Washington State Health Care Authority

Washington Apple Health (Medicaid)

Substance Use Disorder Billing Guide

(Fee-for-Service)

April 1, 2020

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 April 1, 2020, 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
Entire Guide	General housekeeping, including hyperlink and typographical error corrections.	To improve usability
Telemedicine and Coronavirus (COVID-19)	Added section with link to telemedicine policy located in HCA's Physician-Related Services/Health Care Professional Services Billing Guide	To provide clarification on telemedicine policy and provide hyperlink to HCA's information webpage regarding COVID-19
Who is eligible for secure withdrawal management and stabilization?	Removed references to Behavioral Health Organizations (BHO)	Effective January 1, 2020, behavioral health services in all regions are provided under integrated managed care.
Billing for Opioid treatment programs (OTP)	Added new section for billing for opioid treatment.	To clarify billing instructions for opioid treatment

* This publication is a billing instruction.

Subject	Change	Reason for Change
What are the recordkeeping requirements specific to substance use disorder (SUD) treatment providers?	Added independent assessment requirement and revised section regarding coverage, services, and codes for DOH-licensed and certified outpatient and residential treatment facilities, and secure withdrawal management and stabilization treatment facilities.	To correct guide, clarify billing instructions, and align with record keeping requirements under CMS's 1115 Waiver.

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.

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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 PO Box 45330 Olympia, WA 98504-5330 360-725-1500 **or** Washington State Health Care Authority Medical Assistance Customer Service Center (MACSC) Contact MACSC 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."

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 - 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.

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 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 in an integrated managed care plan

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

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 an integrated managed care plan directly through ProviderOne.

Who should NOT use this billing guide?

The following providers should NOT use this guide:

- 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

Most Apple Health clients are enrolled in an agency-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See the agency's Apple Health managed care page for further details.

It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.

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 integrated managed care
- 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)

How do I verify a client's eligibility?

Check the client's Services Card or follow the two-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.

Verifying eligibility is a two-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.

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

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 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.

Are clients enrolled in an agency-contracted managed care organization (MCO) eligible?

Yes. Most Medicaid-eligible clients are enrolled in one of the agency's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an agency-contracted MCO must be obtained by the client through designated facilities or providers. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

> **Note:** A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in WAC 182-502-0160.

> **Note:** To prevent billing denials, check the client's eligibility **prior** to scheduling services and at the **time of the service**, and make sure proper authorization or referral is obtained from the agency-contracted MCO, if appropriate. See the agency's ProviderOne Billing and Resource Guide for instructions on how to verify a client's eligibility.

Managed care enrollment

Apple Health (Medicaid) places clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This eliminates a person being placed temporarily in FFS while they are waiting to be enrolled in an MCO or reconnected with a prior MCO. This enrollment policy also applies to clients in FFS who have a change in the program they are eligible for. However, some clients may still start their first month of eligibility in the FFS program because their qualification for MC enrollment is not established until the month following their Medicaid eligibility determination.

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.

Checking eligibility

- 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 policies.

Apple Health – Changes for January 1, 2020

Effective January 1, 2020, the Health Care Authority (HCA) completed the move to whole-person care to allow better coordination of care for both body (physical health) and mind (mental health and substance use disorder 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).

IMC is implemented in the last three regions of the state:

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

These last three regions have plan changes, with only Amerigroup, Molina, and United Healthcare remaining. There are changes to the plans available in these last three regions. The only plans that will be in these regions are Amerigroup, Molina and United Healthcare. If a client is currently enrolled in one of these three health plans, their health plan will not change.

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account**:
  Go to Washington HealthPlanFinder website.

- **Available to all Apple Health clients:**

  ✓ Visit the ProviderOne Client Portal website:

  ✓ Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

  ✓ Request a change online at ProviderOne Contact Us (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."

For online information, direct clients to HCA's Apple Health Managed Care webpage.

Clients who are not enrolled in an agency-contracted managed care plan for physical health services

Some Medicaid clients do not meet he qualifications for managed care enrollment. These clients are eligible for services under the FFS Medicaid program. In this situation, each Integrated Managed Care (IMC) plan will have Behavioral Health Services Only (BHSO) plans available for Apple Health clients who are not in managed care. The BHSO covers only behavioral health treatment for those clients. Clients who are not enrolled in an agency-contracted managed care plan are automatically enrolled in a BHSO, with the exception of American Indian/Alaska Native clients. Some examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption support and Foster Care alumni.

Integrated managed care (IMC)

Clients qualified for managed care enrollment and living in integrated managed care (IMC) regions will receive all physical health services, mental health services, and substance use disorder treatment through their agency-contracted managed care organization (MCO).

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care; or
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS]).

If a client does 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 residing in integrated managed care regions and who are eligible for managed care enrollment must choose an available MCO in their region. Details, including information about mental health crisis services, are located on the agency's Apple Health managed care webpage.

Region	Counties	Effective Date
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum	January 1, 2020
Salish	Clallam, Jefferson, Kitsap	January 1, 2020
Thurston-Mason	Thurston, Mason	January 1, 2020
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 January 1, 2019 (Okanogan)
Southwest	Clark, Skamania, and Klickitat	April 2016 January 1, 2019 (Klickitat)

Integrated Apple Health Foster Care (AHFC)

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.**"

The Apple Health Customer Services staff can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact the agency's Foster Care Medical Team at 1-800-562-3022, Ext. 15480.

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 Services Organization (BHSO). For details, see the agency's Mental Health Services Billing Guide, under *How do providers identify the correct payer*?

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
96164	HF	Health behavior intervention, group, face-to-face; initial 30 minutes	Group/ Face to face	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
96165	HF	Health behavior intervention, group, face-to-face; each additional 15 minutes	Group/ Face to face	261QR0405X
96167	HF	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	Family w/ patient present/ face to face	261QR0405X
96168	HF	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes	Family w patient present/ face to face	261QR0405X
96170	HF	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Family without patient present, face to face	261QR0405X
96171	HF	Health behavior intervention, family (without the patient present), face-to-face; additional 15 minutes	Family without patient present, face to face	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
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
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

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	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.

Telemedicine and Coronavirus (COVID-19)

Refer to Physician-related/professional services billing guide, dated April 2020, for telemedicine policy. See the Health Care Authority's Information about novel coronavirus (COVID-19) webpage for updated information regarding COVID-19.

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 • 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: ✓ Outreach ✓ Time spent reviewing a certified SUDPT's file notes ✓ Internal staffing ✓ Writing treatment compliance notes and progress reports to the court ✓ Interactions with probation officers ✓ Court reporting
Individual Therapy **H0004--** Individual therapy, without family present, per 15 minutes	**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.
Peer Support H0038 HF- Self-help/ peer svc	• Service is billable up to 4 hours per day per individual • One unit equals 15 minutes
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 **Note: Providers must not** bill updates to assessments or treatment plans as separate assessments.

SERVICE	LIMITATION
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.

Opioid Treatment Programs (OTP) Billing

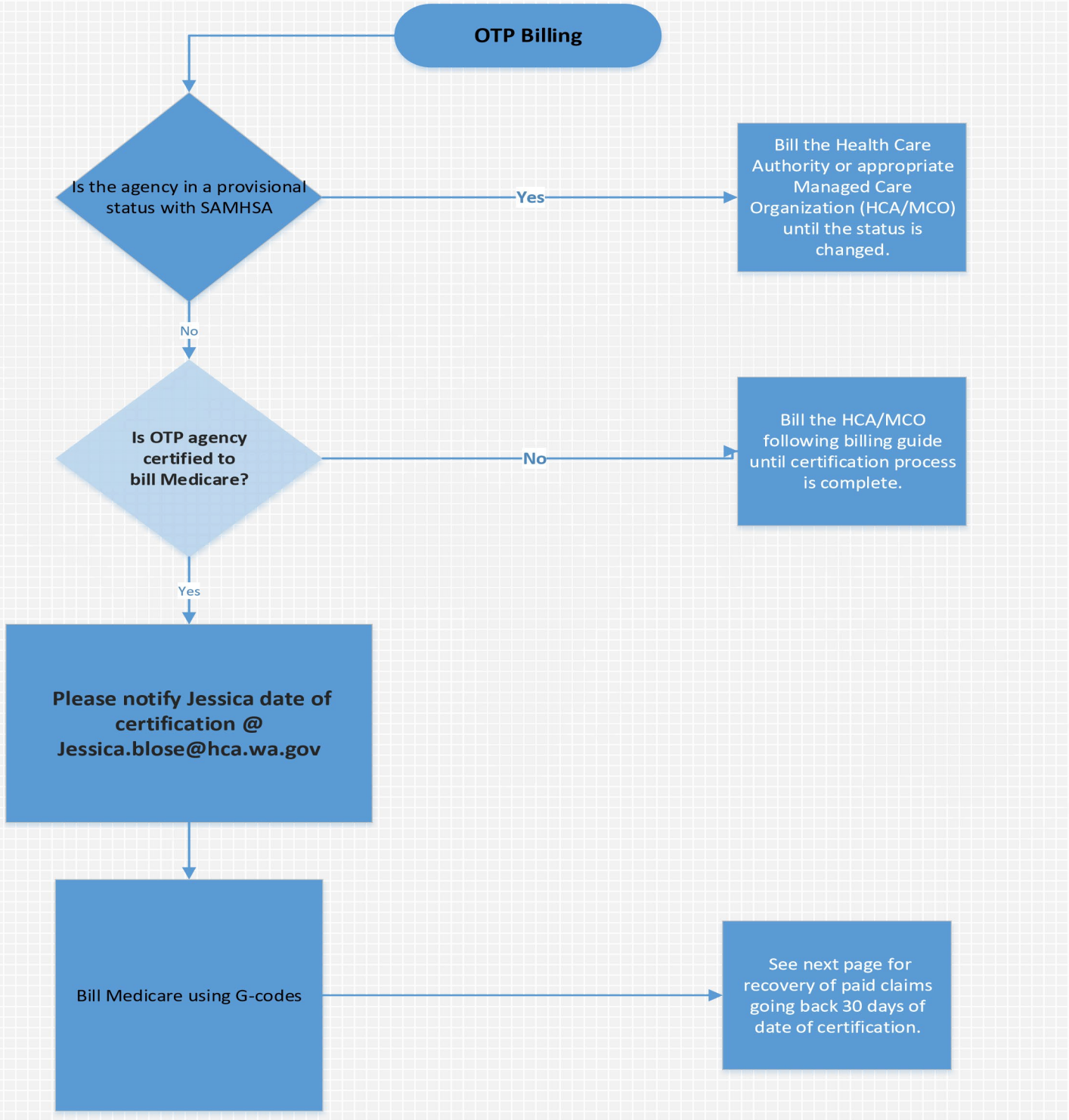
How do Opioid Treatment Programs (OTP) bill?

Effective January 1, 2020, Medicare began allowing coverage for opioid treatment billing, and Washington Apple Health is following suit.

- For clients in fee-for-service Medicaid, providers must continue to bill through HCA's ProviderOne billing system.

- For clients who are dual-eligible, Medicaid and Medicare, providers must use the following chart below:

Billing for Opioid (OTP) Treatment Programs



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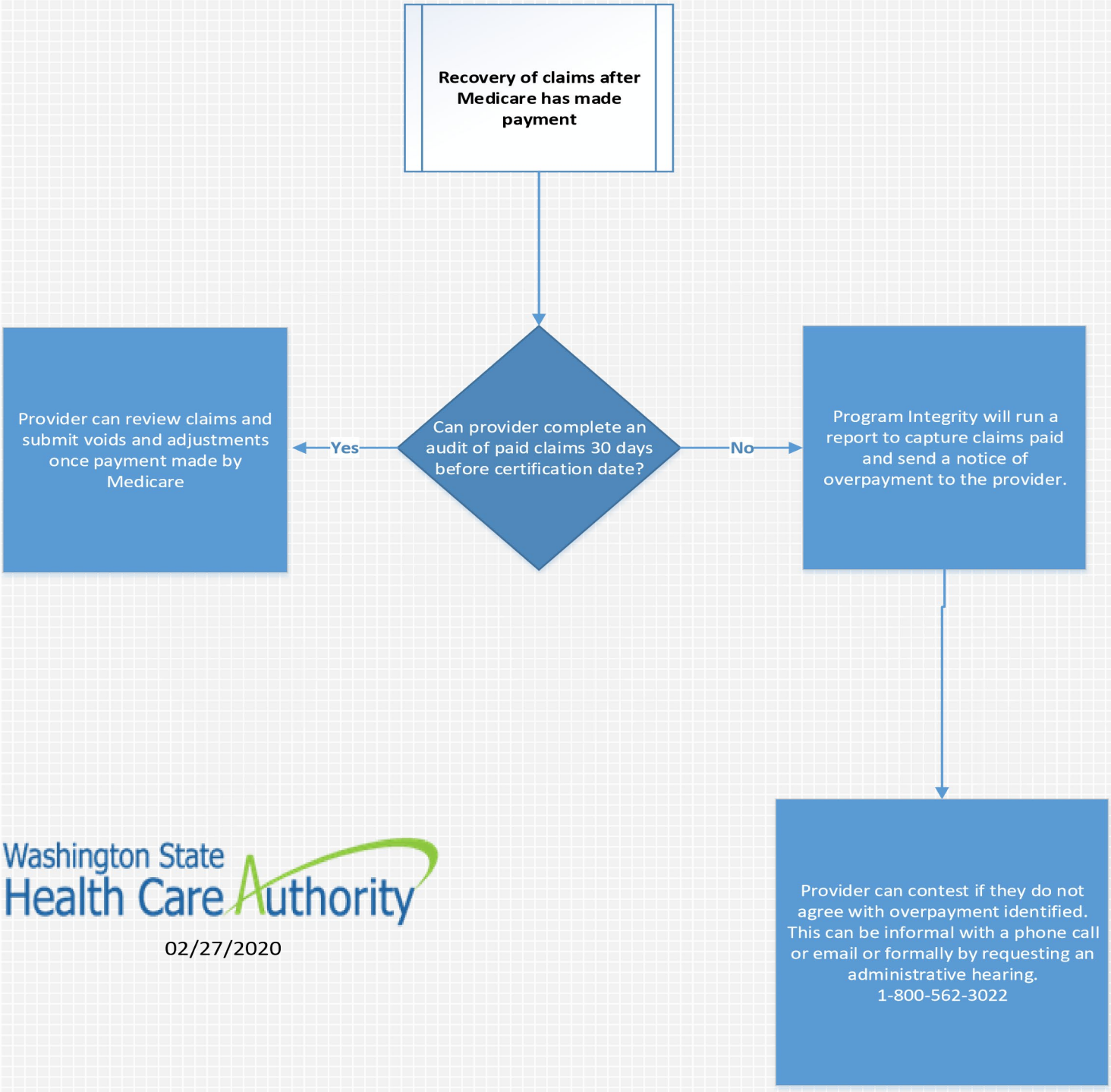

Washington State Health Care Authority

02/27/2020

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.

See Coverage Limitations Table for information on Peer Support Services.

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.
- A certified Peer Support person can only bill when providing therapeutic treatment services as indicated in the client's treatment plan under the clinical supervision of 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.

Inpatient & Withdrawal Management SUD Facilities: Medication for Opioid Use Disorder

Residential and inpatient licensed SUD behavioral health treatment agencies must:

- Develop policies and procedures to offer Medication for Opioid Use Disorder on-site or facilitate off-site access.
- Ensure services are not denied to clients prescribed any FDA-approved medications to treat all substance use disorders.
- Assure there is enough network capacity that SUD clients receiving or desiring SUD medication can have it prescribed while engaged in any level of American Society of Addiction and Medicine (ASAM) SUD treatment.
- May not mandate titration or limit the total acceptable daily dose or length of time on any prescribed FDA-approved SUD medications. Decisions concerning medication adjustment are based on medical necessity and in coordination with the prescribing provider.
- Allow clients to seek FDA-approved medication for any SUD at any point in their course of treatment. The agency must provide or facilitate the use of any prescribed FDA approved medications for any SUD.

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 an 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 an 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 (SUD) 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
- The agency covers medically necessary SUD services rendered at Department of Health (DOH)-licensed and certified inpatient and residential treatment facilities. These services must be billed for using CPT and HCPS codes on a professional claim for or 837P. For secure withdrawal management and stabilization treatment facilities, services must be

billed for using revenue codes on an institutional claim or 837i. For more information about coverage, services, and codes, see the agency's Contractor and provider resources webpage. All providers must comply with the documentation requirements in Chaptes 246-341 and 246-337 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.
- A residential facility must have an independent assessment**

**In accordance with Washington State's approved 1115 waiver with the Centers for Medicare & Medicaid Services (CMS), fee-for service residential providers must ensure Medicaid clients have an independent assessment from an outpatient provider. The independent provider will determine whether the client meets the American Society of Addiction Medicine (ASAM) residential level of care.

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: **Code Number — To Be Used For** 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
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.