for Services, 117</p>

Mod.	Definition	Modalities/Programs
UD	<p><i>Medicaid level of care 13, as defined by each state</i></p> <p>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.</p>	<p>Co-Occurring Treatment Services, 124 Crisis Services, 20 Engagement and Outreach, 125 Family Treatment, 24 Group Treatment Services, 28 Individual Treatment Services, 33 Intake Evaluation, 40 Interpreter Services, 85 Involuntary Treatment Investigation, 121 Jail Services/Community Transition, 86 Medication Management, 47 Medication Monitoring, 53 Mental Health Clubhouse, 79 Mental Health Services Provided in a Residential Setting, 55 Peer Support, 57 Psychological Assessment, 59 Rehabilitation Case Management, 65 Request for Services, 117 Respite Care Services, 80 Special Population Evaluation, 67 Stabilization Services, 68 Supported Employment, 82 Testimony for Involuntary Treatment Services, 123 Therapeutic Psychoeducation, 74 WA-PACT, 89</p>

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. Therefore, 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.

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
1163W00000X	Registered Nurse
164W00000X	Licensed Practical Nurse
363LP0808X	Psych, Mental Health ARNP
363A00000X	Physician Assistant
2084P0800X	Psychiatry & Neurology
104100000X	Licensed Social Worker (Advanced or Independent Clinical License)
101YM0800X	Licensed/Certified Mental Health Counselor
106H00000X	Licensed Marriage and Family Therapist
103T00000X	Licensed Psychologist
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
175T99994L	Non-DBHR Certified Peer Counselor
183500000X	Pharmacist- D
101Y99995L	Other Clinical staff
101Y99993L	Medical Assistant - Certified
101YA0400X	Chemical Dependency Professional (CDP)
101Y99995L	Chemical Dependency Professional Trainee

Summary of Changes

Summary of Changes

The following is a summary of changes made in this document titled "IMC SERI Instructions" 7/1/2019 from the previous 7/1/2018 version titled "SERI Instructions for BHOs". Page numbers below are citing current version unless otherwise indicated.

ADDITIONS

Page 7 What Encounters to Report Inclusions- Added instructions for reporting an encounter for a non-Medicaid individual

Page 12 General Encounter Reporting Instructions- added instructions for what Billing Provider taxonomy to use when an encounter is performed at an FQHC.

Page 26 Free Standing E&T Services-added revenue code(s) for identifying service.

Page 55 Mental Health Services Provided in a Residential Setting- added revenue code(s) for identifying services.

Page 59-64 Modality for Psychological and Neurological testing- added new 2019 codes.

Page 97 Opioid Treatment Services- added new codes.

Page 106 Withdrawal Management-added revenue code(s) for identifying service.

Page 108 Secure Detox- added HCPC and revenue code(s) for identifying service.

Page 112 Recovery Support Services added "CJTA" to Notes section now reads: "SABG, CJTA, or state funded only"

DELETIONS

Previous page 6 Introduction- work flow chart "When to Report Encounters to DBHR"

Page 95 Case Management- Removed H0047 for reporting; T1016 remains as the reporting option

Page 59- 64 Removed 2019 deleted CPT codes for psychological and neuropsychological testing

Previous SERI Page 161- 162 "Funding Matrix" removed.

All references to "Access to Care Standards" are removed.

MODIFICATIONS

Page 1 Title changed.

Page 2 Table of contents revised with new content and page numbers.

Page 4-13 Introduction revised

HIGHLIGHTS OF REVISIONS

Page 4 Expanded scope of users, consistent with IMC managed care delivery system; added a description and explanation of CPT and HCPCS codes; makes copyright acknowledgements; and adds statement of "de minimis" use.

Page 6 Introduction- added definition of "Medical Necessity".

Page 7 Introduction- revised new link to "Service Encounter Reporting Instructions", and "Frequently Asked Questions for SERI".

Page 8 Introduction- moved instructions for how to indicate use of "Evidenced-Based Practices for Children's Mental Health Encounters" to this page.

Page 9-12 General Encounter Reporting Instructions- updated regarding use of units and minutes; revised examples; explained use of "Provider Type".

Page 12 General Encounter Reporting Instructions- updated guidelines for documentation.

Page 13 General Encounter Reporting Instructions- updated EPSDT section.

Page 13-14 General Encounter Reporting Instructions- provided guidelines for selecting primary diagnosis code and who can determine diagnosis.

Page 14-16 General Encounter Reporting Instructions- updated examples for coding.

Page 17 Updated Links to Guidance Documents.

Page 19-126 Modality section- Changed modifiers for each modality, as indicated, to be consistent with new modifier definitions starting on page 129. Modifier changes are: UA is now U6; UC is now HK; modifiers HE & HF are discontinued; modifier 25 is added. Refer to "Procedure Modifier", page 129, for the pages applicable to these new modifiers.

Page 19-126 Modality section- Changed definition for reporting units for each modality, as indicated.

Page 19-126 Modality section- Changed Provider Type from two digit identifiers to new designated HIPAA compliant taxonomy numbers for every modality.

Page 19-126 Modality section- Changed Provider Type 08- N/A to Billing Provider NPI and Taxonomy, where applicable.

Page 128 Updated "CPT/HCPCs Code List" with applicable page numbers.

Page 129-134 Updated "Procedure Modifiers Index" list to reflect changes made to modifiers used.

Page 135 Updated "Provider Types" with HIPAA compliant provider taxonomy codes and definitions.

NEW Page 94 removed reference to 0124 revenue code for this modality clarified minutes reporting requirement.