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.

Substance Use Disorder (Outpatient) Provider Guide

October 1, 2015

Washington State Health Care Authority

About this guide*

This publication takes effect October 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?

Subject	Change	Reason for Change
Definitions	Office of Juvenile Justice replaced Juvenile Justice Rehabilitation Administration here and throughout this guide; revised/updated definitions for "drug abuse," "drug addiction," "drug addiction or drug abuse treatment," and "substance use disorder"	A Juvenile Rehabilitation Administration reorganization included a name change for the Office of Juvenile Justice
Who can receive substance use disorder treatment services?	Added effective date of October 1, 2015	Diagnoses will be aligned with the DSM-5 as mild, moderate, or severe
Coverage Limitations	Added Expanded Substance Use Disorder Assessment section back to the provider guide Removed limitation of coverage as a component of an expanded assessment for Children's Administration (CA) referred enrollees	This section was erroneously removed from the last publication of this provider guide Program change

* This publication is a billing instruction.

Subject	Change	Reason for Change
Office of Juvenile Justice Alcohol and Drug Treatment Outpatient Services	Updated a code description	Housekeeping change
How is the CMS 1500 claim form completed	Added hyperlink to the Agency-Approved Diagnosis Codes.	**Effective for claims with dates of service on or after October 1, 2015,** the agency requires the use of ICD-10 coding. ICD-9 codes may only be used for claims with dates of service before October 1, 2015.

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 of Contents

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

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the agency's Resources Available 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 and fee schedules)	
Private insurance or third-party liability, other than agency managed care	
Questions regarding policy or payment rates	The Division of Behavioral Health and Recovery PO Box 45330 Olympia, WA 98504-5330 360-725-3700 And ask for the Medicaid Specialist. **-or-** Office of Juvenile Justice Rehabilitation Administration PO Box 45720 Olympia, WA 98504-5720 360-902-8105

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 Chapter 388-877 WAC 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 388-877 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.

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 Office of Juvenile Justice (OJJ) within the Department of Social and Health Services' Rehabilitation Administration system to obtain and efficiently utilize necessary medical, social, educational and other services to improve treatment outcomes. A provider must hold a contract with OJJ to provide this service. Minimum standards of performance are issued by OJJ.

Maximum allowable - The maximum dollar amount a provider may be reimbursed by the agency for specific services, supplies, or equipment.

Office of Juvenile Justice (OJJ) - An administration within the Department of Social and Health Services' Rehabilitation Administration responsible for providing a continuum of preventative, rehabilitation, residential,

and supervisory programs for juvenile offenders and their families.

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 388-877-0400(4)(d)(ii)(A). 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. This is only required for the opiate substitution treatment service.

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 - A problematic pattern of substance abuse leading to clinically significant impairment or distress, ranging in severity from mild, moderate, or severe.

Substance use disorder 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.

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 Office of Juvenile Justice (OJJ)

- 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 OJJ.

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

SERVICE	LIMITATION
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.
Initial Screen	• 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.
Expanded Substance Use Disorder Assessment	• 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 by the same agency. • If an initial screen has been billed for a referred enrollee, 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 an enrollee.
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

SERVICE	LIMITATION
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 - Office of Juvenile Justice (OJJ)	• 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 OJJ. **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 - OJJ	• 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 OJJ **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 - OJJRA	• 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 OJJ and who hold contracts established through OJJ.

SERVICE	LIMITATION
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 OJJ supervision. CDDA program are **not** under OJJ 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, OJJ, 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

Procedure Codes Modifier		Code Description	Service	Taxonomy
General	**CJFS**[†]			
H0011-HF	H0011-HZ	Alcohol /or drug services, acute withdrawal management	Acute withdrawal management	324500000X
H0010-HF	H0010-HZ	Alcohol/or drug services, sub-acute with-drawal management	Sub-acute with-drawal management	324500000X
H2036-HF	H2036-HZ	Alcohol/or drug treatment program, per diem	Room and Board*	324500000X

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

Procedure Codes-Modifier		Code Description	Service	Taxonomy
General	**CJFS**[‡]			
H0003-HF		Alcohol and/or drug screening	CA Initial Screening	261QR0405X
H0001-HF	H0001-HZ	Alcohol and/or drug as-sessment	Substance Use Disorder Assessment	261QR0405X
H0001-HD		Alcohol and/or drug as-sessment	Pregnant & Postpartum Women Assessment	261QR0405X
H0002-HF	H0002-HZ	Screening for admission to treatment program	Intake Processing	261QR0405X

[†] Criminal Justice Funding Sources

H0004-HF	H0004-HZ	Behavioral health counseling and therapy, per 15 minutes	Individual Therapy Without Family Present	261QR0405X
96153-HF	96153-HZ	Health and behavior intervention, group (2 or more patients)	Group Therapy	261QR0405X
96154-HF	96154-HZ	Health and behavior intervention, family with patient present	Individual Family Therapy With Enrollee Present	261QR0405X
96155-HF	96155-HZ	Health and behavior intervention, family without the patient present	Individual Family Therapy Without Enrollee Present	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

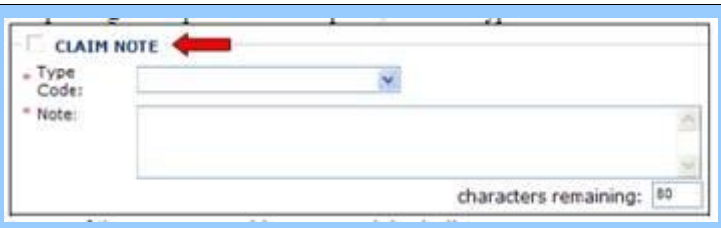
Note: Claims submitted for the three criminal justice funding sources must use the procedure codes listed above. Which of the following three criminal justice funding sources is used will depend on what, if anything, is placed in the *Claim Note* field:

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.

Office of Juvenile Justice Alcohol and Drug Treatment Out-patient 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 an Office of Juvenile Justice (OJJ) 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	Substance Use Disorder 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	Alcohol and/or drug services, case management	Intensive Youth Case Management	251B00000X
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	261QR0405X

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.

Where can I find substance use disorder fee schedules?

See the agency's Substance Use Disorder Fee Schedule.

How is the CMS 1500 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 Substance Use Disorder program:

Field No.	Name	Entry
24B.	Place of Service	The following is the only appropriate code(s) for Washington State Medicaid: **Code Number — To Be Used For** 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 **Note:** Place of Service codes have been expanded to include all places of service related to providing substance use disorder treatment services.

CMS-1500 Field Number	Diagnosis Code	Substance Use Disorder Diagnosis Criteria
Limited to assessment and outpatient treatment services.		
	See the table below for the appropriate ICD code. A diagnosis code is required on each line billed.	Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnosis of mild, moderate, or severe; and Meet medical necessity criteria as stated in American Society of Addiction Medicine (ASAM).

ICD-10 Table

(For use October 1, 2015 - March 31, 2016)*

ABUSE (Mild)			DEPENDENCE (Moderate or Severe)	
F10.10	Alcohol abuse, uncomplicated		F10.20	Alcohol dependence, uncomplicated
F11.10	Opioid abuse, uncomplicated		F11.20	Opioid dependence, uncomplicated
F12.10	Cannabis abuse, uncomplicated		F12.20	Cannabis dependence, uncomplicated
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated		F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F14.10	Cocaine abuse, uncomplicated		F14.20	Cocaine dependence, uncomplicated
F15.10	Other stimulant abuse, uncomplicated		F15.20	Other stimulant dependence, uncomplicated
F16.10	Hallucinogen abuse, uncomplicated		F16.20	Hallucinogen dependence, uncomplicated
F18.10	Inhalant Abuse, Uncomplicated		F18.20	Inhalant Dependence, uncomplicated

* An expanded list will be effective April 1, 2016.