

# Applicability of Various HCA Billing and Encounter Guides for Behavioral Health Services April 8<sup>th</sup>, 2025

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# Meeting Logistics

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- ▶ This meeting is being recorded
- ▶ The intent is for the meeting recording, power point and any handouts are to be shared on the HCA web site, [Service Encounter Reporting Instructions \(SERI\) | Washington State Health Care Authority](#)
- ▶ The meeting recording and documents are open to public disclosure requests.
- ▶ Please do not disclose any private or confidential information.
- ▶ As this is a teaching webinar there will be no formal roll call but please feel free to introduce yourself in the chat.

# Objectives: Intent is...

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- ▶ To offer orientation to the State Plan and how it applies to our behavioral health billing and encountering guidance for Medicaid
- ▶ To discuss differences and similarities of the Service Encounter Reporting Instructions(SERI), the Mental Health Billing Guide (MHBG) and Substance Use Disorder Billing Guide (SUDBG)
- ▶ To review recent changes to the guidance documents

# Objectives: Intent is not...

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- ▶ To provide direction on how to bill or encounter
  - ▶ **Note:** providers should refer to their individual BH-ASO and MCO contracts for billing direction if the individual/client is assigned to an MCO or is BH-ASO funded.
- ▶ To address specific questions, concerns or provide technical assistance as this is meant to be broader and an overview

# The Foundational Elements of Medicaid

# What is the Medicaid State Plan?

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## HCA's Contract with the Federal Government

- ▶ As required under Section 1902 of the Social Security Act, a State Plan is the official description of the nature and scope of programs that use federal Medicaid funds.
- ▶ Without a State Plan, Washington would not be eligible for federal funding for providing services under those programs.
- ▶ Essentially, a State Plan is our state's agreement that it will conform to federal requirements and the official issuances of the United States Department of Health and Human Services (DHHS).
- ▶ It is important to note: "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.

# Mandatory Medicaid Services

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Certified pediatric services	Federally Qualified Health Center (FQHC) services	Nursing facility services
Certified family nurse practitioner services	Home health services	Rural Health Center (RHC) services
Early Periodic Screening, Diagnostic, & Treatment (EPSDT) services	Hospital – inpatient & outpatient services	Tobacco cessation counseling services for pregnant individuals
Family planning services	Laboratory services	Transportation to medical care services
Free-standing birth center services	Nurse midwife services	X-ray services

# Optional Medicaid Services

WA has elected to cover these additional "optional" services as a part of our Medicaid benefit:

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- ▶ Case management services
- ▶ Clinic services
- ▶ Chiropractic services
- ▶ Community First Choice services
- ▶ Dental services
- ▶ Dentures
- ▶ Eyeglasses
- ▶ Hospice services
- ▶ Health homes for enrollees with chronic conditions
- ▶ Inpatient psychiatric services for those under age 21
- ▶ Occupational & physical therapy services
- ▶ Optometry services
- ▶ Other diagnostic, screening, preventive, & rehabilitative services
- ▶ Other practitioners' services
- ▶ Other services provided by the Secretary
- ▶ Personal care services
- ▶ Podiatry services
- ▶ Prescription drugs
- ▶ Prosthetics
- ▶ Respiratory care services
- ▶ Self-directed personal assistance services
- ▶ Services in an intermediate care facility for individuals with intellectual disabilities
- ▶ Services for those over 65 in an institution for mental disease
- ▶ Tuberculosis-related services



# Rehabilitative Services

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## **Attachment 3, Section 13.d of the State Plan**

“Rehabilitative services” outlines how substance use disorder (SUD), problem gambling, and mental health (MH) services provided within a Behavioral Health Agency can be billed directly to HCA or encountered as Medicaid services.



# Other Practitioners' Services

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## **Attachment 3, Section 6.d(2)(3) of the State Plan**

"Other Practitioners' services" outlines how substance use disorder (SUD) and mental health (MH) services provided by DOH credentialed practitioners are approved as Medicaid providers.



# Reference Table

What Guide?	What Part of the State Plan does the guide connect with?	What Providers are eligible to would use it?	What Clients would it apply to?
<b>Service Encounter Reporting Instructions (SERI)</b>	Attachment 3 Section 13d	Licensed community behavioral health agencies (BHAs); Includes both outpatient and inpatient providers; This could include FQHCs who are licensed as BHAs	Includes MCO enrollees and BHSO enrollees in managed care (Medicaid Clients)  Includes BH-ASO Clients (non-Medicaid Clients)
<b>Mental Health Billing Guide (MHBG)Part I</b>	Attachment 3 Section 6d	Independent providers who have agreements for fee-for-service with HCA and independent contracts with MCOs  Rural Health Clinics (RHC)  Federally Qualified Health Centers (FQHC)	Includes MCO enrollees in managed care (Medicaid Clients)  BHSO (behavioral health services only) Clients receiving services  Apple Health Medicare Connect Beneficiaries (historically called duals)  Apple Health Clients without a managed care plan
<b>MHBG Part II</b>	Attachment 3 Section 13d	Licensed community behavioral health agencies (BHAs) who have a core provider agreement and bill directly in ProviderOne, and say they accept Apple Health Clients without a manage care plan	For Apple Health Clients without a managed care plan  American Indians/Alaskan Natives (AI/AN)  Some Foster Care alumni  Apple Health Medicare Connect Beneficiaries (historically called duals)
<b>Substance Use Disorder Billing Guide (SUDBG)</b>	Attachment 3 Section 13d	Same as above for MHBG part II <b>Note:</b> For SUDPs who are not under a BHA they would use the Physician/Professional Billing Guide for 6d services	Same as above for MHBG part II

# Orientation to the Service Encounter Reporting Instructions (SERI) Guide

# What is SERI?

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- ▶ The Service Encounter Reporting Instructions (SERI) is an instruction manual for reporting behavioral health service (State Plan 13d) encounters required by HCA contracts with Managed Care Organizations (MCOs) and Behavioral Health Administrative Services Organizations (BH-ASOs).
  - ▶ [Service Encounter Reporting Instructions \(SERI\) | Washington State Health Care Authority](#)

# What is SERI? (cont.)

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- ▶ SERI outlines the requirements and timelines for reporting:
  - ▶ Type of clinical service provided (e.g., individual versus group counseling, outpatient or inpatient)
  - ▶ The correlating billing codes for the service
  - ▶ How to report duration of the service (number of units or minutes)
  - ▶ When and how to denote program information (was the service a part of specific program, such as Wraparound with Intensive Services/WISe)
  - ▶ What are the allowable provider types for each service (example – what services can be provided by a mental health counselor versus a certified peer counselor)
    - Note: listed taxonomies in SERI are not the only provider taxonomies that are allowable.
    - Note: some taxonomies included in SERI are local to Washington HCA and are not federally recognized. Please see [How to register a National Provider Identifier \(NPI\)](#) for more information.

# What is SERI?: Medicaid or Not?

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- ▶ Medicaid services are determined by the State Plan (SPA), section 13d Rehabilitative Services. For both mental health and substance use disorders services, they are described in the “Medicaid allowable services” sections in SERI. To be covered by Medicaid:
  - ▶ These services must be medically necessary; and
  - ▶ Be provided by the covered provider type/taxonomy listed by each service, follow duration guidelines and any other notes or requirements outlined in SERI.
- ▶ Non-Medicaid services and support services covered by state or other funding sources are described in the “Other services” sections of SERI. To be covered:
  - ▶ These services must be medically necessary; and
  - ▶ Must be provided by a covered provider type/taxonomy listed, follow duration guidelines and any other notes or requirements outlined in SERI.

# A Little More on Who Uses SERI...

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- ▶ Behavioral Health Agencies licensed by the Department of Health, including FQHCs who are also licensed as BHAs, to provide mental health and/or substance use disorder services, who also:
  - ▶ Contract with Managed Care Organizations to provide substance use disorder services to Medicaid enrollees, as allowed under section 13d Rehabilitative Services of the State Plan; and/or
  - ▶ Contract with Managed Care Organizations to provide mental health services to Medicaid enrollees, as allowed under section 13d Rehabilitative Services of the State Plan; and/or
  - ▶ Contract with the Behavioral Health Administrative Service Organization to provide services covered under the BH-ASO contract (example include mobile crisis outreach, designated crisis responders, crisis hotline, etc.).

***The requirement to use SERI should be specified in the provider's contract with the MCO or BH-ASO.***



# When is SERI Published?

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- ▶ A SERI Workgroup is held on a monthly cadence and includes HCA partners from all divisions as well as MCOs and BH-ASOs. During these workgroups, changes being made to the SERI are discussed and vetted prior to publication.
- ▶ Contractually, HCA is required to provide a 90-day notice to MCOs and BH-ASOs, who then notify providers, i.e., publish on April 1 for a July 1 expected implementation. SERI updates are usually twice per year, with interim guidance issued as necessary.
  - ▶ Occasionally, HCA may not be able to give the full 90-day notice; This would happen in situations where HCA is not given enough prior notice of required changes (i.e. legislative changes with less than 90 days implementation requirements, AMA releasing CPT code set changes usually released in November for January implementation, etc.).

# Recent SERI Changes

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- ▶ SERI full version vs. Interim guidance
- ▶ Always look for the Summary of Changes page at the end of a full SERI version for a quick reference to what has changed and where to find it within SERI.
- ▶ Current and historical SERI version documents can be found here:
  - ▶ [Service Encounter Reporting Instructions \(SERI\) | Washington State Health Care Authority](#)
- ▶ You can also sign up for SERI notifications by going here:
  - ▶ [Washington State Health Care Authority \(govdelivery.com\)](#)

# Orientation to the Mental Health Billing Guide (MHBG) and Substance Use Disorder Billing Guide (SUDBG)

# What is the Mental Health Billing Guide (MHBG)?

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- ▶ The Mental Health Billing Guide has two sections:
  - ▶ **Part I:** Billing guidance for Mental Health outpatient and inpatient psychiatric professional services provided by independent practitioners and clinics to bill Medicaid. This section correlates to the providers and services in Section 6d of the State Plan.
  - ▶ **Part II:** Billing guidance for licensed Behavioral Health Agencies (BHAs) who see Apple Health Clients without a managed care plan. This section correlates to providers and services in Section 13d of the State Plan.

# What is the Substance Use Disorder Billing Guide (SUDBG)?

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## ▶ Substance Use Disorder Billing Guide

- ▶ Billing guide for licensed Behavioral Health Agencies (BHAs) who see Apple Health Clients without a managed care plan. This guide correlates to providers and services in 13d of the State Plan.

# When are the MH and SUD Billing Guides Published?

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- ▶ MH and SUD billing guides are published quarterly
  - ▶ Prior to publishing there are internal HCA workgroups to address changes and opportunity to review.
  - ▶ To review quarterly updates, click here:
    - ▶ [Provider billing guides and fee schedules | Washington State Health Care Authority](#)

# Recent MHBG and SUDBG Changes

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- ▶ Always look for the “What has Changed” at the beginning of the document for a quick reference to what has changed and where to find it within the guide.
- ▶ Current and historical MHBG and SUDBG version documents can be found here:
  - ▶ [Provider billing guides and fee schedules | Washington State Health Care Authority](#)
- ▶ You can also sign up for MHBG and SUDBG notifications by going here:
  - ▶ [Washington State Health Care Authority \(govdelivery.com\)](#)

# Tribal Providers

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- ▶ For behavioral health billing guidance, providers would use the Tribal Health Program Billing Guide for tribal claims found here: [Provider billing guides and fee schedules | Washington State Health Care Authority](#); Which, points to the MHBG and SUDBG for overall billing guidance.
- ▶ Tribal Providers who are enrolled with Billing Taxonomy 2083P0901x may use part I of the Mental Health Billing guide
- ▶ Tribal providers who are enrolled with Billing Taxonomy 261QM0801x may use part II of the Mental Health Billing guide
- ▶ Tribal providers who are enrolled with Billing Taxonomy 261QR0405x (or 32450500x or 3245S0500x) may use the SUD Billing guide



# Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)

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- ▶ For behavioral health encounter guidance, providers would use the RHC and FQHC specific guides found here:
  - ▶ [Provider billing guides and fee schedules | Washington State Health Care Authority](#)
- ▶ For behavioral health overall guidance, RHC and FQHC providers who are a Behavioral Health Agency would use part II of the MHBG and the SUDBG.
- ▶ For RHC and FQHC who are clinics would use part I of the MHBG.

# Orientation to the Encounter Data Reporting Guide (EDRG)

# What is the Encounter Data Reporting Guide (EDRG)?

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## ▶ **Encounter Data Reporting Guide**

- ▶ Reporting guide for MCOs and BH-ASOs
- ▶ Reference tool that outlines how to transmit encounter data to HCA's ProviderOne payment system.
- ▶ HCA created this reporting guide for use in combination with the Standard 835, 837, and National Council for Prescription Drug Programs (NCPDP) Implementation Guides and the ProviderOne Encounter Data Companion Guides.
- ▶ The information in this encounter data reporting guide is not intended to change or alter the meaning or intent of any implementation specifications in the standard Implementation Guides.

# When is the Encounter Data Reporting Guide Published?

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- ▶ The EDRG is published periodically
  - ▶ Prior to publishing there are internal HCA workgroups to address changes and opportunity to review.
  - ▶ Always look for the “What has changed” at the beginning of the document for a quick reference to what has changed and where to find it within the guide.
  - ▶ To review the EDRG, click here:
    - ▶ [Current Encounter Data Reporting Guide](#)

# What To Provide When You Send In Inquiries Relating To SERI, ERDG, and/or the MHBG & SUDBG

# Questions and Information to Provide

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- ▶ Helpful information to provide to HCA when sending in an inquiry:
  - ▶ Who you are (name of organization, specific clientele you are providing services to)?
  - ▶ How you and/or your agency is licensed?
  - ▶ Are you designated as a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC)?
  - ▶ Who are you contracting with (e.g., BHA contracting with MCOs) **AND** what services are you contracted to provide?
  - ▶ What guide are you referring to (i.e., SERI, Mental Health, or Substance Use Disorder Billing Guide)?
  - ▶ What kind of services are you providing?
  - ▶ What is your question?

# Who to Connect With and How

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- ▶ **SERI**

- For inquiries, please send to our managed care programs mailbox: [hcamcprograms@hca.wa.gov](mailto:hcamcprograms@hca.wa.gov)

- ▶ **Mental Health Billing Guide and Substance Use Disorder Billing Guide**

- For Mental Health Part I, please send to: [HCAAppleHealthClinicalPolicy@hca.wa.gov](mailto:HCAAppleHealthClinicalPolicy@hca.wa.gov)

- For Mental Health Part II and SUD BG inquiries, please send to our Fee-For-Service mailbox: [ffsquestions@hca.wa.gov](mailto:ffsquestions@hca.wa.gov)

- ▶ **EDRG**

- For inquiries, please send to our HIPAA-Help mailbox: [hipaa-help@hca.wa.gov](mailto:hipaa-help@hca.wa.gov)

# Demonstration, Questions & Answers



# Resources

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- ▶ For current and historical SERI versions:
  - ▶ <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri>
- ▶ For current and historical versions of HCA billing guides and telehealth policies:
  - ▶ <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>
- ▶ State Plan <https://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-state-plan>
  - ▶ Attachment 3: <https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf>
    - ▶ Section 13d: Rehabilitative Services
    - ▶ Section 6d: Other Practitioners' Services

# Resources Continued

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- ▶ Current National Provider Identifier guidance document (Feb 2024):
  - ▶ [How to register a National Provider Identifier \(NPI\)](#)
- ▶ Who is the correct payer guidance document (August 2023)
  - ▶ [providers-identify-payer-table.pdf](#)

# Contact Information

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