

# Washington State Health Care Authority

## Medicaid Provider Guide

Chemical Dependency

[Chapter 388-805 WAC]

July 1, 2011



Washington State  
Health Care Authority

A Billing Instruction

## About this publication

This publication, by Health Care Authority (the Agency), supersedes all previous Chemical Dependency Billing Instructions published by the Department of Social and Health Services.

**Note:** The Agency now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## Effective Date

The effective date of this publication is: **07/01/11**.

## Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

## How Can I Get Agency Provider Documents?

To download and print Agency Provider Notices and Medicaid Provider Guides, go to the Agency's [Provider Publications](#) website.

# Table of Contents

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<b>Important Contacts</b> .....	ii
<b>Definitions &amp; Abbreviations</b> .....	1
<b>Section A: Chemical Dependency Treatment</b>	
Who Should Use These Billing Instructions?.....	A.1
<b>Section B: Client Eligibility</b>	
How can I verify a patient’s eligibility? .....	B.1
How Are Chemical Dependency Treatment Services Provided to GA-U Clients? .....	B.2
Should Patients Be Transferred from GA-U to ADATSA When Going into Treatment? .....	B.2
Types of Identification that Verify Eligibility .....	B.3
Are Clients Enrolled in a Agency Managed Care Plan Eligible? .....	B.4
<b>Section C: Coverage/Limitations</b> .....	C.1
<b>Coverage Table</b>	
DBHR Alcohol and Drug Treatment Outpatient Services.....	C.5
Juvenile Rehabilitation Administrative Alcohol and Drug Treatment Outpatient Services .....	C.7
DBHR Alcohol and Drug Detoxification Services .....	C.8
<b>Section D: Billing and Claim Forms</b>	
What Are the General Billing Requirements? .....	D.1
What Are the Record Keeping Requirements Specific to Chemical Dependency Treatment Providers? .....	D.1
Do I Have to Bill Medicare if a Client Has Medicare Coverage? .....	D.2
Fee Schedule .....	D.2
Completing the CMS-1500 Claim Form.....	D.2
Instructions Specific to Chemical Dependency Treatment Providers .....	D.3

# Important Contacts

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**Note:** This section contains important contact information relevant to the Chemical Dependency Treatment program. For more contact information, see the Agency's *Resources Available* web page at:  
[http://hrsa.dshs.wa.gov/Download/Resources\\_Available.html](http://hrsa.dshs.wa.gov/Download/Resources_Available.html)

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Agency's <a href="#">Resources Available</a> web page at:
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, 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 1-360-725-3700 And ask for the Medicaid Specialist.  <p style="text-align: center;"><b>-or-</b></p> Juvenile Rehabilitation Administration PO Box 45720 Olympia, WA 98504-5720 1-360-902-8105

# Definitions & Abbreviations

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This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency's [ProviderOne Billing and Resource Guide](#) for a more complete list of definitions.

**Acute Detoxification Services** – A method of withdrawing a patient from alcohol or other drugs where nursing services and medications are routinely administered under physician supervision to facilitate the patient's withdrawal. Services include medical screening of patients, medical detoxification of patients, counseling of patients regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs. Acute Detoxification services include all services in Chapter 246-337 WAC and Chapter 388-805 WAC or its successor.

**Alcohol Abuse** - Use of alcohol in amounts dangerous to individual health or safety.

**Alcoholism** - A disease characterized by:

- A dependence on alcoholic beverages or the consumption of alcoholic beverages;
- Loss of control over the amount and circumstances of use;
- Symptoms of tolerance;
- Physiological or psychological withdrawal, or both, if use is reduced or discontinued; and
- Impairment of health or disruption of social or economic functioning.

**Alcoholism and/or Alcohol Abuse Treatment (Outpatient)** - Medical and rehabilitative social services provided to an eligible patient designed to mitigate or reverse the adverse effects of alcoholism or alcohol abuse and to reduce or eliminate alcoholism or alcohol abuse behaviors and restore normal social, physical, and psychological functioning. Alcoholism or alcohol abuse treatment is characterized by a combination of alcohol education sessions, individual therapy, group therapy, and related activities provided to detoxified alcoholics and their families.

**Approved Treatment Facility** -A treatment facility, either public or private, for profit or nonprofit, approved by the Agency pursuant to WAC 388-805 and RCW 70.96A.

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

**Assessment** - The set of activities conducted on behalf of a new patient, for the purpose of determining eligibility, evaluating treatment needs, and making necessary referrals and completing forms. The assessment includes all practices listed in applicable sections of Chapter 388-805 WAC or its successor. For the purpose of determining eligibility for Chemical Dependency Disposition Alternative (CDDA), the set of activities will include completion of:

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

**Benefit Service Package** - A grouping of benefits or services applicable to a client or group of clients.

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

**Chemical Dependency** - An alcohol or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

**Chemical Dependency Disposition Alternative (CDDA)** – A sentencing option of chemically dependent youth offenders which allows judges to order community-based treatment in lieu of confinement. [RCW 13.40.165]

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

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

**Children’s Administration (CA) Initial Screen**– The initial expanded assessment process for CA-referred patients in which the chemical dependency agency begins, but does not complete the expanded assessment due to the patient failing to return to complete expanded assessment:

- Begins the assessment process;
- Completes the initial-short assessment and the urinalysis.

**Criminal Justice Treatment Account (CJTA)** –A fund authorized by the state Legislature to provide community-based substance abuse treatment alternatives for offenders with an addiction or substance abuse problem against whom charges are filed by a prosecuting attorney in Washington State.

**Detoxification** – 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 Detoxification Services* – A method of withdrawing a patient from alcohol or other drugs where nursing services and medications are routinely administered under physician supervision to facilitate the patient's withdrawal. Services include medical screening of patients, medical detoxification of patients, counseling of patients regarding their illness, to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs. Acute Detoxification services include all services in Chapter 246-337 WAC and Chapter 388-805 WAC or its successors.
- *Sub-Acute Detoxification Services* – A method of withdrawing a patient from alcohol or other drugs utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of withdrawal from alcohol or other drugs. Withdrawal medications are ordered by a physician and self-administered by the patients, not staff. Services include screening of patients, non-medical detoxification of patients, counseling of patients regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs. Sub-acute detoxification services include all services in Chapter 246-337 WAC and Chapter 388-805 WAC or their successors.

**Division of Behavioral Health and Recovery (DBHR)** – The Division of Behavioral Health and Recovery (DBHR), Department of Social and Health Services, provides support for Mental Health, Chemical Dependency, and Problem Gambling Services. The public mental health programs promote recovery and resiliency and reduces the stigma associated with mental illness. The substance abuse prevention and chemical dependency 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 chemical dependency. 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, chemical dependency and mental health into closer working relationships that serve clients more effectively and efficiently than before.

**Detoxification** – 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.

**Drug Abuse** - The use of a drug in amounts dangerous to a person's health or safety.

**Drug Addiction** - A disease characterized by:

- A dependency on psychoactive chemicals;
- Loss of control over the amount and circumstances of use;
- Symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued; and
- Impairment of health or disruption of social or economic functioning.

### **Drug Addiction and/or Drug Abuse**

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

### **Expanded Chemical Dependency**

**Assessment** – See the Agency’s [Medical Assistance Glossary](#) section “E”

**Group Therapy** - Planned therapeutic or counseling activity conducted by one or more certified CDPs or CDPTs to a group of three or more unrelated individuals and lasting at least 45 minutes. Acupuncture may be included as a group therapy activity if:

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

### **Health Maintenance Organization (HMO)**

– An entity licensed by the office of the insurance commissioner to provide comprehensive medical services directly to an eligible enrolled client in exchange for a premium paid by the Agency on a prepaid capitation risk basis.

**Healthy Options** – See Managed Care.

**Individual Therapy** - A planned therapeutic or counseling activity provided to an eligible patient by a certified chemical dependency professional (CDP) or a CDP trainee under the supervision of a CDP. Individual therapy includes treatment provided to a family group consisting of a primary patient 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 patient present.

**Intake Processing**- The set of activities conducted on behalf of a new patient. Intake processing includes all practices listed in applicable sections of Chapter 388-805 WAC or its successor. Intake processing includes obtaining a written recommendation for chemical dependency treatment services from a referring licensed health care practitioner.

### **Intensive Youth Case Management –**

Services provided by a certified CDP or CDPT acting as a case manager. These services are for youth who are:

- Under the CDDA program; and
- In need of chemical dependency treatment services.

The purpose is to assist juvenile offenders in the Juvenile Rehabilitation Administration (JRA) system to obtain and efficiently utilize necessary medical, social, educational and other services to improve treatment outcomes. A provider must hold a contract with JRA to provide this service. Minimum standards of performance are issued by JRA.

### **Juvenile Rehabilitation Administration (JRA)-**

An administration within the Department of Social and Health Services responsible for providing a continuum of preventative, rehabilitation, residential, and supervisory programs for juvenile offenders and their families.



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

**Medical Identification card(s)** – See *Services Card*.

**National Provider Identifier (NPI)** – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

**Opiate Substitution Treatment (OST)** – Services provided to patients in accordance with Chapter 388-805 WAC or its successor. Services are consistent with all state and federal requirements and good treatment practices and must include, as a minimum, 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 one time per month for the first three months and quarterly thereafter; vocational rehabilitation services as needed (may be by referral); dose preparation and dose dispensing; detoxification if and when needed; patient case management; individual and/or group counseling one time per week for the first three months and monthly thereafter; one session of family planning; 30 minutes of counseling and education per month for pregnant patients; and HIV screening, counseling, and testing referral.

\*Urinalysis tests (UA) are part of the bundled service daily rate. A minimum of 8 tests per year are required by WAC 388-805-720. UA tests cannot be billed separately, even when they exceed the minimum number required. UA test costs are always included in the bundled service daily rate.

**Patient** - A person receiving chemical dependency services from a DBHR-certified 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.

**ProviderOne** – Health Care Authority’s (the Agency’s) primary provider payment processing system formerly known as MMIS.

**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.

**For example:** 123456789WA.

**Revised Code of Washington (RCW)** Washington State laws.

**Services Card** – A plastic “swipe” card that the Agency or Agency designee issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.

- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

**Sub-Acute Detoxification Services** – A method of withdrawing a patient from alcohol or other drugs utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of withdrawal from alcohol or other drugs. Withdrawal medications are ordered by a physician and self-administered by the patients, not staff. Services include screening of patients, non-medical detoxification of patients, counseling of patients regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs. Sub-acute detoxification services include all services in Chapter 246-337 WAC and Chapter 388-805 WAC or their successors.

**Taxonomy Code** - A unique, 10-digit, alphanumeric code that allows a provider to identify their specialty category. Providers applying for their NPI will be required to submit their taxonomy information. Providers may have one or more than one taxonomy associated to them. Taxonomy Codes can be found at [Washington Publishing Company](#)

**Temporary Assistance For Needy Families (TANF)** - The federal welfare program established in 1996 that combined the Aid to Families with Dependent Children (AFDC) (cash aid) and the JOBS Opportunities and Basic Skills (welfare-to work) programs into one program funded by one federal block grant.

**TANF Client** - Clients eligible for TANF who are receiving assessment and treatment services.

**Tuberculosis (TB) Testing** -Administration and reading of the Intradermal Skin Test, to screen for tuberculosis, by: licensed practitioners within the scope of their practice as defined by state law or by the Department of Health (DOH) WACs; or as provided by a tuberculosis community health worker approved by the DOH.

**Urinalysis** – Analysis of a patient’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.

**Washington Medicaid Integration Partnership (WMIP)** – Voluntary managed care plan for Aged, Blind and Disabled clients in Snohomish County which includes coverage of some chemical and dependency services.

# Chemical Dependency Treatment

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## Who Should Use These Billing Instructions?

- Outpatient chemical dependency treatment centers contracted through the Division of Behavioral Health and Recovery (DBHR), counties with DBHR funds, and the Juvenile Rehabilitation Administration (JRA).
- Detoxification centers contracted by the counties with DBHR funds.

Use these billing instructions and fees in conjunction with your contract/Core Provider Agreement on file with DBHR or your contract with JRA.

*Contract stipulations always take precedence over billing instructions.*

# Client Eligibility

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

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

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

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

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

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

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

## **How Are Chemical Dependency Treatment Services Provided to GA-U Clients?**

GA-U clients receive chemical dependency treatment as part of the treatment expansion population. The treatment services are NOT billed and paid through the Medicaid payment system with the use of the Services Card. The treatment services are billed either to the county for outpatient services or directly to DBHR for residential services. There has been **no change in the payment process** for services to this population.

## **Should Patients Be Transferred from GA-U to ADATSA When Going into Treatment?**

No. The client should remain on GA-U as long as the person continues to be eligible for the GA-U program. GA-U patients should not be transferred to the ADATSA program simply because they have entered into treatment.

## Types of Identification that Verify Eligibility

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

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

**Note:** The Agency recommends you make a photocopy when clients present one of these types of identification, for your file.

Check the identification for the following information:

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

## Are Clients Enrolled in an Agency Managed Care Plan Eligible?

**Yes!** Clients enrolled in a Agency managed care plan are eligible for chemical dependency treatment services outside their plan. The Agency reimburses chemical dependency treatment services through fee-for-service. **No referral is required from the managed care plan when services are provided by DBHR-funded providers.**

When verifying eligibility using ProviderOne, if the client is enrolled in a Agency managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen.

**Note:** To prevent billing denials, please 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 plan. See the Agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Clients who are enrolled in the **Washington Medicaid Integration Partnership (WMIP)** project are an exception to this. In Snohomish County, clients enrolled must receive *outpatient* chemical dependency treatment services through the managed care organization – Molina Healthcare of Washington. An exception to this is opiate substitution treatment. Opiate Substitution treatment is not provided under the WMIP project.

## Medical Identification Description Table

Medical Coverage Group Identifier	Medical Coverage Group	Public Assistance Type	Explanation of Medical Care Coverage
C01	HCS (COPEs) Waiver, DDD Waivers, or Hospice medical	Medical Assistance Only	CN
C95, C99	Hospice medical		MN
D01, D02	Foster Care, Adoption Support, and JRA	Medical Assistance Only	CN
F01	Family	Cash and Medical	TANF cash, CN medical
F02	Family	Short-term Medical Extensions	Up to 12 months CN coverage
F03	Family	Short-term Medical Extensions	4 months CN coverage
F04	Family Related	Medical	CN
F05	Newborn – Apple Health for Kids	Medical	CN for Newborns born to moms eligible for or currently Medicaid on date of delivery
F06	Apple Health for Kids	Medical	Children’s CN up to age 19
F07	Apple Health for Kids – (with Premiums)	Medical Assistance Only	CN scope of care
F09	Family-Related Adults while in hospital	Alien Medical Program	Emergent medical condition-related services coverage while in hospital only for Adults who don’t meet citizenship/alien status requirements. Federally matched Does <b>not</b> pay for chemical dependency treatment.
F10	Family Related	Medical	One month CN certification for those who will be eligible for F04 after that month
F99	Apple Health for Kids (with spenddown)	Medical Assistance Only	MN



## Chemical Dependency Treatment

Medical Coverage Group Identifier	Medical Coverage Group	Public Assistance Type	Explanation of Medical Care Coverage
G01	General Assistance - medical care services	General Assistance- Unemployable (GAU)	Does <i>not</i> pay for chemical dependency treatment thru MMIS State funded Treatment Expansion funds cover outpatient and residential treatment services
G02	General Assistance	General Assistance – Presumptive Disability (GAX)	CN medical
G03, G95, G99	Alternate Living, non-institutional medical	Medical Assistance Only	G03 – CN, G95-MN without spenddown G99 – MN with spenddown
I01	Institution for the Mentally Diseased (IMD) medical	Medical Assistance Only	CN
K01	Family long term care medical	Medical Assistance Only	Institutionalized TANF or Youth Related Medical  Pays for chemical dependency treatment
K03	Alien Emergency Medical - family long term care medical	Medical Assistance Only	Institutionalized TANF or Youth Related Medical  Does not pay for chemical dependency treatment
K95, K99	Family long term care medical	Medical Assistance Only	MN- Pays for chemical dependency treatment
L01 – SSI medical for nursing facility level of care - CN L02 – SSI-related medical CN for nursing facility level of care	Long-term care, nursing facility medical	Medical Assistance Only	CN
L04	AMP for nursing facility	AMP	Does <i>not</i> pay for chemical dependency treatment. Federally matched
L95	Nursing facility Medically Needy (without spenddown)		MN

## Chemical Dependency Treatment

Medical Coverage Group Identifier	Medical Coverage Group	Public Assistance Type	Explanation of Medical Care Coverage
L99	Nursing facility (Medically Needy with spenddown)		MN
M99	Psychiatric Indigent Inpatient	Voluntary Inpatient Psychiatric Services approved by RSN	Does <i>not</i> pay for chemical dependency treatment
P02,	Pregnancy related medical	Medical Assistance Only	CN
P04,	Alien Pregnant Women		CN scope of care
P99	Pregnancy medical with spenddown		Medically Needy
P05, P06	Family Planning Only medical, Take Charge medical	None	Does <i>not</i> pay for chemical dependency treatment thru MMIS
R01, R02, R03 CN	Refugee Programs	Refugee Assistance	CN scope of care 100% federally funded
S01 CN	SSI medical (Aged, Blind, or disabled Adults)	Supplemental Security Income (SSI) Medical	For those who receive SSI cash through Social Security Administration CN medical and CN does cover chemical dependency treatment
S02	SSI-related medical (aged, blind, disabled adults)	Medical Assistance Only	CN Pay for Chemical Dependency treatment
S03	QMB-Medicare Savings Program	None	Provides payment for only Medicare Part A/ Part B premiums, deductibles, coinsurance, and copays. Does <i>not</i> pay for chemical dependency treatment thru MMIS
S04 -QDWI	Qualified Disabled Working Individual		Pays for Medicare Part B premiums. Does <i>not</i> pay for chemical dependency treatment thru MMIS
S05SLMB	Specified Low-Income Medical Beneficiary		Pays for Medicare Part B premiums. Does <i>not</i> pay for chemical dependency treatment thru MMIS

## Chemical Dependency Treatment

Medical Coverage Group Identifier	Medical Coverage Group	Public Assistance Type	Explanation of Medical Care Coverage
S06 - QI	Qualified Individual		Pays for Medicare Part B premiums. Does <i>not</i> pay for chemical dependency treatment thru MMIS
S07	Emergent medical condition related Hospital services only	AMP	Hospital Emergency medical condition-related services coverage only for Adults who don't meet citizenship/alien status requirements. Federally matched Does <i>not</i> pay for chemical dependency treatment thru MMIS
S08	Working Disabled		CN scope of care with premiums
S95- MN without spenddown S99-MN with spenddown	Medically Needy	None	MN does cover chemical dependency treatment
W01, W02, W03	Alcohol and Drug Addiction Treatment and Support Act (ADATSA)	ADATSA	Does <i>not</i> pay for chemical dependency treatment through MMIS  <i>ADATSA funds</i> cover outpatient and residential chemical dependency treatment services.

**Notes:**

- Treatment services for ADATSA clients (W01, W02, and W03) are paid through the county through specific contracts for services to this population.
- Treatment services for GAU clients (G01) are paid through the county contracts under the services to low-income clients and this population may not be charged a fee towards the cost of treatment services.

# Coverage/Limitations

SERVICE	LIMITATION
<b>Acute Detoxification Services</b>	<ul style="list-style-type: none"> <li>• Covered once per day, per patient.</li> <li>• Covered up to a maximum of 3 consecutive days for alcohol detoxification.</li> <li>• Covered up to a maximum of 5 consecutive days for drug detoxification.</li> </ul>
<b>Case Management</b>	<ul style="list-style-type: none"> <li>• Covered up to a maximum of 5 hours per calendar month per patient.</li> <li>• One unit equals 15 minutes.</li> <li>• Must be provided by a certified Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee CDPT.</li> <li>• Cannot be billed for the following activities: outreach, time spent reviewing a certified CDP Trainee’s file notes, internal staffing, writing treatment compliance notes and progress reports to the court, interactions with probation officers, and court reporting.</li> </ul>
<b>Chemical Dependency Assessment</b>	<ul style="list-style-type: none"> <li>• Covered once per treatment episode for each new and returning patient.</li> </ul> <p><b>Note: Do not bill updates to assessments or treatment plans as separate assessments.</b></p>
<b>CA Initial Screen</b>	<ul style="list-style-type: none"> <li>• Covered once per patient.</li> <li>• Do not bill if the Expanded Assessment has been completed and billed or until 60 days after the screen was completed, the sample collected, and the patient did not return to complete the assessment.</li> <li>• Covered only as a component of an expanded assessment for CA-referred clients.</li> </ul>
<b>Expanded Chemical Dependency Assessment</b>	<ul style="list-style-type: none"> <li>• Covered for new and returning patients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services by the same agency.</li> <li>• If an Initial Screen has been billed for a Division of Children &amp; Family Services (DCFS) referred patient, the billing for the expanded assessment must be reduced by the amount of the initial screen, as the Initial Screen is a component of the expanded assessment for a DCFS patient.</li> </ul>

## Chemical Dependency Treatment

SERVICE	LIMITATION
<b>Intake Processing</b>	<ul style="list-style-type: none"> <li>Covered for new and returning patients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services, except for an assessment, by the same agency.</li> </ul>
<b>Individual Therapy – DBHR-Contracted Providers</b>	<ul style="list-style-type: none"> <li>Covered up to a maximum of 3 hours per day, per client.</li> <li>Individual therapy is covered only when provided for a minimum of 15 minutes.</li> <li>One unit equals 15 minutes. After the first 15 minutes, each additional unit is billed after it is begun rather than after it is finished (ex: when a session lasts 17 minutes it is billed as two units).</li> </ul> <p><b>Note:</b> When family members attend an individual session either in lieu of, or along with, the primary patient, the session may be claimed only once regardless of the number of family members present.</p>
<b>Individual Therapy Full Visit- JRA</b>	<ul style="list-style-type: none"> <li>One unit covered per day, per client.</li> <li>One unit equals one hour.</li> <li>Individual therapy is covered only when provided for a minimum of one hour.</li> <li>Billable only for providers who hold contracts established through JRA.</li> </ul> <p><b>Note:</b> When family members attend an individual session either in lieu of or along with the primary patient, the session may be claimed only once regardless of the number of family members present.</p>
<b>Individual Therapy Brief Visit - JRA</b>	<ul style="list-style-type: none"> <li>Covered once per day, per client.</li> <li>A session of 15 minutes to 45 minutes in duration constitutes a brief visit.</li> <li>Billable only for providers who hold contracts established through JRA.</li> </ul> <p><b>Note:</b> When family members attend an individual session either in lieu of or along with the primary patient, the session may be claimed only once regardless of the number of family members present.</p>

**Chemical Dependency Treatment**

<b>SERVICE</b>	<b>LIMITATION</b>
<b>Intensive Youth Case Management - JRA</b>	<ul style="list-style-type: none"> <li>• Covered once per calendar month for clients under 21 years of age.</li> <li>• Services may be performed only for youth in the CDDA program by the providers identified by JRA and who hold contracts established through JRA.</li> </ul>
<b>Group Therapy</b>	<ul style="list-style-type: none"> <li>• Covered up to a maximum of 3 hours per day.</li> <li>• Claims for group therapy may be made only for those eligible clients or their families within the group.</li> <li>• One unit equals 15 minutes.</li> <li>• Group therapy is covered only when provided for a minimum of 45 minutes (3 units) up to a maximum of 3 hours (12 units) per client, per day.</li> <li>• Acupuncture is considered a group therapy procedure for the primary client only if a CDP or CDPT is present during the activity.</li> </ul> <p><b>Note:</b> When family members attend a group therapy session either in lieu of or along with the primary client, the session may be claimed only once regardless of the number of family members present.</p>
<b>Opiate Substitution Treatment</b>	<ul style="list-style-type: none"> <li>• Covered once per day while a client is in treatment.</li> </ul>
<b>Sub-Acute Detoxification Services</b>	<ul style="list-style-type: none"> <li>• Covered once per day, per client.</li> <li>• Covered up to a maximum of 3 consecutive days for alcohol detoxification.</li> <li>• Covered up to a maximum of 5 consecutive days for drug detoxification.</li> </ul>
<b>Tuberculosis (TB) Testing</b>	<ul style="list-style-type: none"> <li>• TB testing is a covered service when provided by a licensed practitioner within the scope of his/her practice as defined by state law or by the Department of Health, Washington Administrative Code (WACs), or as provided by a tuberculosis community health worker approved by the DOH.</li> </ul>
<b>Urinalysis-Drug Testing</b>	<ul style="list-style-type: none"> <li>• Urinalysis-drug testing is covered only for methadone patients and pregnant women.</li> <li>• Treatment agencies must establish protocols with DBHR's contracted provider laboratory to send UAs to the laboratory.</li> <li>• The Agency pays for UAs only when provided by DBHR's contracted provider.</li> <li>• Limit of four (4) UAs per month while actively in treatment services.</li> </ul> <p><b>Call DBHR at 1-877-301-4557 for more information.</b></p>

***Do not bill for case management or intensive case management under the following situations:***

- If a pregnant woman is receiving Infant Case Management (ICM) services under the Agency's First Steps Program;
- If a person is receiving Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) case management services through the Department of Health (DOH);
- If a youth is on parole in a non-residential setting and under the Juvenile Rehabilitation Administration's (JRA) supervision. Youth served under the Chemical Dependency Disposition Alternative (CDDA) program are **not** under JRA supervision;
- If a youth is in foster care through the DCFS; and
- If a person is receiving case management services through any other funding source from any other Agency system (i.e. person enrolled in Mental Health with a Primary Health Provider).

***(Billing for case management under these situations is prohibited because federal financial participation is being collected by the Agency or Agency designee, DOH, DCFS, JRA, or the Division of Behavioral Health and Recovery [DBHR] for these clients.)***

**Note:** Services provided to children less than 10 years of age must be pre-approved by the county entity contracted with DBHR.

# Coverage Table

## DBHR Alcohol and Drug Treatment Outpatient Services

**Note:** Billing for Chemical Dependency Disposition Alternative (CDDA) locally sanctioned and CDDA committable services is restricted to those providers who are contracted to provide services to CDDA youth through a Juvenile Rehabilitation Administration (JRA) contract.

Visit the Agency online for a current [fee schedule](#).

Procedure Codes- Modifier		HCPCS/ CPT Code Description	Service	Taxonomy Code
General	CJTA * Funded			
H0003-HF		Alcohol and/or drug screening	CA Initial Screening	261QR0405X
H0001-TG		Alcohol and/or drug assessment, complex/high tech level of care	DCFS Expanded Chemical Dependency Assessment	261QR0405X
H0001-HF	H0001-HZ	Alcohol and/or drug assessment, substance abuse program	Chemical Dependency Assessment	261QR0405X
H0001-HD		Alcohol and/or drug assessment, pregnant/parenting women's program	Pregnant & Postpartum Women Assessment	261QR0405X
H0002-HF	H0002-HZ	Screening for admission to treatment program	Intake Processing	261QR0405X
H2033 - HF	H2033 - HZ	Multisystemic therapy for juveniles, per 15 minutes	18-20 year old determined better served in Group Therapy - Youth Outpatient Facility. Limited to 3 hours per day.	261QR0405X



## Chemical Dependency Treatment

Procedure Codes- Modifier		HCPCS/ CPT Code Description	Service	Taxonomy Code
General	CJTA * Funded			
96154-HF	96154-HZ	Health and behavior intervention, family with patient present	Individual Therapy with Client Present	261QR0405X
96155-HF	96155-HZ	Health and behavior intervention, family with patient present	Individual Therapy Without Client Present	261QR0405X
96153-HF	96153-HZ	Health and behavior intervention, group	Group Therapy	261QR0405X
T1017-HF	T1017-HZ	Targeted case management, each 15 minutes	Case Management	251B00000X
H0020-HF	H0020-HZ	Methadone administration and/or service	Opiate Substitution Treatment	261QM2800X
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	261QR0405X

**\*CJTA = Criminal Justice Treatment Account**

**Juvenile Rehabilitation Administration  
Alcohol and Drug Treatment  
Outpatient Services**

Procedure Codes- Modifier		HCPCS/CPT Code Description	Service	Taxonomy Code
CDDA* Locally Sanctioned	CDDA Committable			
H0001-U7	H0001-H9	Alcohol /or drug assessment; Substance Abuse Program	Chemical Dependency Assessment	261QR0405X
H0002-U7	H0002-H9	Screening for admission to treatment program	Intake Processing	261QR0405X
H2035-U7	H2035-H9	Alcohol and/or drug treatment program, per hour	Individual Therapy – Full Visit (Minimum 1 hour)	261QR0405X
H0047-U7	H0047-H9	Alcohol and/or drug abuse services, not otherwise specified	Individual Therapy - Brief Visit (15-45 minutes for Individual and/or family)	261QR0405X
96153-U7	96153-H9	Health and behavior Intervention, group	Group Therapy	261QR0405X
H0006-U7	H0006-H9	Health and behavior Intervention, group	Intensive Youth Case Management	251B00000X
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	261QR0405X

**\*CDDA = Chemical Dependency Disposition Alternative**

**Note:** Billing for these services is restricted to those providers who are contracted to provide services to CDDA youth through a JRA contract.

## DBHR Alcohol and Drug Detoxification Services

Procedure Codes- Modifier		HCPCS/CPT Code Description	Service	Taxonomy Code
General	CJTA* Funded			
H0011-HF	H0011-HZ	Alcohol /or drug services; acute detoxification	Acute Detoxification Services	324500000X
H0010-HF	H0010-HZ	Alcohol /or drug services; sub acute detoxification	Sub-Acute Detoxification Services	324500000X
H2036-HF	H2036-HZ	Alcohol /or drug Treatment program, per diem	Room and Board	324500000X

**Note:** Billing for these services is restricted to those providers who are currently certified through DBHR and contracted with the counties to provide these services.

Visit the Agency online for a current [fee schedule](#).

**\*CJTA = Criminal Justice Treatment Account**

# Billing and Claim Forms

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## What Are the General Billing Requirements?

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

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency 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; and
- Record keeping requirements.

## What Are the Record Keeping Requirements Specific to Chemical Dependency Treatment Providers?

- A chemical dependency assessment and history of involvement with alcohol and other drugs;
- Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews;
- Date, duration, and content of counseling and other treatment sessions;
- Progress notes as events occur, and treatment plan reviews as specified under each treatment service or Chapter 388-805 WAC;
- Release of information form signed by the patient to share information with the Agency;
- A copy of the continuing care plan signed and dated by the CDP and the patient; and
- The discharge summary.

## Do I Have to Bill Medicare if a Client has Medicare Coverage?

You do not need to bill Medicare prior to billing the Agency or Agency designee for chemical dependency treatment services. Medicare does not pay for chemical dependency treatment services provided in freestanding outpatient treatment centers unless the services are actually provided by a physician (not just overseen by a physician).

## Fee Schedule

You may view the Agency’s Chemical Dependency Treatment [Fee Schedule](#)

## Completing the CMS-1500 Claim Form

**Note:** Refer to the Agency’s [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to the Chemical Dependency Treatment program:

Field No.	Name	Entry
24B.	Place of Service	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <p style="text-align: center;"><b>Code Number    To Be Used For</b></p> <p style="margin-left: 40px;">07      Tribal 638 free-standing facility</p> <p style="margin-left: 40px;">08      Tribal 638 provider</p> <p style="margin-left: 40px;">50      Federally Qualified Health Center (FQHC)</p> <p style="margin-left: 40px;">55      Residential Substance Abuse Treatment Facility</p> <p style="margin-left: 40px;">57      Non-residential Substance Abuse Treatment Facility</p> <p style="background-color: #e6f2ff; padding: 5px;"><b>Note:</b> Place of Service codes have been expanded to include all places of service related to providing chemical dependency treatment services.</p>

**Chemical Dependency Treatment**

CMS-1500 Field Number	Diagnosis Code	Criteria for Youth and Pregnant Women with Diagnosis of Substance Abuse
Limited to assessment and outpatient treatment services.		
24E.	Enter one of the following:  30390 (alcohol dependency); 30490 (drug dependency);  30500 (alcohol abuse); 30590 (drug abuse).  A diagnosis code is required on each line billed.	Clients with a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of substance abuse or substance dependence;  Meet medical necessity criteria as stated in American Society of Addiction Medicine (ASAM) Patient Placement Criteria; and are  Youth between the ages of 10 and 20; or  Pregnant Women