Washington State Health Care Authority

**Washington Apple Health (Medicaid)**

# Substance Use Disorder Billing Guide

(Fee-for-Service)

**October 1, 2019**

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

# About this guide*

This publication takes effect October 1, 2019, 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 |
|---|---|---|
| **Definitions** | Revised definition of American Society of Addiction Medicine (ASAM) | Clarification |
| | Replaced “Case management” with “Case management services” | Clarification |
| | Replaced “Chemical Dependency Professional (CDP)” with “Substance Use Disorder Professional (SUDP)”* | Revised to align with Department of Health certifications |
| | Replaced “Chemical Dependency Professional Trainee (CDPT)” with “Substance Use Disorder Professional Trainee (SUDPT)”* | Revised to align with Department of Health certifications |
| | Replaced “Opiate substitution treatment services (OST)” with “Opioid treatment programs (OTP);” updated time periods for review of treatment plan | Revised to align with Chapter 246-341 WAC |
| | Replaced “Secure detoxification” with “Secure withdrawal management and stabilization” | Revised to align with WAC 246-341-1104 |
| | * These references have also been changed throughout the billing guide | |

* This publication is a billing instruction.

| Subject | Change | Reason for Change |
|---|---|---|
| **Coverage Limitations** | Added procedure codes for case management, group therapy, and individual therapy services | Billing clarification |
| **Secure Withdrawal Management and Stabilization** | Section previously titled "Secure Detoxification"<br>Changed "secure detoxification" throughout this section to "secure withdrawal management and stabilization" | Revised to align with WAC 246-341-1104 |
| **Billing: Residential place of service** | Added new heading and language regarding residential services<br>Removed place of service code 57 (non-residential treatment facility) | Revised to align with Substitute Senate Bill (SSB) 5779 |
| **Billing: Outpatient service codes** | Expanded place of service codes to include all places of service related to outpatient treatment.<br>Added information for outpatient billing | Revised to align with SSB 5779<br>Billing clarification |

# How can I get agency provider documents?

To access provider alerts, go to the agency's provider alerts webpage.

To access provider documents, go to the agency's provider billing guides and fee schedules webpage.

# Table of Contents



**Alert!** This **Table of Contents** is automated. Click on a page number to go directly to the page.

# Resources Available

| Topic | Contact Information |
|---|---|
| Becoming a provider or submitting a change of address or ownership | See the agency's Billers and Providers webpage |
| 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 | The Division of Behavioral Health and Recovery<br>PO Box 45330<br>Olympia, WA 98504-5330<br>360-725-1500<br><br>**or**<br><br>Washington State Health Care Authority<br>Medical Assistance Customer Service Center (MACSC)<br>Contact MACSC<br>1-800-562-3022 |

# Definitions

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 246-341 WAC* and RCW 71.05.

* The Department of Health (DOH) is currently creating Chapter 246-341 WAC. This change resulted from Second Engrossed Substitute House Bill 1388 (effective July 1, 2018), which transferred authority for behavioral health agency licensing and certification from the Department of Social and Health Services to DOH. The emergency (temporary) rules for this chapter can be found on the DOH website.

**American Society of Addiction Medicine (ASAM) -** A professional medical society dedicated to increasing access and improving the quality of addiction treatment.

**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 recommendations regarding substance use disorder (SUD) treatment services.

**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 246-341 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 –** Services provided by a certified substance use disorder professional (SUDP), substance use disorder professional trainee (SUDPT), or a person under the clinical supervision of a SUDP to assist individuals in gaining access to needed medical, social, educational, and other services.

**Client** - A person receiving substance use disorder treatment services from a DOH-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.

**Fee-for-service (FFS)** See WAC 182-500-0035.

**Group therapy** - Planned therapeutic or counseling activity conducted by one or more certified SUDPs or SUDPTs to a group of two to 16 people. Acupuncture may be included as a group therapy activity if all of the following are met:

- A SUDP or SUDPT 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 substance use disorder professional (SUDP) or a substance use disorder trainee (SUDPT) under the supervision of a SUDP. Individual therapy includes treatment provided to a family group consisting of a primary client and one or more significant others, or treatment provided to a couple who are partnered. Individual therapy may be provided to a family group without the primary client present or to a client without the family present.

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

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

**Opioid treatment programs (OTP)**- Opioid treatment program services include dispensing opioid treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opioid use disorder as described in Chapter 246-341 WAC.*

OTPs provide bundled services. Services are consistent with all state and federal requirements and good treatment practices. Bundled services must include, as a minimum, all of the following services:

- Physical evaluation upon admission
- Urinalysis testing*
- Medical examination within 14 days of admission and annually thereafter
- Initial treatment plan and treatment plan review quarterly, and semi-annually after the first two years of continuous treatment
- Vocational rehabilitation services as needed (may be by referral)
- Dose preparation and dose dispensing (Methadone, buprenorphine, and other treatment drugs)

- Detoxification if and when needed
- Patient case management
- Individual and/or group counseling
- One session of family planning; 30 minutes of counseling and education per month for pregnant enrollees
- HIV screening, counseling, and testing referral
- Courtesy dosing

* Urinalysis tests (UAs) are part of the bundled service daily rate. For more information, see the *Drug Testing for Substance Use Disorder* section of the agency's Physician-Related Services/Health Care Professional Services Billing Guide.

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

**Residential services** - A complete range of services and supports performed in a live-in setting as authorized by the agency.

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

**Provider Entry Portal (PEP)** - The PEP allows registration and data submission, as defined by the Behavioral Health Data System Data Guide, by non-tribal providers for American Indian/Alaska Native (AI/AN) Medicaid clients not enrolled in managed care.
**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 Professional (SUDP) –** An individual who has met the requirements of WAC 246-811-030 and is certified to provide SUD services according to RCW 18.205.030.

**Substance Use Disorder Professional Trainee (SUDPT) –** An individual working toward the education and experience requirements for certification as a substance use disorder professional, and who has been credentialed as a SUDPT.

**Substance use disorder treatment** – Behavioral health services provided to an eligible client designed to mitigate or reverse the effects of substance use disorder and restore normal physical and psychological functioning. Substance use disorder treatment is characterized by a combination of drug and alcohol education sessions, individual therapy, group therapy, and related activities provided to 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.

- Acute – Inpatient program that is medically monitored by nurses with on-call physicians available 24/7 for consultation. They have "standing orders" and available medications to help with withdrawal symptoms.
- Sub-Acute – Residential program that is clinically managed with limited medical coverage by staff and counselors who monitor patients. Generally, any treatment medications are self-administered.

**Secure withdrawal management and stabilization** - 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. The designated crisis responder (DCR) will determine if a person is "gravely disabled or presenting a likelihood of serious harm to self or others due to a substance use disorder." Treatment provided is for people who meet Involuntary Treatment Act (ITA) criteria due to a substance use disorder (Chapter 71.05 RCW).

# Substance Use Disorder Treatment

## Who should use this billing guide?

- Department of Health (DOH)-certified substance use disorder (SUD) providers registered in the Provider Entry Portal (PEP) (see the Contractor and provider resources webpage for information about registering through PEP)
- Providers who have registered through the PEP and are delivering Medicaid fee-for-service (FFS) substance use disorder services to clients who are not enrolled in a behavioral health organization administrative services (BH-ASO), integrated managed care, or behavioral health services only (BHSO)
- Indian health care providers rendering services for Apple Health clients and billing FFS regardless of BHO/integrated managed care /managed care organization (MCO) enrollment
- Federally qualified health centers (FQHCs) rendering services for encounter eligible Apple Health clients who are FFS and not living in an integrated managed care region

To correctly bill, providers must use this billing guide, the appropriate fee schedule(s), and their Core Provider Agreement with the Health Care Authority.

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

See the Coverage Table for appropriate procedure codes, modifiers, and taxonomies. Room and board charges will also be billed through ProviderOne.

## Institution for Mental Diseases (IMD)

**Effective for dates of service on and after August 1, 2018,** institutions for mental diseases (IMDs) with approval from the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 SUD IMD waiver must bill for services provided to American Indian/Alaska Native (AI/AN) Medicaid clients not enrolled in a BHO, BHSO, or integrated managed care plan directly through ProviderOne.

# 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 the BHO Contacts sheet)

- Providers billing for a client that has coverage through one of the managed care organizations (MCOs) listed in Step 3. Verify the client's managed care information

> **Note:** A person who is not eligible for or covered by Medicaid may receive some services through Beacon Health Options, within its available funding.

# Client Eligibility

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

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

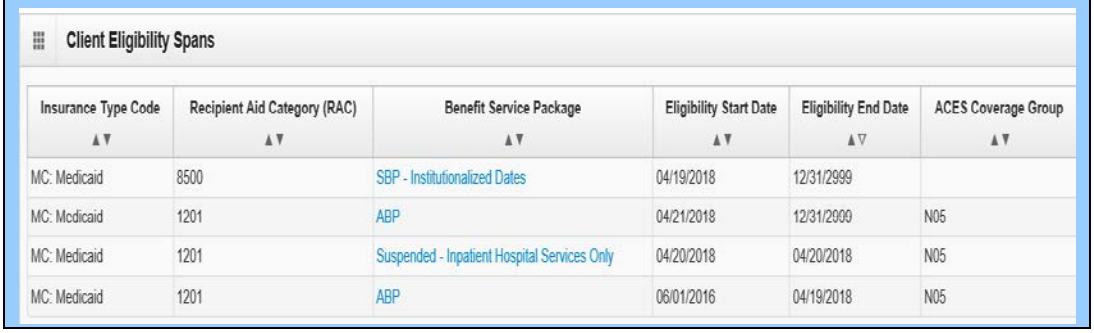
- Not be enrolled in a behavioral health organization (BHO), integrated managed care, or behavioral health services only (BHSO) that is listed in Step 3. Verify the client's managed care information
- Have Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of substance use disorder, mild, moderate, or severe
- Meet medical necessity criteria as stated in the American Society of Addiction Medicine (ASAM)
- Be age 10 or older (treatment for clients under age 10 must be authorized)

**Note:** Federally Qualified Health Centers (FQHCs) rendering outpatient services should adhere to the following billing guidelines: For clients in integrated managed care regions, these providers should bill the client's managed care organization (MCO). Do not bill the agency for these clients. For clients in nonintegrated managed care regions, these providers should bill the agency for these services through ProviderOne.

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

Check the client's Services Card or follow the four-step process below to verify that a client has 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.

**Note:** If a client's benefit package indicates "Suspended – Inpatient Hospital Services Only" for the date of service, it means that the Jail Booking and Reporting System shows that the client was incarcerated for the date of service. Apple Health covers only inpatient hospital services for the suspension dates. All other services during the suspension timeframe are covered by the jail or state hospital. For more information or instructions on how to make corrections if the client was not incarcerated, see the agency's Medicaid suspension webpage.



Client Eligibility Spans

| Insurance Type Code | Recipient Aid Category (RAC) | Benefit Service Package | Eligibility Start Date | Eligibility End Date | ACES Coverage Group |
|---|---|---|---|---|---|
| MC: Medicaid | 8500 | SBP - Institutionalized Dates | 04/19/2018 | 12/31/2999 | |
| MC: Medicaid | 1201 | ABP | 04/21/2018 | 12/31/2099 | N05 |
| MC: Medicaid | 1201 | Suspended - Inpatient Hospital Services Only | 04/20/2018 | 04/20/2018 | N05 |
| MC: Medicaid | 1201 | ABP | 06/01/2016 | 04/19/2018 | N05 |

## Verifying eligibility is a four-step process:

**Step 1.** **Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's ProviderOne Billing and Resource Guide.

**Note:** A client's coverage can change at any time, so check eligibility at each visit.

If the patient is eligible for Apple Health, proceed to **Step 3**. If the patient is **not** eligible, see the note box in **Step 2**.

**Step 2.** **Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see the agency's Program Benefit Packages and Scope of Services webpage.

**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

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

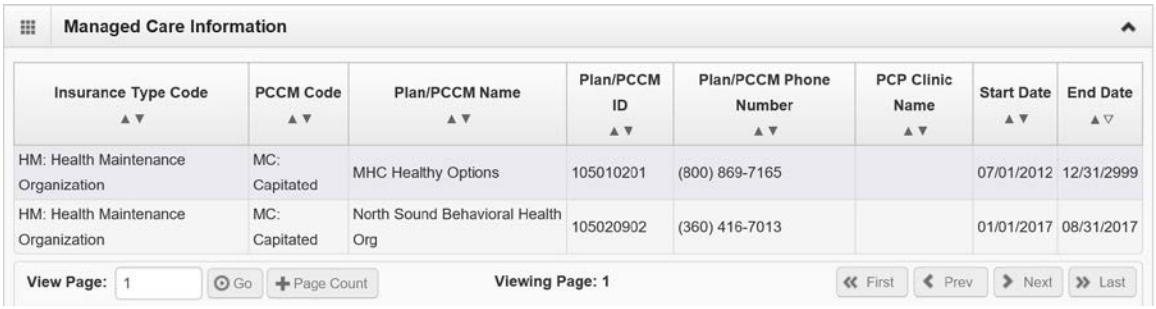
In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

**Step 3. Verify the client's managed care information.** If the client has one of the following listed under the *Managed Care Information* section, then that client has managed care (BHO, integrated managed care, or BHSO) for SUD services (see exception below):

| |
|---|
| AMG Behavioral Health Services Only |
| AMG Integrated Managed Care |
| CCW Behavioral Health Services Only |
| CCW Integrated Managed Care |
| CHPW Behavioral Health Services Only |
| CHPW Integrated Managed Care |
| Great Rivers Behavioral Health Organization |
| MHC Behavioral Health Services Only |
| MHC Integrated Managed Care |
| North Sound Behavioral Health Organization |
| Salish Behavioral Health Organization |
| Thurston-Mason Behavioral Health Organization |

**Exception:** FQHCs and Indian health care providers rendering outpatient services and who bill FFS must use the instructions in this billing guide regardless of a client's BHO, integrated managed care plan, or BHSO enrollment.

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



Managed Care Information

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

View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

- ✓ SUD services provided for dates of service from January 1, 2017, through June 30, 2017, are addressed in the SUD Billing Guide that was in effect for those dates.
- ✓ SUD services provided for dates of service from July 1, 2017 through August 31, 2017, are billed to North Sound Behavioral Health Organization.
- ✓ SUD services provided for dates of service on and after September 1, 2017, are billed to the agency.

**NOTE:** MHC Healthy Options is not included in the list of managed care programs that cover SUD services.

# Behavioral Health Organization (BHO)

The Health Care Authority manages the contracts for behavioral health services (mental health and substance use disorder) for the following three Regional Service Areas (RSAs):

- **Great Rivers:** Includes Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties
- **Salish:** Includes Clallam, Jefferson, and Kitsap counties
- **Thurston-Mason**: Includes Thurston and Mason counties

To view a map and table of the integrated managed care plans available within each region, please see Changes coming to Washington Apple Health. You may also refer to the agency's Apple Health managed care webpage.

See the agency's Mental Health Services Billing Guide for details.

# Apple Health – Changes for July 1, 2019

**Effective July 1, 2019,** HCA is continuing to shift to whole-person care to allow better coordination of care for both body (physical health) and mind (mental health and drug or alcohol treatment, together known as "behavioral health"). This delivery model is called Integrated

Managed Care (formerly Fully Integrated Managed Care, or FIMC, which still displays in ProviderOne and Siebel).

Agency-contracted managed care organizations (MCOs) in certain Region Service Areas (RSAs) will expand their coverage of behavioral health services (mental health and substance use disorder treatment), along with continuing to cover physical health services. The RSAs are outlined in the Integrated Managed Care Regions section.

Apple Health clients who are not enrolled in an agency-contracted MCO for their physical health services (e.g., dual-eligible Medicare-Medicaid clients) will still receive their behavioral health services through one of the agency-contracted MCOs. The MCO will provide only behavioral health services for the client.

Most clients will remain with the same health plan, except in regions where client's plan will no longer be available. HCA will auto-enroll these clients to one of the offered plans.

Clients can change their plan at any time by:

- Visiting the ProviderOne Client Portal.
- Calling Apple Health Customer Service toll-free at 1-800-562-3022. This automated system is available 24 hours a day, 7 days a week.
- Requesting a change online through our secure Contact us – Apple Health (Medicaid) client web form. Select the topic "Enroll/Change Health Plans."

Visiting the Washington Healthplanfinder (only for clients with a Washington Healthplanfinder account).

# Integrated managed care

For clients who live in an integrated managed care region, all physical health services, mental health services, and drug and alcohol treatment are covered and coordinated by the client's agency-contracted MCO. The BHO will not provide behavioral health services in these regions.

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

**American Indian/Alaska Native (AI/AN)** clients living in an integrated managed care region of Washington may choose to enroll in one of the agency-contracted MCOs available in that region or they may choose to receive all these services through Apple Health FFS. If they do not choose an MCO, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the agency's American Indian/Alaska Native webpage.

For more information about the services available under the FFS program, see the agency's Mental Health Services Billing Guide and the Substance Use Disorder Billing Guide.

For full details on integrated managed care, see the agency's Apple Health managed care webpage and scroll down to "Changes to Apple Health managed care."

## Integrated managed care regions

Clients who reside in the following integrated managed care regions and who are eligible for managed care enrollment must choose an available MCO in their region. Specific details, including information about mental health crisis services, are located on the agency's Apple Health managed care webpage.

| Region | Counties | Effective Date |
|---|---|---|
| North Sound | Island, San Juan, Skagit, Snohomish, and Whatcom | July 1, 2019 |
| Greater Columbia | Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Yakima, and Whitman | January 1, 2019 |
| King | King | January 1, 2019 |
| Pierce | Pierce | January 1, 2019 |
| Spokane | Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties | January 1, 2019 |
| North Central | Grant, Chelan, Douglas, and Okanogan | January 1, 2018<br>January 1, 2019 (Okanogan) |
| Southwest | Clark, Skamania, and Klickitat | April 2016<br>January 1, 2019 (Klickitat) |

# Integrated Apple Health Foster Care (AHFC)

**Effective January 1, 2019**, children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care of Washington's (CCW) Apple Health Foster Care program receive both medical and behavioral health services from CCW.

Clients under this program are:

- Under the age of 21 who are in foster care (out of home placement)
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care.**"

# Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Administrative Services Organization (BH-ASO). For details, see the agency's Mental Health Services Billing Guide, under *How do providers identify the correct payer*?

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# Coverage Table

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

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

| Procedure Code | Modifier | Short Description | Service | Taxonomy |
|---|---|---|---|---|
| **Outpatient SUD Services** | | | | |
| H0001 | HD | Alcohol and/or drug assess | Substance use disorder assessment, Pregnant and Parenting Women (PPW) | 261QR0405X |
| H0001 | HF | Alcohol and/or drug assess | Substance use disorder assessment | 261QR0405X |
| H0004 | HF | Alcohol and/or drug services | Individual therapy, without family present, per 15 minutes | 261QR0405X |
| H0038 | HF | Self-help/peer svc | SUD Peer Services | 261QR0405X |
| H0020 | HF | Alcohol and/or drug services | Opiate Substitution Treatment, methadone administration | 261QM2800X |
| T1017 | HF | Targeted case management | Case management, each 15 minutes | 251B00000X |
| 96153 | HF | Intervene hlth/behave group | Group therapy | 261QR0405X |
| 96154 | HF | Interv hlth/behav fam w/pt | Family therapy with enrollee present | 261QR0405X |

| Modifier | Description |
|---|---|
| **HA** | Child/Adolescent Program |
| **HB** | Adult Program, non-geriatric |
| **HD** | Pregnant and Parenting Women (PPW) Program |
| **HF** | Substance Abuse Program |
| **HV** | Funded State Addiction Agency |
| **TG** | Complex/High tech level of care |

| Procedure Code | Modifier | Short Description | Service | Taxonomy |
|---|---|---|---|---|
| 96155 | HF | Interv hlth/behav fam no pt | Family therapy without enrollee present | 261QR0405X |
| **Residential SUD Services** | | | | |
| H0010 | HA | Alcohol and/or drug services | Youth sub-acute withdrawal management | 3245S0500X |
| H0010 | HF | Alcohol and/or drug services | Adult sub-acute withdrawal management | 324500000X |
| H0011 | HA | Alcohol and/or drug services | Youth acute withdrawal management | 3245S0500X |
| H0011 | HF | Alcohol and/or drug services | Adult acute withdrawal management | 324500000X |
| H0018 | HA | Alcohol and/or drug services | Youth recovery house | 3245S0500X |
| H0018 | HF | Alcohol and/or drug services | Adult recovery house | 324500000X |
| H0018 | HV | Alcohol and/or drug services | Adult intensive inpatient residential, w/o room and board, per diem | 324500000X |
| H0019 | HA | Alcohol and/or drug services | Youth intensive inpatient residential, w/o room and board, per diem | 3245S0500X |
| H0019 | HB | Alcohol and/or drug services | Residential treatment, Pregnant and Parenting Women (PPW) w/Children, w/o room and board, per diem | 324500000X |

| Modifier | Description |
|---|---|
| **HA** | Child/Adolescent Program |
| **HB** | Adult Program, non-geriatric |
| **HD** | Pregnant and Parenting Women (PPW) Program |
| **HF** | Substance Abuse Program |
| **HV** | Funded State Addiction Agency |
| **TG** | Complex/High tech level of care |

| Procedure Code | Modifier | Short Description | Service | Taxonomy |
|---|---|---|---|---|
| H0019 | HD | Alcohol and/or drug services | Residential treatment, Pregnant and Parenting Women (PPW) w/o Children, w/o room and board, per diem | 324500000X |
| H0019 | TG | Alcohol and/or drug services | Residential treatment, long term recovery | 324500000X |
| H2036 | HA | A/D Tx program, per diem | Youth room and board* | 3245S0500X |
| H2036 | HD | A/D Tx program, per diem | PPW room and board* | 324500000X |
| H2036 | HF | A/D Tx program, per diem | Adult room and board* | 324500000X |
| H0038 | HF | Self-help/peer svc | SUD Peer Services | 261QR0405X |

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

| Modifier | Description |
|---|---|
| **HA** | Child/Adolescent Program |
| **HB** | Adult Program, non-geriatric |
| **HD** | Pregnant and Parenting Women (PPW) Program |
| **HF** | Substance Abuse Program |
| **HV** | Funded State Addiction Agency |
| **TG** | Complex/High tech level of care |

# Coverage Limitations

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

| SERVICE | LIMITATION |
|---|---|
| **Acute Withdrawal Management** | • Covered once per day, per client |
| **Case Management T1017** | • One unit equals 15 minutes<br>• Must be provided by a certified substance use dependency professional (SUDP) or substance use disorder professional trainee (SUDPT). Providers cannot bill for the following activities:<br>✓ Outreach<br>✓ Time spent reviewing a certified SUDPT's file notes<br>✓ Internal staffing<br>✓ Writing treatment compliance notes and progress reports to the court<br>✓ Interactions with probation officers<br>✓ Court reporting |
| **Group Therapy 96153** | • Claims for group therapy may be made only for those eligible clients or their families within the group<br>• One unit equals 15 minutes<br><br>**Note:** 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.<br><br>Providers must bill group therapy services under the client's ProviderOne identification number. |
| **Individual Therapy**<br>**96155 -** Interv hlth/behav fam no pt<br>**H0004--** Individual therapy, without family present, per 15 minutes | • Individual therapy is covered only when provided for a minimum of 15 minutes<br>• One unit equals 15 minutes.<br><br>**Note:** 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. |

| SERVICE | LIMITATION |
|---|---|
| **Opiate Substitution Treatment** | • Covered once per day while a client is in treatment |
| **Substance Use Disorder Assessment** | • Covered once per treatment episode for each new and returning client<br><br>**Note: Providers must not** bill updates to assessments or treatment plans as separate assessments. |
| **Sub-Acute Withdrawal Management** | • Covered once per day, per client |
| **Urinalysis (UA) Drug Testing** | • UA drug testing is not a separately payable service and is bundled into the treatment payment, except when provided to methadone clients and PPW clients. For these clients only, agency-contracted laboratories perform and are paid separately for UA drug testing. |

# 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 Department of Children, Youth and Families (DCYF) supervision.
- A youth in foster care through DCYF.
- 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, or DCYF for these clients.

# Peer Support Services

## What is the Peer Support Services Program?

The purpose of the Peer Support Services Program is to promote behavioral health recovery to Medicaid clients.

Peer Support Services pairs people in recovery with trained counselors who share their life experiences. Certified peer counselors provide recovery support in a variety of behavioral health settings, including but not limited to community behavioral health agencies, peer-run agencies, homeless outreach programs, evaluation and treatment programs and hospitals.

To be paid for by the agency, peer support services must:

- Be medically necessary.
- Be ordered in a service plan that must specify the frequency, duration, and expected recovery goals.
- Be provided at locations that are both:
  - ✓ Convenient to the client.
  - ✓ Within the client's community regional service area.

## What certification is required for peer support providers?

Peer counselors who provide services must:

- Be in recovery for behavioral health for more than one year before serving as a peer counselor, and maintain recovery throughout their duration as a peer services counselor.
- Be willing to share their recovery story with peer support clients.
- Pass a test for reading comprehension and writing composition.
- Receive HCA-approved certified peer counselor training and pass subsequent testing.
- Obtain and maintain a counselor credential by the Department of Health.

- Receive clinical supervision by a supervisor experienced in recovery and rehabilitation who is either:

  - A mental health professional if the peer counselor is providing mental health services.

    OR

  - A certified substance use disorder professional if the peer counselor is providing substance use disorder treatment.

**Note:** See the Coverage Table and Billing sections of this guide for information on billing for peer support services.

# Secure Withdrawal Management and Stabilization

## What is secure withdrawal management and stabilization?

Secure withdrawal management and stabilization includes services provided in a secure withdrawal management and stabilization facility certified to provide evaluation and assessment by certified substance use disorder professionals (SUDPs), withdrawal management treatment, treatment as tolerated, discharge assistance, and has security measures sufficient to protect patients, staff, and the community. Treatment provided is for people who meet Involuntary Treatment Act (ITA) criteria due to a substance use disorder (RCW 71.05). An adult or minor may be committed for involuntary substance use disorder treatment upon petition of a designated crisis responder (DCR) if the person is "gravely disabled or presenting the likelihood of serious harm to self or others due to a substance use disorder."

## Who is eligible for secure withdrawal management and stabilization?

Secure withdrawal management and stabilization services are available for eligible Apple Health clients who are not enrolled in a behavioral health organization (BHO), integrated managed care, or behavioral health services only (BHSO) and have one of the following recipient aid categories (RACs):

| | | |
|---|---|---|
| 1014-1023 | 1039 | 1046-1049 |
| 1052-1055 | 1059 | 1061 |
| 1065-1074 | 1083-1084 | 1086 |
| 1088-1089 | 1091 | 1101-1111 |
| 1121-1122 | 1124 | 1126 |
| 1134 | 1146-1153 | 1162-1169 |
| 1174-1175 | 1196-1207 | 1209 |
| 1217-1225 | 1236-1269 | |

**Note:** For authorization requirements and information regarding secure withdrawal management and stabilization for clients enrolled in a behavioral health organization (BHO), integrated managed care plan, or behavioral health services only (BHSO), contact the corresponding entity.

# Who is eligible to provide and bill for secure withdrawal management and stabilization services?

To be eligible to provide and bill the agency for secure withdrawal management and stabilization services described above, the provider must:

- Be licensed and certified by Department of Health (DOH) to provide the services;
- Be in good standing without restriction;
- Have a current core provider agreement (CPA) with the agency and national provider identifier (NPI). For more information about completing the CPA, see the Provider Enrollment webpage for new providers; and
- Be registered with the provider entry portal (PEP). See the Contractor and provider resources webpage.

# What authorization is required?

Authorization is not required for Apple Health-eligible clients with the recipient aid categories (RACs) referenced in the Who is eligible for secure withdrawal management and stabilization? section.

# How do I bill for secure withdrawal management and stabilization services?

For dates of service on and after July 1, 2018, submit claims for secure withdrawal management and stabilization services on an electronic institutional claim form (837i) using the following information:

| Name | Entry |
|---|---|
| Taxonomy | 324500000X |
| Revenue Code | 1002 |
| Type of Facility | 8 |
| Bill Classification | 6X |

# Billing

All claims must be submitted electronically to the agency, except under limited circumstances. For more information about this policy change, see Paperless Billing at HCA. For providers approved to bill paper claims, see the agency's Paper Claim Billing Resource.

## What are the general billing requirements?

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

Providers must follow the agency's ProviderOne Billing and Resource Guide. These billing requirements include:

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

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

- A substance use disorder assessment and history of involvement with alcohol or other drugs
- Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews
- Date, duration, and content of counseling and other treatment sessions
- Progress notes as events occur, and treatment plan reviews as specified under each treatment service or Chapter 246-341 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 certified substance use disorder professional (SUDP) and the client
- The discharge summary
- Fee-for-service (FFS) providers must document services provided to American Indian/Alaska Native (AI/AN) clients. Services must be documented in the Behavioral Health Data System through PEP.

# What if a client has Medicare coverage?

Medicare does not pay for substance use disorder (SUD) 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 SUD treatment services. Outpatient and residential SUD services rendered by certified substance use disorder professionals (SUDPs) or substance use disorder professional trainees (SUDPTs) may be billed directly to the agency without attaching a Medicare explanation of benefits.

# 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 webpage, 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) webpage.

The following claim instructions relate to billing Substance Use Disorder program services on a professional claim form:

## Residential place of service

| Name | Entry |
|---|---|
| Place of Service | The following is the only appropriate code(s) for Washington State Medicaid for residential services:<br><br>**Code Number — To Be Used For**<br><br>05 — Indian Health Service free-standing facility<br>07 — Tribal 638 free-standing facility<br>50 — Federally Qualified Health Center (FQHC)<br>55 — Residential Substance Use Disorder Treatment Facility |
| Rendering provider | Do not add individual servicing NPIs to SUD claims. SUD claims are billed at the clinic level only. This includes both inpatient and outpatient billing. |

# Outpatient service codes

Place of service codes have been expanded to include all places or service (i.e. clinic, school, home) related to SUDPs providing SUD treatment for outpatient services. Outpatient services must be billed at the licensed and certified behavioral health agency level only. Do not add individual servicing NPIs to SUD claims.