

**Washington Apple Health (Medicaid)**

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

**July 1, 2017**

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

# About this guide\*

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

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

## What has changed?

Subject	Change	Reason for Change
<a href="#"><u>Who should use this billing guide?</u></a>	Revised the following bullet: <ul style="list-style-type: none"> <li>• <del>Non-tribal</del> <u>Providers delivering Medicaid fee-for-service (FFS) substance use disorder services to American Indian and Alaska Native (AI/AN) clients who are not enrolled in a BHO, FIMC, or BHSO</u></li> </ul>	Beginning July 1, AI/AN clients may enroll in a BHO or FIMC or remain in Apple Health fee-for-service for SUD services
<a href="#"><u>Who can receive substance use disorder (SUD) treatment services under fee-for-service?</u></a>	Revised the first bullet to reflect that a client cannot be enrolled in a BHO, FIMC, or BHSO to receive SUD services under fee-for-service	Beginning July 1, AI/AN clients may enroll in a BHO or FIMC or remain in Apple Health fee-for-service for SUD services
<a href="#"><u>Client eligibility</u></a>	Effective July 1, 2017, not all Apple Health clients will be enrolled in a BHO/FIMC/BHSO  Effective July 1, 2017, AI/AN clients living in the FIMC regions have a change to services available	Policy update

\* This publication is a billing instruction.

# How can I get agency provider documents?

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

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

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# Resources Available

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

# Definitions

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This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [Chapter 182-500 WAC](#) for a complete list of definitions for Washington Apple Health.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Division of Behavioral Health and Recovery (DBHR)** - The Division of Behavioral Health and Recovery (DBHR), Department of Social and Health Services, provides support for mental health, substance use disorder, and problem gambling services. The public mental health programs promote recovery and resiliency and reduces the stigma associated with mental illness. The substance abuse prevention and substance use disorder treatment programs promote strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of substance use disorder. The problem gambling program mitigates the effects of problem gambling on the family and helps families remain economically self-sufficient without requiring assistance from other state programs. DBHR brings operational elements like medical assistance, substance use disorder and mental health into closer working relationships that serve clients more effectively and efficiently than before.

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

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

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

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

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

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

**Residential Services** - A complete range of residences and supports authorized by DBHR

**Note:** No additional fee will be reimbursed for different types of medication used.

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

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

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

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

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

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

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

# Substance Use Disorder Treatment

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## Who should use this billing guide?

- Outpatient substance use disorder treatment programs, and non-institutional for mental disease (non-IMD) substance use disorder residential programs (16 beds or less)
- Providers delivering Medicaid fee-for-service (FFS) substance use disorder services to clients who are not enrolled in a BHO, FIMC, or BHSO.

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

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

## Who should NOT use this billing guide?

The following providers should NOT use this guide:

- Providers delivering substance use disorder (SUD) services to a client using BHO coverage (See DSHS’s [list of BHO contacts](#))
- IMD residential programs with over 16 beds ([Contact DBHR](#) for information about the billing process)
- Providers delivering services to clients who reside in the FIMC Southwest Washington region (Clark and Skamania counties). These clients will be enrolled in either Molina or Community Health Plan of Washington (CHPW) for their SUD services and may receive some services from Beacon Options Health. An individual who is not eligible for or covered by Medicaid may receive some services through Beacon Health Options, within its available funding.

# Client Eligibility

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

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

- Is not enrolled in a BHO, FIMC, or BHSO
- Has a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of substance use disorder, mild, moderate, or severe
- Meets medical necessity criteria as stated in the American Society of Addiction Medicine (ASAM)

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

Providers must verify that a client has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

**Step 1. Verify the client's eligibility for Washington Apple Health.** For detailed instructions on verifying a client's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

**Step 2. Verify service coverage under the Washington Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Program Benefit Packages and Scope of Services](#) web page.

**Step 3.**

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

1. By visiting the Washington Healthplanfinder’s website at: [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:  
Washington Healthplanfinder  
PO Box 946  
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call the Customer Support Center.

## What types of identification verify a client’s eligibility?

The following is a list of valid types of client eligibility identification:

- A Services Card issued by the agency or agency’s designee
- A printout of a medical identification screen from the client’s local Community Services Office (CSO), Home and Community Service (HCS) office, or the agency or agency designee
- An award letter from the CSO or HCS
- A medical eligibility verification (MEV) receipt provided by an authorized MEV vendor with an “as of” date within the same month as the date of service
- A printout of the client’s eligibility inquiry screen from ProviderOne

**Note:** The agency recommends making a photocopy for the file when a client presents identification.

**Providers must check the identification for all of the following information:**

- Beginning and ending eligibility dates. The client's ProviderOne Client ID must show eligibility for the date(s) services are rendered
- Other specific information (e.g. private insurance)
- Retroactive or delayed certification eligibility dates, if any

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

On July 1, 2017, some Apple Health clients will not be enrolled in a BHO/FIMC/BHSO program. For these clients, SUD services are covered under the fee-for-service (FFS) program.

## **Effective July 1, 2017, changes to services available to AI/AN clients living in the FIMC regions**

Effective July 1, 2017, American Indian/Alaska Native (AI/AN) clients must choose to enroll in one of the managed care plans, either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW) under the FIMC model receiving all physical health services, all levels of mental health services and drug and alcohol treatment coordinated by one managed care plan; or they may choose to receive all these services through Apple Health fee-for-service (FFS). If they do not choose, they will be auto-enrolled into Apple Health FFS for all their health care services

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

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

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

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

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

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

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

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

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

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

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

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

### **How does this policy affect providers?**

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.

- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

## **Behavioral Health Organization (BHO)**

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

## **Fully Integrated Managed Care (FIMC)**

Clark and Skamania Counties, also known as SW WA region, is the first region in Washington State to implement the FIMC system. This means that physical health services, all levels of mental health services, and drug and alcohol treatment are coordinated through one managed care plan. Neither the RSN nor the BHO will provide behavioral health services in these counties.

Clients must choose to enroll in either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW). If they do not choose, they are auto-enrolled into one of the two plans. Each plan is responsible for providing integrated services that include inpatient and outpatient behavioral health services, including all SUD services, inpatient mental health and all levels of outpatient mental health services, as well as providing its own provider credentialing, prior authorization requirements and billing requirements.

Beacon Health Options provides mental health crisis services to the entire population in Southwest Washington. This includes inpatient mental health services that fall under the Involuntary Treatment Act for individuals who are not eligible for or enrolled in Medicaid, and short-term substance use disorder (SUD) crisis services in the SW WA region. Within their available funding, Beacon has the discretion to provide outpatient or voluntary inpatient mental health services for individuals who are not eligible for Medicaid. Beacon Health Options is also responsible for managing voluntary psychiatric inpatient hospital admissions for non-Medicaid clients.

In the SW WA region some clients are not enrolled in CHPW or Molina for FIMC, but will remain in Apple Health fee-for-service managed by the agency. These clients include:

- Dual eligible – Medicare/Medicaid
- American Indian/Alaska Native (AI/AN)
- Medically needy
- Clients who have met their spenddown
- Noncitizen pregnant women

- Individuals in Institutions for Mental Diseases (IMD)
- Long-term care residents who are currently in fee-for-service
- Clients who have coverage with another carrier

Since there is no BHO (RSN) in these counties, Medicaid fee-for-service clients receive complex behavioral health services through the Behavioral Health Services Only (BHSO) program managed by MHW and CHPW in SW WA region. These clients choose from CHPW or MHW for behavioral health services offered with the BHSO or will be auto-enrolled into one of the two plans. A [BHSO fact sheet](#) is available online.

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

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

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

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

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

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

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

## **Contact Information for Southwest Washington**

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

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

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

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

## Substance Use Disorder and Withdrawal Management Services

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

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

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

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Procedure Code	Modifier	Short Description	Service	Taxonomy
H0018	HV	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Adult Non-hospital residential tx program, w/o room and board, per diem	324500000X
H0019	HA	Behavioral health; long-term residential (non-hospital residential treatment program), without room and board, per diem	Youth Intensive Inpatient Residential - Level of Care: 3.5 ASAM Criteria w/o room and board	3245S0500X
H0019	HB	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Residential Pregnant and Parenting Women (PPW) w/Children	324500000X
H0019	HD	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Residential Pregnant and Parenting Women (PPW) w/o Children	324500000X
H0020	HF	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Opiate Substitution Treatment	261QM2800X
H2036	HA	Alcohol and/or other drug treatment program, per diem	Youth Room and board*	3245S0500X

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

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

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

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

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# Coverage Limitations

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

SERVICE	LIMITATION
<b>Acute Withdrawal Management</b>	<ul style="list-style-type: none"> <li>• Covered once per day, per client</li> <li>• Covered up to a maximum of 3 consecutive days for alcohol withdrawal management</li> <li>• Covered up to a maximum of 5 consecutive days for drug withdrawal management</li> </ul>
<b>Case Management</b>	<ul style="list-style-type: none"> <li>• One unit equals 15 minutes</li> <li>• Covered up to a maximum of 5 hours per calendar month per client</li> <li>• Must be provided by a certified Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee CDPT</li> <li>• Providers cannot bill for the following activities:               <ul style="list-style-type: none"> <li>✓ Outreach</li> <li>✓ Time spent reviewing a certified CDP Trainee’s file notes</li> <li>✓ Internal staffing</li> <li>✓ Writing treatment compliance notes and progress reports to the court</li> <li>✓ Interactions with probation officers</li> <li>✓ Court reporting</li> </ul> </li> </ul>
<b>Group Therapy</b>	<ul style="list-style-type: none"> <li>• Claims for group therapy may be made only for those eligible clients or their families within the group</li> <li>• One unit equals 15 minutes</li> </ul> <p><b>Note:</b> When family members attend a group therapy session either in lieu of or along with the primary client, the session may be claimed only once regardless of the number of family members present.</p> <p>Providers must bill group therapy services under the client’s ProviderOne identification number.</p>

SERVICE	LIMITATION
<p><b>Individual Therapy</b></p>	<ul style="list-style-type: none"> <li>• Individual therapy is covered only when provided for a minimum of 15 minutes</li> <li>• One unit equals 15 minutes. After the first 15 minutes, each additional unit is billed after it has begun rather than after it is finished</li> </ul> <p>EXAMPLE: If a session lasts 17 minutes it is billed as two units.</p> <p><b>Note:</b> When family members attend an individual session either in lieu of, or along with, the primary client, the session may be claimed only once, regardless of the number of family members present.</p>
<p><b>Opiate Substitution Treatment</b></p>	<ul style="list-style-type: none"> <li>• Covered once per day while a client is in treatment</li> </ul>
<p><b>Substance Use Disorder Assessment</b></p>	<ul style="list-style-type: none"> <li>• Covered once per treatment episode for each new and returning client</li> </ul> <p><b>Note: Providers must not</b> bill updates to assessments or treatment plans as separate assessments.</p>
<p><b>Sub-Acute Withdrawal Management</b></p>	<ul style="list-style-type: none"> <li>• Covered once per day, per client</li> <li>• Covered up to a maximum of three consecutive days for alcohol withdrawal management</li> <li>• Covered up to a maximum of five consecutive days for drug withdrawal management</li> </ul>
<p><b>Urinalysis (UA) Drug Testing</b></p>	<ul style="list-style-type: none"> <li>• The agency pays for UA drug testing only when provided by a DBHR-contracted UA provider</li> <li>• UA drug testing is covered only for methadone clients and pregnant clients</li> <li>• Treatment agencies must establish protocols with DBHR-contracted provider laboratories to send UAs to the laboratory</li> </ul>

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

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

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

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

**Note:** Services provided to children age 10 or younger must be pre-approved by DBHR.

## **Outpatient SUD treatment services**

Only DBHR-certified providers may bill the agency for alcohol and drug withdrawal management services and residential treatment services provided to AI/AN clients.

# Billing

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

All claims must be submitted electronically to the agency, except under limited circumstances.

For more information about this policy change, see [Paperless Billing at HCA](#).

For providers approved to bill paper claims, see the agency's [Paper Claim Billing Resource](#).

## What are the general billing requirements?

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

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

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

- A substance use disorder assessment and history of involvement with alcohol and other drugs
- Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews
- Date, duration, and content of counseling and other treatment sessions
- Progress notes as events occur, and treatment plan reviews as specified under each treatment service or Chapter 388-877 WAC
- Release of information form signed by the client to share information with the agency
- A copy of the continuing care plan signed and dated by the CDP and the client

- The discharge summary
- AI/AN services must be documented in the Treatment and Assessment Report Generation Tool (TARGET) database system

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

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

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

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

## How do I bill claims electronically?

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

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) web page.

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

Name	Entry																		
Place of Service	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <table border="0"> <thead> <tr> <th data-bbox="561 772 672 806"><b>Code</b></th> <th data-bbox="711 810 932 844"><b><u>Number</u></b></th> <th data-bbox="711 848 932 882"><b><u>To Be Used For</u></b></th> </tr> </thead> <tbody> <tr> <td data-bbox="581 886 620 919">05</td> <td data-bbox="711 886 734 919"></td> <td data-bbox="711 886 1273 919">Indian Health Service free-standing facility</td> </tr> <tr> <td data-bbox="581 924 620 957">07</td> <td data-bbox="711 924 734 957"></td> <td data-bbox="711 924 1127 957">Tribal 638 free-standing facility</td> </tr> <tr> <td data-bbox="581 961 620 995">50</td> <td data-bbox="711 961 734 995"></td> <td data-bbox="711 961 1273 995">Federally Qualified Health Center (FQHC)</td> </tr> <tr> <td data-bbox="581 999 620 1033">55</td> <td data-bbox="711 999 734 1033"></td> <td data-bbox="711 999 1370 1062">Residential Substance Use Disorder Treatment Facility</td> </tr> <tr> <td data-bbox="581 1066 620 1100">57</td> <td data-bbox="711 1066 734 1100"></td> <td data-bbox="711 1066 1370 1129">Non-residential Substance Use Disorder Treatment Facility</td> </tr> </tbody> </table> <p><b>Note:</b> Place of Service codes have been expanded to include all places of service related to providing substance use disorder treatment services.</p>	<b>Code</b>	<b><u>Number</u></b>	<b><u>To Be Used For</u></b>	05		Indian Health Service free-standing facility	07		Tribal 638 free-standing facility	50		Federally Qualified Health Center (FQHC)	55		Residential Substance Use Disorder Treatment Facility	57		Non-residential Substance Use Disorder Treatment Facility
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Diagnosis Code	Substance Use Disorder Diagnosis Criteria
Limited to assessment and outpatient treatment services.	
<p>See the table below for the appropriate ICD code. A diagnosis code is required on each line billed.</p>	<p>Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of mild, moderate, or severe; and</p> <p>Meet medical necessity criteria as stated in American Society of Addiction Medicine (ASAM).</p>

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

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

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

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

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

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

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

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

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