

Washington Apple Health (Medicaid)

Substance-Using Pregnant People (SUPP) Program Billing Guide

November 1, 2025

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If this is the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide¹

This publication takes effect **November 1, 2025**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in [WAC 182-533-0701](#) through [182-533-0730](#).

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.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with HCA.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

Health care privacy toolkit

The [Washington Health Care Privacy Toolkit](#) is a resource for providers required to comply with health care privacy laws.

¹ This publication is a billing instruction.

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Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

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What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the Subject column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
How do I bill for physician/ARNP services	Added CPT® code 99239 to the group of allowable procedure codes for SUPP	Code missing from previous guide. Retroactive effective date of October 1, 2025.

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Resources Available

Note: This section contains important contact information relevant to the Substance-Using Pregnant People (SUPP) program.

Topic	Resource Information
Becoming a provider or submitting a change of address or ownership	See HCA's ProviderOne resources webpage
Finding out about payments, denials, claims processing, or managed care organizations	See HCA's ProviderOne resources webpage
Electronic billing	See HCA's ProviderOne resources webpage
Finding HCA documents (e.g., Medicaid billing guides, provider notices, and fee schedules)	See HCA's ProviderOne resources webpage
Private insurance or third-party liability, other than HCA managed care	See HCA's ProviderOne resources webpage
Who do I contact if I'm interested in becoming a SUPP program provider or have questions regarding SUPP program policy?	<p>SUPP Program Manager</p> <p>Medicaid Programs Division Community Services Section PO Box 45530 Olympia, WA 98504-5530 360-725-1293</p>
Who do I contact if I want to request an extended stay?	<p>SUPP Program Manager</p> <p>Medicaid Programs Division Community Services Section PO Box 45530 Olympia, WA 98504-5530 360-725-1293</p>

Additional Resource Material

This guide provides information used to develop SUPP program policies and procedures in the provider facility's program manuals (See [WAC 182-533-0300](#)). Additional resource material can be found in:

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- The Division of Behavioral Health and Recovery's (DBHR) webpage, [Behavioral health and recovery | Washington State Health Care Authority](#) "
- HCA's [First Steps Website](#)

Definitions

This list 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.

Assessment – The process of obtaining all pertinent bio-psychosocial information, as identified by the person, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports. ([WAC 182-538D-0200](#))

Benefit Package – See [WAC 182-500-0015](#).

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

Hospital-Based Medical Stabilization – Medical hospital inpatient care to medically manage the acute withdrawal management and medical stabilization of a pregnant person and their fetus.

Intensive Inpatient Treatment – Nonhospital, DBHR-certified facilities for sub-acute/detoxified patients focused on primary substance use disorder services in residential or outpatient settings.

Rehabilitation Services – Hospital-based intensive inpatient substance use treatment, medical care, and assessment and linkages.

Substance Use Disorder – A cluster of cognitive, behavioral, and physiological symptoms indicating that a person continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

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.

Substance-Using Pregnant People (SUPP) Program – A Medicaid-funded, hospital-based, intensive withdrawal management and medical stabilization program for substance using and substance dependent pregnant people and their exposed fetuses.

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Usual and Customary Fee – The rate that may be billed to HCA for a certain service or equipment. This rate may not exceed either of the following:

- The usual and customary charge that you bill the general public for the same services
- If the general public is not served, the rate normally offered to other contractors for the same services

Withdrawal management – Care and treatment in a residential or hospital setting 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.

About the Program

What is the purpose of the SUPP program?

WAC 182-533-0701

The intent of the SUPP program is to:

- Reduce harm to a pregnant person and their fetus who need medical stabilization for obstetric and perinatal complications often present in pregnant people with substance use disorder.
- Provide all the following services in one setting to improve the health of the person and the fetus:
 - Immediate access to care
 - Withdrawal management and medical stabilization
 - Substance use disorder treatment.

The SUPP program is designed to change the behavior of pregnant people and improve birth outcomes. Substance-using pregnant people are high-risk for medical complications and struggle with the same challenges with recovery as other people with addictions. However, during pregnancy, they are more likely to accept treatment and successfully change their behavior. Substance use disorder remains one of the most overlooked obstetric complicating factors during prenatal care. Prenatal substance use screening, treatment, and medical care should be initiated as early as possible during pregnancy. When a pregnant person is ready to enter treatment, the ability to place them quickly into a safe and clinically appropriate environment is critical.

How is the SUPP program different from other substance use disorder programs?

The SUPP program is the only program that offers all the following services **in a hospital setting**:

- Primary acute and secondary sub-acute withdrawal management
- Medical stabilization and treatment
- Substance use disorder treatment

Note: Claims for SUPP program services are paid by HCA, not by any other state or county program.

This acute level of care does not exist in other intensive inpatient treatment facilities. Due to the potential for serious health risks when providing withdrawal management to a substance-using pregnant person and fetus, acute medical services must be present. Once the client is medically stabilized, substance use disorder treatment begins.

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The SUPP program is an entry point into a greater opportunity for the client to receive care. Other substance use disorder treatment programs exist for pregnant people who do not need withdrawal management and medical stabilization. These individuals can be served in a non-hospital-based setting. Intensive inpatient treatment models such as social withdrawal management, outpatient services, or residential facilities often link with prenatal care providers, but are not equipped to meet the acute medical needs associated with these high-risk pregnancies. The SUPP program is a unique partnership among providers from many disciplines for services. The program provides immediate access to care by removing the barriers of Medicaid eligibility, or limited referral sources existing in other programs.

How are hospitals paid for SUPP services?

To get paid for SUPP services, hospitals must be certified by the Department of Health (DOH). Hospitals are paid based on a per diem rate assigned by HCA.

Where are SUPP services provided?

SUPP services are provided at acute care hospital-based inpatient facilities approved by DOH. HCA does not cover SUPP services provided out-of-state.

Who may refer clients to the SUPP program?

Referrals to the SUPP program may be made by, but are not limited to, the following:

- The client or family member
- A local substance use outreach program
- A First Steps provider
- A First Steps behavioral health specialist
- The Department of Children, Youth, and Families (DCYF)
- A Medical provider
- DBHR-certified agencies

The SUPP hospital facility coordinates with all agencies that provide services to a referred client.

Client Eligibility

How can I verify a patient's eligibility?

Pregnant adult and adolescent people are eligible for SUPP services if they meet all the following:

- Are pregnant at the time of enrollment into the program
- Have a medical need (including observation or monitoring)
- Have a substance use history and are screened "at risk"
- Have a current Services Card (or have a pending application for one)

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

Verifying eligibility is a two-step process:

Step 1. Verify the 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 HCA'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 HCA's [Program Benefit Packages and Scope of Services](#) webpage.

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Let's Get Started" button. For patients age 65 and older, or on Medicare, go to [Washington Connections](#) - select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) - select "sign in" or "create an account".
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 855-627-9604 (TTY).

- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form. To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older, or on Medicare, complete the *Washington Apple Health Application for Age, Blind, Disabled/Long-Term Services and Supports (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

Note: The SUPP provider must complete a substance use disorder assessment of the client prior to admission.

Note: If a client is not eligible for the SUPP program, refer them to the local substance use disorder center, or call the 24-hour Alcohol/Drug Help Line to inquire about local resources at 1-800-562-1240.

The following are examples of clients who are not eligible for SUPP services:

- Clients who are not pregnant at admission.
- Clients who are receiving withdrawal management services or secure withdrawal management services through another HCA program.

See [WAC 182-533-0710](#)

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

Yes. Clients enrolled in an HCA-contracted MCO are eligible for SUPP services outside of their MCO through HCA's fee-for-service system. Coverage and billing guidelines found in this billing guide apply to MCO. Bill HCA directly.

When verifying eligibility using ProviderOne, if the client is enrolled in an HCA-contracted MCO, managed care enrollment will be displayed on the Client Benefit Inquiry screen.

Note: To prevent billing denials, please check the client's eligibility **before** scheduling services and at **the time of the service**. See HCA [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Coverage

What is covered?

The maximum length of treatment per inpatient stay that HCA pays for is 26 days. An approval for extended days may be requested due to medical necessity through the [limitation extension submittal process](#).

HCA pays for the following covered services for a pregnant client and their fetus under the SUPP program:

- **Primary Acute Withdrawal Management and Medical Stabilization**
- **Secondary Sub-Acute Withdrawal Management and Medical Stabilization**
- **Rehabilitation Treatment** - remainder of stay may include the following:
 - Assessment for ongoing treatment/clean and sober housing
 - Referrals and linkage to all providers and case managers
 - Substance use disorder education
 - Ongoing medical attention including obstetrical appointments
 - Ultrasounds or medical services
 - Methadone maintenance when appropriate
 - Reintegration/reentry into the community
 - Ongoing treatment if need assessed
 - Referrals as appropriate
 - Partial hospitalization/day treatment
 - Outpatient services
- **Other Services** - In addition to the core services of withdrawal management, medical stabilization, and rehabilitation, other services may include, but are not limited to:
 - Medical nutrition therapy
 - Childbirth preparation and delivery
 - Art and movement therapy
 - Drug education and awareness for family
 - Self-reliance education
 - Parenting education in the care of alcohol/substance-affected infants
 - Family dynamics education
 - Vocational counseling
 - Psychological counseling
 - Psychotherapy and group therapy

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- Life skills, including use of HCA's nonemergency medical transportation (NEMT)
- Financial management
- Household management
- Physical appearance consultation
- Day Treatment - Outpatient Treatment

Note: In the event that needed services are not available on-site, refer clients to applicable community services. In these situations, the client remains an inpatient and is not discharged and then re-admitted to the SUPP program. Often a case manager or attendant escorts the client off-site or the service visit occurs at the hospital.

What if the pregnant client wants to enroll into the SUPP program but is admitted into the labor and delivery unit and cannot physically enter into the SUPP program?

A pregnant client who is medically unstable, or is in active labor, and cannot be physically admitted to a SUPP program bed, may still be admitted to the SUPP program after delivery. To receive SUPP services post-delivery, all the following must occur:

- The client must be admitted into a labor and delivery unit
- An attempt must be made to complete a provider-to-provider referral and consultation to the SUPP program before delivery²
- A consultation
- A copy of the consultation notes³ between the admitting hospital and the SUPP provider must be placed in the client's SUPP program medical record
- The client must be admitted into the SUPP program within 1 week after discharge from the postpartum floor.

² If the medical condition of the client or the unborn infant requires immediate clinical intervention before delivery, the provider-to-provider referral and consultation should occur as soon after the delivery as practicable.

³ The consultation notes must include when the client was admitted into the labor and delivery unit, the clinical condition prohibiting entry into the program before delivery, notes related to the client's substance use and need to enter into SUPP, and the anticipated discharge date.

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Note: Clients have the freedom to choose which SUPP program provider they want to receive services from after delivery.

What if the pregnancy ends before the client completes the SUPP program?

If the pregnancy ends before completing the SUPP program, regardless of the reason, providers may continue a client's treatment if recommended by a physician, physician assistant, nurse practitioner, or clinical nurse specialist. If a less restrictive alternative treatment option is more appropriate, refer the client to the most suitable setting. Make every effort to keep the birthing parent and child together.

Length of Treatment – Request for Prior Authorization for a Limitation Extension (LE)

The maximum length of treatment without prior authorization is 26 days. There is no minimum length of stay. If an LE is needed, a request must be submitted to HCA at least 6 days prior to discharge. HCA may approve additional days when medically justified.

An LE may be considered when a physician or physician assistant, nurse practitioner, or clinical nurse specialist shows that a pregnant client requires both of the following:

- Medical care that can only be provided in a hospital setting
- That this level of special care is necessary to reduce harm to the client and the fetus

Determinations for an LE will be based upon all the following:

- Needs of the birthing parent and fetus
- Progress made while in the SUPP program
- Current medical status
- The individualized treatment plan

Limitation extension (LE) submittal process

LE requests must be submitted to HCA no later than 6 days prior to the 26th day of treatment (the last day).

Providers may submit requests for prior authorization online using either of the following methods:

- Through direct entry into ProviderOne (see HCA's [Prior authorization webpage](#) for details)
- By faxing a completed, TYPED *General Information for Authorization (HCA 13-835)* form to HCA at: 1-866-668-1214. This request form must be the initial page when you submit your request. See [Where can I download HCA forms?](#)

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The Substance-Using Pregnant People (SUPP) Program *Preauthorization for Limitation Extension (HCA 12-344)* form is the next document followed by the supporting medical documentation below:

Medical documentation required to support a limitation extension

- Admission history and physical exam
- Care and treatment plan
- Client problem list
- Withdrawal management protocol
- Fetal monitoring notes
- Chart notes
- Most current progress notes
- Discharge plan

If approved by HCA, additional days will be paid at the SUPP Program per diem rate for that provider. When billing for an LE, bill with *revenue code 0129* and include the authorization reference number on the claim.

LE Requests for Reasons Other Than Medical Stabilization

If a request for prior authorization for an LE is received and does not meet the criteria for medical necessity, the request will be reviewed for possible approval of a limited number of additional days at the hospital administrative day rate.

Additional documentation for these requests must include complete chart notes showing all the following:

- Dates of initial calls to the treatment facility
- Name of person called or spoken with at the treatment facility
- Dates of any follow up calls made to the treatment facility
- Estimated wait time for placement at a treatment facility

Submit all the required documentation above to HCA by fax at: 1-866-668-1214.

If approved by HCA, the additional days for these LEs will be paid at the current hospital administrative day rate. ([See the Inpatient Provider Payment System \(IPPS\)](#)). Bill with *revenue code 0169* for administrative day rate payment and include the authorization reference number on the claim.

These LEs paid at hospital administrative day rate **must** be billed on a separate institutional claim, along with any other charges associated with the administrative days.

Provider Requirements

Who is approved to provide SUPP services?

HCA pays only those providers who meet all the following:

- Have been approved by HCA to provide SUPP program services
- Have been licensed and certified as a behavioral health services agency by the Department of Health (DOH) as described in [chapter 246-341 WAC](#)
- Meet the Department of Health hospital licensing regulations in [chapter 246-320 WAC](#)
- Meet the general provider requirements in [chapter 182-502 WAC](#)

Program administration

SUPP program service providers must do all the following:

- Report any changes in certification, level of care, or program operation to HCA's SUPP Program Manager. (See [Resources Available](#).)
- Have written policies and procedures that include a working statement describing the purpose and methods of treatment for substance-using/substance-dependent pregnant people
- Provide guidelines and resources for current medical treatment methods by specific substance type
- Work collaboratively with state and community providers to ensure a working knowledge exists of current medical and substance use disorder resources
- Ensure that an assessment for substance use disorders has been completed by a substance use disorder professional under [chapter 246-811 WAC](#) no earlier than six months before, and no later than five days after, the client's admission to the SUPP program using the latest criteria of the [American Society of Addiction Medicine \(ASAM\)](#), which may include the following:
 - Pregnancy, post-pregnancy, and parenting status
 - Number of children, custody status, residence, and visitation schedule
 - History of Child Protective Service intervention
 - History of death or loss of children
 - Childcare needs
 - Family Planning practices and needs
 - Suicidal/homicidal ideation
 - Domestic/Intimate partner violence history
 - Sexual assault history
 - Ongoing mental health needs

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- Current and past history of substance use during pregnancy
- Previous pregnancy prenatal care
- Relationship addiction
- Family dynamics
- Family reunification plans
- Living situation/housing
- Legal issues
- Eating disorders

Notifying clients of their rights (advance directives)

(42 CFR, Part 489, Subpart I)

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give all adult clients written information about their rights to make their own health care decisions.

Clients have the right to do all the following:

- Accept or refuse medical treatment
- Make decisions concerning their own medical care
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care

Billing

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

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

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

What are the general billing requirements?

Providers must follow HCA's [ProviderOne Billing and Resource Guide](#). These billing requirements include, but are not limited to, the following:

- Time limits for submitting and resubmitting claims and adjustments
- What fee to bill HCA for eligible clients
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- Billing for clients eligible for both Medicare and Medicaid
- Third-party liability
- Record-keeping requirements

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers, providers, and partners webpage](#), under [Learn how to use ProviderOne](#), select [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.

How do I bill for SUPP services?

Use an electronic institutional claim to bill the hospital-based intensive SUPP services provided to the client. Ancillary (e.g., lab, pharmacy, etc.) charges related to the SUPP services stay may be billed on the same claim with the SUPP services.

Use the following guidelines when billing:

- To facilitate processing of claims under this program, **HCA has established a daily room and board revenue code 0129**. This revenue code is used for the entire SUPP services stay. You must indicate this revenue code in the

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Revenue Code field of the electronic institutional claim. HCA reimburses for daily room rate charges **only** with this revenue code.

- All claims for SUPP services must have a primary diagnosis code related to pregnancy complicated by alcohol or drug use and a secondary diagnosis code related to alcohol or drug use. When billing HCA for SUPP services, use the most specific and appropriate primary and secondary diagnosis codes.
- For all other (ancillary) revenue codes, refer to HCA's current [Inpatient Hospital Services Billing Guide](#).
- For additional billing information, refer to HCA's [ProviderOne Billing and Resource Guide](#).

Note: HCA will deny claims if unspecified diagnosis codes or labor and delivery diagnosis codes are used.

How do I bill for physician/ARNP services?

Physicians, physician assistants-certified (PACs), and advanced registered nurse practitioners (ARNPs) may provide inpatient hospital medical services during the SUPP services stay. To bill HCA, use the Current Procedural Technology (CPT®) code from the current HCA [Physician-Related Services/Healthcare Professional Services Medicaid Billing Guide](#) that most closely describes the service actually provided (**CPT® codes 99221 through 99239**). When billing for these services, you must use the most appropriate and specific primary and secondary ICD diagnosis code.

How do I resolve issues with gender indicators when billing for transgender clients?

For a transgender client, providers must include a diagnosis on the claim indicating that the client is transgender. Information on HCA billing practices for transgender clients can be found in **Billing** section of the [Transhealth Program Billing Guide](#).

Note: Prior to billing for SUPP services, providers must verify that the client meets eligibility requirements. (See [Client Eligibility](#) for more information.)