Notice: We launched a new web site. As a result, past versions of the billing guide, such as this one, have broken hyperlinks. Please review the current guide for the correct hyperlinks.
About this guide*

This publication, by the Health Care Authority (agency), this publication takes effect July 1, 2015, 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?

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<tr>
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<th>Change</th>
<th>Reason for Change</th>
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<tr>
<td><strong>Program name and title of provider guide</strong></td>
<td>Chemical dependency has changed to substance use disorder</td>
<td>Policy change</td>
</tr>
<tr>
<td><strong>Who can receive substance use disorder treatment services?</strong></td>
<td>Enrollees must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of substance use disorder and must meet medical necessity criteria as stated in the American Society of Addiction Medicine (ASAM)</td>
<td>Policy clarification</td>
</tr>
<tr>
<td><strong>Coverage Limitations</strong></td>
<td>Removed Expanded Chemical Dependency Assessment</td>
<td>Policy change</td>
</tr>
<tr>
<td></td>
<td>Removed limit of eight UAs per month</td>
<td>There is no limit on the number of UAs allowed</td>
</tr>
<tr>
<td><strong>DBHR Alcohol and Withdrawal Management Services</strong></td>
<td>Added footnote to alcohol or drug treatment program per diem</td>
<td>Clarification that room and board is not a billable Medicaid service</td>
</tr>
<tr>
<td><strong>How is the CMS 1500 claim form completed?</strong></td>
<td>Added footnote for drug and alcohol abuse codes</td>
<td>The codes no longer exist under the DSM-V.</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>Housekeeping changes throughout. Updated program names, code information, terms, and definitions.</td>
<td>Policy changes</td>
</tr>
</tbody>
</table>

* This publication is a billing instruction.
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.

<table>
<thead>
<tr>
<th>Copyright disclosure</th>
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<tbody>
<tr>
<td>Current Procedural Terminology copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.</td>
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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.)
## Resources Available

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<th>Contact Information</th>
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<tr>
<td>Becoming a provider or submitting a change of address or ownership</td>
<td>See the agency’s <a href="#">Resources Available</a> web page</td>
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<tr>
<td>Finding out about payments, denials, claims processing, or agency managed care organizations</td>
<td></td>
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<td>Electronic or paper billing</td>
<td></td>
</tr>
<tr>
<td>Finding agency documents (e.g., provider guides and fee schedules)</td>
<td></td>
</tr>
<tr>
<td>Private insurance or third-party liability, other than agency managed care</td>
<td></td>
</tr>
<tr>
<td>Questions regarding policy or payment rates</td>
<td>The Division of Behavioral Health and Recovery</td>
</tr>
<tr>
<td></td>
<td>PO Box 45330</td>
</tr>
<tr>
<td></td>
<td>Olympia, WA 98504-5330</td>
</tr>
<tr>
<td></td>
<td>360-725-3700</td>
</tr>
<tr>
<td></td>
<td>And ask for the Medicaid Specialist.</td>
</tr>
<tr>
<td></td>
<td>-or-</td>
</tr>
<tr>
<td></td>
<td>Juvenile Justice Rehabilitation Administration</td>
</tr>
<tr>
<td></td>
<td>PO Box 45720</td>
</tr>
<tr>
<td></td>
<td>Olympia, WA 98504-5720</td>
</tr>
<tr>
<td></td>
<td>360-902-8105</td>
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</tbody>
</table>
Definitions

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.

**Agency** - The Washington State Health Care Authority.

**Alcohol abuse** - (Use of this definition ends September 30, 2015.) Use of alcohol in amounts dangerous to individual health or safety.

**Alcoholism** - (Use of this definition ends September 30, 2015.) 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 or alcohol abuse treatment (outpatient)** - (Effective October 1, 2015, the new term will be Substance use disorder treatment - outpatient.) Medical and rehabilitative social services provided to an eligible enrollee 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 enrollees assessed as needing treatment and admitted into treatment. Services are provided to assist enrollees 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 enrollees in treatment.

**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** – An evaluation specifically for enrollees referred by the Children’s Administration, where the substance use disorder agency begins the assessment process, completes the initial short assessment (GAIN-SS) and urinalysis, but does not complete the expanded assessment due to the enrollee’s failure to return and complete the expanded assessment.

**Courtesy dosing** - Temporary dosing from another approved opiate substitution treatment facility when the enrollees are away from their home clinic.

**Criminal justice funding sources** - Several funding sources are available for use as the state match portion of Medicaid substance use disorder 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 substance use disorder 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

**Division of Behavioral Health and Recovery (DBHR)** - The Division of Behavioral Health and Recovery (DBHR), Department of Social and Health Services, provides support for men-
tal health, substance use disorder, 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 substance use disorder 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 disorder. 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 enrollees more effectively and efficiently than before.

**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 or drug abuse treatment** - Medical and rehabilitative social services provided to an eligible enrollee 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.

**Enrollee** - A person receiving substance use disorder services from a DBHR-certified agency.

**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 enrollee
- The services are documented in the enrollee case file in the progress notes

**Individual therapy** - A planned therapeutic or counseling activity provided to an eligible enrollee 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 enrollee 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 enrollee present or to an enrollee without the family 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 substance use disorder 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 both of the following:

- Under the CDDA program
- In need of substance use disorder treatment services

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

**Juvenile Justice Rehabilitation Administration (JJRA)** - 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 enrollees 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 enrollees
- HIV screening, counseling, and testing referral
- Courtesy dosing

*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.

**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.

**Substance use disorder** - An alcohol or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

**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 enrollee** - Enrollees 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 an enrollee’s urine sample for the presence of alcohol or controlled substances by a licensed laboratory or a provider who is exempted from licensure by the Department of Health.

**Withdrawal management** – Care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs.

- **Acute withdrawal management** – A method of withdrawing an enrollee from alcohol or other drugs where nursing services and medications are routinely administered under physician supervision to facilitate the enrollee’s withdrawal. Services include medical screening of enrollees, medical detoxification of enrollees, counseling of enrollees regarding their illness, to stimulate motivation to obtain further treatment, and referral of detoxified enrollees to other appropriate treatment programs. Acute Detoxification services include all services in Chapter 246-337 WAC and Chapter 388-877 WAC or its successors.

- **Sub-acute withdrawal management** – A method of withdrawing an enrollee 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 enrollees, not staff. Services include screening of enrollees, non-medical detoxification of enrollees, counseling of enrollees regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified enrollees 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.
Substance Use Disorder Treatment

Who should use this provider guide?

- Outpatient substance use disorder treatment centers contracted through the Division of Behavioral Health and Recovery (DBHR), counties with DBHR funds, and the Juvenile Justice Rehabilitation Administration (JJRA)

- Withdrawal Management (Detoxification) centers contracted by the counties with DBHR funds

Use this provider guide and fees in conjunction with your county contract or Core Provider Agreement on file with the Health Care Authority or your contract with JJRA.

*Contract stipulations always take precedence over provider guides.*
Enrollee Eligibility

Who can receive substance use disorder treatment services?

Enrollees must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of substance use disorder, mild, moderate, or severe in order to receive services.

Enrollees must meet medical necessity criteria as stated in the American Society of Addiction Medicine (ASAM).

How can I verify an enrollee’s eligibility?

Providers must verify that an enrollee has Washington Apple Health coverage for the date of service, and that the enrollee’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 enrollee’s eligibility for Washington Apple Health. For detailed instructions on verifying an enrollee’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 enrollee’s benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health enrollee’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 enrollees may submit an application for health care coverage in one of the following ways:

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

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

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’s designee
- A printout of a medical identification screen from the enrollee’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 a client presents identification.
Check the identification for all of the following information:

- Beginning and ending eligibility dates. The enrollee'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

**Are clients enrolled in an agency-contracted managed care organization eligible?**

**Yes.** Clients enrolled in an agency managed care organization (MCO) are eligible for substance use disorder treatment services outside their plan. The agency reimburses substance use disorder 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-contracted managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen.

**Note:** To prevent billing denials, check the client’s eligibility **before** 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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>LIMITATION</th>
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</thead>
</table>
| **Acute Withdrawal Management** | • Covered once per day, per enrollee  
                                  • Covered up to a maximum of 3 consecutive days for alcohol withdrawal management  
                                  • Covered up to a maximum of 5 consecutive days for drug withdrawal management |
| **Case Management**          | • One unit equals 15 minutes  
                                  • Covered up to a maximum of 5 hours per calendar month per enrollee.  
                                  • Must be provided by a certified Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee CDPT  
                                  • 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 |
| **Substance Use Disorder Assessment** | • Covered once per treatment episode for each new and returning enrollee |
|                              | **Note:** Do not bill updates to assessments or treatment plans as separate assessments. |
| **CA Initial Screen**        | • Covered only as a component of an expanded assessment for Children’s Administration (CA)-referred enrollees  
                                  • Covered once per enrollee  
                                  • 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 enrollee did not return to complete the assessment. |
| **Intake Processing**        | • Covered for new and returning enrollees 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 |
## Substance Use Disorder

### Service Limitation

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>LIMITATION</th>
</tr>
</thead>
</table>
| Individual Therapy – DBHR-Contracted Providers | • Individual therapy is covered only when provided for a minimum of 15 minutes.  
    • 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)  
  **Note:** When family members attend an individual session either in lieu of, or along with, the primary enrollee, the session may be claimed only once, regardless of the number of family members present. |
| Individual Therapy Full Visit - Juvenile Justice Rehabilitation Administration (JJRA) | • One unit covered per day, per enrollee.  
    • One unit equals one hour.  
    • Individual therapy is covered only when provided for a minimum of one hour.  
    • Billable only for providers who hold contracts established through JJRA.  
  **Note:** When family members attend an individual session either in lieu of or along with the primary enrollee, the session may be claimed only once regardless of the number of family members present. |
| Individual Therapy Brief Visit - JJRA        | • Covered once per day, per enrollee  
    • A session of 15 minutes to 45 minutes in duration constitutes a brief visit.  
    • Billable only for providers who hold contracts established through JJRA  
  **Note:** When family members attend an individual session either in lieu of or along with the primary enrollee, the session may be claimed only once regardless of the number of family members present. |
| Intensive Youth Case Management - JJRA       | • Covered once per calendar month for enrollees under age 21  
    • Services may be performed only for youth in the Chemical Dependency Disposition Alternative (CDDA) program and by the providers identified by JJRA and who hold contracts established through JJRA. |
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>LIMITATION</th>
</tr>
</thead>
</table>
| Group Therapy                | • Claims for group therapy may be made only for those eligible enrollees or their families within the group  
  • One unit equals 15 minutes  
  • Group therapy is covered only when provided for a minimum of 45 minutes (3 units)  
  • Acupuncture is considered a group therapy procedure for the primary enrollee only if a CDP or CDPT is present during the activity  
  
  **Note:** When family members attend a group therapy session either in lieu of or along with the primary enrollee, the session may be claimed only once regardless of the number of family members present.  
  |}

| Opiate Substitution Treatment | • Covered once per day while an enrollee is in treatment.  
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sub-Acute Withdrawal Management | • Covered once per day, per enrollee  
  • Covered up to a maximum of three consecutive days for alcohol withdrawal management  
  • Covered up to a maximum of five consecutive days for drug withdrawal management  
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Tuberculosis (TB) Testing     | • TB testing is a covered service when provided by a licensed practitioner within the scope of 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.  
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Urinalysis-Drug Testing       | • Urinalysis-drug testing is covered only for methadone enrollees and pregnant clients  
  • Treatment agencies must establish protocols with DBHR’s contracted provider laboratory to send UAs to the laboratory  
  • The agency pays for UAs only when provided by DBHR's contracted provider  
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

- If a pregnant client 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 JJRA supervision. CDDA program are not under JJRA 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, JJRA, or the Division of Behavioral Health and Recovery (DBHR) for these enrollees.

Note: Services provided to children age 10 or younger must be pre-approved by the county entity contracted with DBHR.
Coverage Table

DBHR Alcohol and Withdrawal Management Services

<table>
<thead>
<tr>
<th>Procedure Codes Modifier</th>
<th>Code Description</th>
<th>Service</th>
<th>Taxonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>CJFS†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H0011-HF H0011-HZ</td>
<td>Alcohol /or drug services, acute withdrawal management</td>
<td>Acute withdrawal management</td>
<td>3245000000X</td>
</tr>
<tr>
<td>H0010-HF H0010-HZ</td>
<td>Alcohol/or drug services, sub-acute withdrawal management</td>
<td>Sub-acute withdrawal management</td>
<td>3245000000X</td>
</tr>
<tr>
<td>H2036-HF H2036-HZ</td>
<td>Alcohol/or drug treatment program, per diem</td>
<td>Room and Board*</td>
<td>3245000000X</td>
</tr>
</tbody>
</table>

Billing DBHR alcohol and drug withdrawal management services is limited to providers who are currently certified through DBHR and contracted with the counties to provide these services.

* Room and board is not a Medicaid billable service and may be billed to the respective county using an A19 form.

DBHR Alcohol and Drug Treatment Outpatient Services

<table>
<thead>
<tr>
<th>Procedure Codes-Modifier</th>
<th>Code Description</th>
<th>Service</th>
<th>Taxonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>CJFS‡</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H0003-HF H0003-HZ</td>
<td>Alcohol and/or drug screening</td>
<td>CA Initial Screening</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H0001-HF H0001-HZ</td>
<td>Alcohol and/or drug assessment</td>
<td>Substance Use Disorder Assessment</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H0001-HD H0001-HZ</td>
<td>Alcohol and/or drug assessment</td>
<td>Pregnant &amp; Postpartum Assessment</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H0002-HF H0002-HZ</td>
<td>Screening for admission to treatment program</td>
<td>Intake Processing</td>
<td>261QR0405X</td>
</tr>
</tbody>
</table>

† Criminal Justice Funding Sources

CPT® codes and descriptions only are copyright 2014 American Medical Association.
<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Description</th>
<th>Description</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0004-HF</td>
<td>H0004-HZ</td>
<td>Behavioral health counseling and therapy, per 15 minutes</td>
<td>Individual Therapy Without Family Present</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>96153-HF</td>
<td>96153-HZ</td>
<td>Health and behavior intervention, group (2 or more patients)</td>
<td>Group Therapy</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>96154-HF</td>
<td>96154-HZ</td>
<td>Health and behavior intervention, family with patient present</td>
<td>Individual Family Therapy With Enrollee Present</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>96155-HF</td>
<td>96155-HZ</td>
<td>Health and behavior intervention, family without the patient present</td>
<td>Individual Family Therapy Without Enrollee Present</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>T1017-HF</td>
<td>T1017-HZ</td>
<td>Targeted case management, each 15 minutes</td>
<td>Case Management</td>
<td>251B00000X</td>
</tr>
<tr>
<td>H0020-HF</td>
<td>H0020-HZ</td>
<td>Methadone administration and/or service</td>
<td>Opiate Substitution Treatment</td>
<td>261QM2800X</td>
</tr>
<tr>
<td>86580</td>
<td>86580</td>
<td>Tuberculosis test intradermal</td>
<td>Tuberculosis Testing</td>
<td>261QR0405X</td>
</tr>
</tbody>
</table>

**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”

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.
Substance Use Disorder

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See the agency’s ProviderOne Billing and Resource Guide for instructions on how to add information into the claim note field.

Juvenile Justice 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 Justice Rehabilitation Administration (JJRA) contract. See the agency’s ProviderOne Billing and Resource Guide for instructions on completing the claim note field.

<table>
<thead>
<tr>
<th>Procedure Codes-Modifier</th>
<th>Code Description</th>
<th>Service</th>
<th>Taxonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDDA-LS</td>
<td>CDDA-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H0001-U7 H0001-H9</td>
<td>Alcohol/or drug Assessment</td>
<td>Substance Use Disorder Assessment</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H0002-U7 H0002-H9</td>
<td>Screening for admission to treatment program</td>
<td>Intake Processing</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H2035-U7 H2035-H9</td>
<td>Alcohol and/or drug treatment program, per hour</td>
<td>Individual Therapy – Full Visit (Minimum 1 hour)</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H0047-U7 H0047-H9</td>
<td>Alcohol and/or drug abuse services, not otherwise specified</td>
<td>Individual Therapy - Brief Visit (15-45 minutes for Individual and/or family</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>96153-U7 96153-H9</td>
<td>Health and behavior Intervention, group (2 or more patients)</td>
<td>Group Therapy</td>
<td>261QR0405X</td>
</tr>
<tr>
<td>H0006-U7 H0006-H9</td>
<td>Alcohol and/or drug services, case management</td>
<td>Intensive Youth Case Management</td>
<td>251B00000X</td>
</tr>
<tr>
<td>86580 86580</td>
<td>Tuberculosis test intradermal</td>
<td>Tuberculosis Testing</td>
<td>261QR0405X</td>
</tr>
</tbody>
</table>
Billing and Claim Forms

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 an enrollee.
- How to bill for services provided to primary care case management (PCCM) enrollees.
- How to bill for enrollees 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 substance use disorder treatment providers?

- A substance use disorder 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 enrollee to share information with the agency
- A copy of the continuing care plan signed and dated by the CDP and the enrollee
- The discharge summary
What if an enrollee has Medicare coverage?

Medicare does not pay for substance use disorder treatment services provided in freestanding outpatient treatment centers unless the services are actually provided by a physician (not just overseen by a physician). Do not bill Medicare prior to billing the agency or agency designee for substance use disorder treatment services.

Fee schedule?

See the agency’s Substance Use Disorder Fee Schedule.

How is the CMS 1500 claim form completed?

The following CMS-1500 claim form instructions relate to the Substance Use Disorder program:

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Name</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>24B.</td>
<td>Place of Service</td>
<td>The following is the only appropriate code(s) for Washington State Medicaid:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>57</td>
</tr>
</tbody>
</table>

Note: Place of Service codes have been expanded to include all places of service related to providing substance use disorder treatment services.
### Substance Use Disorder

<table>
<thead>
<tr>
<th>CMS-1500 Field Number</th>
<th>Diagnosis Code</th>
<th>Criteria for Assessments, Youth, or Pregnant Clients with Diagnosis of Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Limited to assessment and outpatient treatment services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessments for any client OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For youth between the ages of 10 and 20, both of the following must be met:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of substance abuse or substance dependence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical necessity criteria as stated in American Society of Addiction Medicine (ASAM) Patient Placement Criteria must be met.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The client is pregnant.</td>
</tr>
</tbody>
</table>

* These diagnosis codes no longer exist under the DSM-V. This section will remain until October 1, 2015, and diagnoses will be mild, moderate, or severe.