



**CHEMICAL DEPENDENCY  
(Outpatient)  
Provider Guide**

July 1, 2014

Washington State  
Health Care Authority

## About this guide\*

This publication, by the Health Care Authority (agency), this publication takes effect July 1, 2014 and supersedes earlier guides to this program.

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
	No change at this time	

## How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency's [Provider Publications](#) website.

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\* This publication is a billing instruction.

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**Alert!** The page numbers in this table of contents are now “clickable”—do a “control + click” on a page number to go directly to a spot. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks on the left side of the document. If you don’t immediately see the bookmarks, right click on the gray area next to the document and select Page Display Preferences. Click on the bookmark icon on the left.)

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# Resources Available

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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
Finding out about payments, denials, claims processing, or agency managed care organizations	
Electronic or paper billing	
Finding agency documents (e.g., provider guides, provider notices and fee schedules)	
Private insurance or third-party liability, other than agency managed care	
Questions regarding policy or payment rates	<p>The Division of Behavioral Health and Recovery                      PO Box 45330                      Olympia, WA 98504-5330                      360-725-3700                      And ask for the Medicaid Specialist.</p> <p style="text-align: center;"><b>-or-</b></p> <p>Juvenile Rehabilitation Administration                      PO Box 45720                      Olympia, WA 98504-5720                      360-902-8105</p>

# Definitions

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This list defines terms and abbreviations, including acronyms, used in this provider guide. See the agency's [Washington Apple Health Glossary](#) for a more complete list of definitions.

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

**Alcoholism** - A disease characterized by all of the following:

- 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
- 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 according to WAC 388-877 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 [388-810](#) WAC or its successor. For the purpose of determining eligibility for Chemical Dependency Disposition Alternative (CDDA), the set of activities will include completion of all of the following:

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

**Case management** – Services provided by a Chemical Dependency Professional (CDP) or CDP Trainee to 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–**

Specific to clients referred by the Children’s Administration, the initial screen is when the chemical dependency agency begins the assessment process, completes the initial short assessment (GAIN-SS) and urinalysis, but does not complete the expanded assessment due to the client failing to return to complete the expanded assessment.

**Criminal justice funding sources** – Several funding sources are available for use as the state match portion of Medicaid chemical dependency treatment services for offenders. These funding sources are:

- **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.
- **Repeat Driving Under the Influence (RDUI)** –A fund authorized by the state Legislature to provide court ordered community-based substance abuse treatment alternatives for offenders who have a current DUI offense and at least one DUI conviction within ten years of the current driving offense. The individual must also have a chemical dependency condition as assessed by a certified chemical dependency professional.

- **State Drug Court** - A fund authorized by the state Legislature to provide community-based substance abuse treatment alternatives for offenders with an addiction or substance abuse problem enrolled in a drug court located in Washington State. State Drug Court can only be provided by providers under contract with the following counties:

- ✓ Clallam
- ✓ Cowlitz
- ✓ King
- ✓ Kitsap
- ✓ Pierce
- ✓ Skagit
- ✓ Spokane
- ✓ Thurston

**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.

- **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 388-877 WAC or their successors.

- **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 388-877 WAC or its 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.

## Chemical Dependency Treatment

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

**Drug addiction** - A disease characterized by all of the following:

- 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
- 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.

**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 all of the following are met:

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

**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 388-877 WAC or its successor. Intake processing includes obtaining a written recommendation for chemical dependency treatment services from a referring licensed health care practitioner.



## Chemical Dependency Treatment

**Intensive Youth Case Management** – Services provided by a certified CDP or CDPT acting as a case manager. These services are for youth who are both of the following:

- Under the CDDA program
- 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.

**Opiate Substitution Treatment (OST)** – Services provided to patients in accordance with Chapter 388-877 WAC or its successor. Services are consistent with all state and federal requirements and good treatment practices and 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 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 (Methadone, Suboxone, or Buprenorphine) 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
- 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.

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

**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.

**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 this provider guide?

- 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 this provider guide 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 provider guides.**

# 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.

## What types of identification 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
- A printout of the client's eligibility inquiry screen from ProviderOne

**Note:** The agency recommends making a photocopy for the file when clients present one of these types of identification.

Check the identification for all of the following information. Look for:

- 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)
- Retroactive or delayed certification eligibility dates, if any

## How are chemical dependency treatment services provided to medical care services (MCS) clients billed?

MCS 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 MCS to ADATSA when going into treatment?

**No.** The client should remain on MCS as long as the person continues to be eligible for the MCS program. MCS clients should not be transferred to the ADATSA program simply because they have entered into treatment.

## Are clients enrolled in an agency managed care organization eligible?

**Yes!** Clients enrolled in an agency managed care organization (MCO) 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.**

**Note:** See the Division of Behavioral Health and Recovery (DBHR) [Crosswalk](#) for ProviderOne (ACES) coverage group codes.

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

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 (OST). OST is not provided under the WMIP project.

## Chemical Dependency Treatment

**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 plan. See the agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

# 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:</b> Do not bill updates to assessments or treatment plans as separate assessments.</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 Children’s Administration (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 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 patient.</li> </ul>



**Chemical Dependency Treatment**

<b>SERVICE</b>	<b>LIMITATION</b>
<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>• Individual therapy is covered only when provided for a minimum of 15 minutes.</li> <li>• One unit equals 15 minutes After the first 15 minutes, each additional unit is billed after it has begun rather than after it is finished (e.g., 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 - Juvenile Rehabilitation Administration (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>
<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 Chemical Dependency Disposition Alternative (CDDA) program and</li> </ul>

**Chemical Dependency Treatment**

<b>SERVICE</b>	<b>LIMITATION</b>
	by the providers identified by JRA and who hold contracts established through JRA.
<b>Group Therapy</b>	<ul style="list-style-type: none"> <li>• Claims for group therapy may be made only for those eligible clients or their families within the group</li> <li>• One unit equals 15 minutes</li> <li>• Group therapy is covered only when provided for a minimum of 45 minutes (3 units)</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 Covered up to a maximum of three consecutive days for alcohol detoxification</li> <li>• Covered up to a maximum of five 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 eight UAs per month while actively in treatment services</li> </ul> <p><b>Call DBHR at 877-301-4557 for more information.</b></p>

**Do not bill for case management or intensive case management:**

- 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 JRA supervision. CDDA program are **not** under JRA supervision.
- If a youth is in foster care through the DCFS.
- If a person is 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, JRA, or the Division of Behavioral Health and Recovery (DBHR) for these clients.**

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

# Coverage Table

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## DBHR Alcohol and Drug Detoxification Services

Procedure Codes Modifier		Code Description	Service	Taxonomy
General	CJFS <sup>†</sup>			
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

Billing DBHR Alcohol and Drug Detoxification services is limited to providers who are currently certified through DBHR and contracted with the counties to provide these services.

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<sup>†</sup> Criminal Justice Funding Sources

## DBHR Alcohol and Drug Treatment Outpatient Services

Procedure Codes-Modifier		Code Description	Service	Taxonomy
General	CJFS <sup>‡</sup>			
H0003-HF		Alcohol and/or drug screening	CA Initial Screening	261QR0405X
H0001-TG		Alcohol and/or drug assessment, complex/high tech level of care	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
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 without patient present	Individual Therapy Without Client Present	261QR0405X
96153-HF	96153-HZ	Health and behavior intervention, family without patient present	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

<sup>‡</sup> Criminal Justice Funding Sources

**Note:** Claims submitted for the three criminal justice funding sources must use the procedure codes listed above. Which of the following three criminal justice funding sources is used will depend on what, if anything, is placed in the *Claim Note* field:

1. Repeat Driving Under the Influence – Insert “SCI=RD”
2. State Drug Court – Insert “SCI=SD”
3. Criminal Justice Treatment Account – Leave blank.

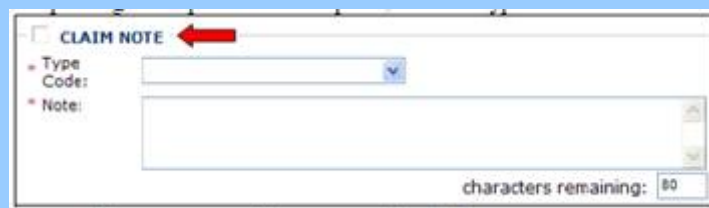
For instructions on how to add information to the Claim Note field:

Go to Key Step 3a in the [Submit Fee-for-Service Claims to Medical Assistance](#) section of the *Provider One Billing and Resource Guide*.

Go to the subsection titled *Submitting a Professional Claim*.

Scroll down until you find the following picture (see below).

- In the Type Code field select the choice titled “ADD – Additional”
- Follow the instructions for entering text in the *Claim Note* field.



See the agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to add information into the claim note field.

## Juvenile Rehabilitation Administration Alcohol and Drug Treatment Outpatient Services

Billing for Chemical Dependency Disposition Alternative—Locally Sanctioned (CDDA-LS) and Chemical Dependency Disposition Alternative—Committable (CDDA-C) services is restricted to providers who are contracted to provide services to CDDA youth through a Juvenile Rehabilitation Administration (JRA) contract. See the agency’s [ProviderOne Billing and Resource Guide](#) for instructions on completing the claim note field.

Procedure Codes-Modifier		Code Description	Service	Taxonomy
CDDA-LS	CDDA-C			
H0001-U7	H0001-H9	Alcohol/or drug Assessment for the 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

# 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:

- 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 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 388-877 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
- The discharge summary



## What if a client has Medicare coverage?

Medicare does not pay for chemical dependency treatment services provided in freestanding out-patient treatment centers unless the services are actually **provided** by a physician (not just **over-seen** by a physician). Do not bill Medicare prior to billing the agency or agency designee for chemical dependency treatment services.

## Fee schedule?

See the agency’s Chemical Dependency [Fee Schedule](#)

## How is the UB-04 claim form completed?

**Note:** See 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 program:

Field No.	Name	Entry												
24B.	Place of Service	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><u>Code Number</u></th> <th style="text-align: left;"><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td>07</td> <td>Tribal 638 free-standing facility</td> </tr> <tr> <td>08</td> <td>Tribal 638 provider</td> </tr> <tr> <td>50</td> <td>Federally Qualified Health Center (FQHC)</td> </tr> <tr> <td>55</td> <td>Residential Substance Abuse Treatment Facility</td> </tr> <tr> <td>57</td> <td>Non-residential Substance Abuse Treatment Facility</td> </tr> </tbody> </table> <div style="background-color: #e6f2ff; padding: 5px; margin-top: 10px;"> <p><b>Note:</b> Place of Service codes have been expanded to include all places of service related to providing chemical dependency treatment services.</p> </div>	<u>Code Number</u>	<u>To Be Used For</u>	07	Tribal 638 free-standing facility	08	Tribal 638 provider	50	Federally Qualified Health Center (FQHC)	55	Residential Substance Abuse Treatment Facility	57	Non-residential Substance Abuse Treatment Facility
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57	Non-residential Substance Abuse Treatment Facility													

**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.	For youth between the ages of 10 and 20, both of the following must be met: Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of substance abuse or substance dependence.  Medical necessity criteria as stated in Ameri- can Society of Addiction Medicine (ASAM) Patient Placement Criteria must be met.  <p align="center"><b>OR</b></p> The client is a pregnant woman.