

Involuntary Treatment Act (ITA) program

The Involuntary Treatment Act (ITA), Chapter 71.05 RCW (adults age 18 and older) and Chapter 71.34 RCW (minors age 13 to 17), provides for the involuntary detention of people evaluated by a Behavioral Health Organization (BHO), Designated Mental Health Professional (DMHP) and assessed as one of the following:

- A danger to themselves
- A danger to others
- Gravely disabled

Who is eligible for ITA services?

The ITA program applies to all people within the borders of the state of Washington, including people who are not currently eligible for Apple Health (Medicaid). Cross border ITA services are considered non-covered.

The Department will pay the ITA transportation costs for an individual that a DMHP has determined is in need of ITA services. Under no circumstances will the Department pay for transportation costs to or from out-of-state or bordering cities for clients under ITA. Please visit the Department's [Division of Behavioral Health and Recovery \(DBHR\) website](#) for a list of Behavioral Health Organizations (BHO) that you may contact regarding ITA services.

Verifying client eligibility

Electronic billing is only possible when a patient has a valid ProviderOne client identification number. Payment cannot occur until a valid client ID is on the claim. Clients may have existing Medicaid coverage. To verify eligibility please refer to the [ProviderOne Billing and Resource Guide](#) to see what benefit package the client may have and whether or not the services would be covered.

If the patient does not have a ProviderOne client identification number, you must submit a ticket to mmishelp@hca.wa.gov. Enter in the subject line of the ticket "ITA ProviderOne Client ID Request" and attach all required ITA documentation. The agency will review the documentation and respond to the ticket within 24-72 hours with a new ProviderOne client ID number.

Billing for ITA services

Refer to the information above under "Verifying client eligibility" for information on obtaining a ProviderOne client ID. Once a valid ProviderOne client ID is obtained, providers should bill with the special claim indicator **SCI=I** (no spaces before or after the equal sign). For more information on how to enter **SCI=I** as a claim note when billing electronically, refer to the "Submitting Fee-for-Service Claims" section of the [ProviderOne Billing and Resource Guide](#).

NOTE: Transports for court appearances should be billed as ITA services. Court transportation services should be billed to HCA as fee for service. For all other ITA services, if a client has other insurance, bill the other insurer first. If the client is enrolled in an MCO, bill all treatment-related services to the plan.

Backup is required for billing ITA transportation

If the detained individual is not currently eligible for ambulance services, the provider must submit the claim with backup documentation confirming that the transport was for an individual assessed by a DMHP and found to be a danger to self, danger to others, or gravely disabled. Backup documentation must be submitted as an attachment to claims submitted electronically. Review the [ProviderOne Billing and Resource Guide](#) for assistance on submitting backup.

Backup documentation of the detention must be dated within 20 days of the transport and consist of an HCA 14-002 or 13-850 form completed and signed by a DMHP. The forms must include the following:

- The name of the person taken into custody.
- A statement that the person authorized to take custody is authorized pursuant to RCW 70.96A, RCW 71.05, or RCW 71.34.
- A statement that the person is to be taken into custody for the purpose of delivering that person to an evaluation and treatment facility for a period of up to 72 hours excluding Saturdays, Sundays, and holidays.

NOTE: The 72-hour period begins when the evaluation and treatment facility provisionally accepts the person as provided in RCW 71.05.170.

- A statement specifying the name and location of the evaluation and treatment facility where such person will be detained.

When are transportation services covered under ITA?

Both HCA and DBHR cover transportation services for ITA clients when provided from and to:

- The site of initial detention
- A court hearing
- An evaluation and treatment facility
- A psychiatric unit
- A state hospital
- A less restrictive alternative setting (except home)

What transportation services are not payable under ITA?

DBHR does not reimburse providers with ITA funds for non-ITA transportation (e.g., transport to an evaluation and treatment facility of **voluntarily** committed mental health or substance use disorder individuals, or those individuals who need transportation to and from outpatient mental health services).

NOTE: Submit claims to a state hospital for services for a client currently admitted to a state hospital.

Completing the HCA 14-002(MH) or 13-850 (SUD) ITA forms for transportation services

For dates of service on or after January 2016, the provider must use the most current and appropriate (MH or SUD) HCA ITA form for the transport. These forms provide claim information that is not ordinarily captured on the standard claim forms. Please visit the HCA [forms webpage](#) to obtain a copy of the ITA forms.

Court orders generally do not include demographics necessary to create ITA authorization eligibility such as:

- Client Address
- Gender
- Date of Birth
- Date of Detention & Release


If you are submitting a court order as backup documentation, you must also submit a Physician Certification Statement (PCS) with the transportation claims. Please ensure the PCS form has all of the required demographic information.

Completing the ITA form 13-628 (for pharmacy claims)

For dates of service on or after December 2010, you must use the most current Involuntary Treatment Act Patient Claim Information form **13-628** at [DSHS Forms](#) to provide claim information that is not ordinarily captured on the inpatient pharmacy claims.

If you are submitting a court order as backup documentation, you must also submit ITA form 13-628 for inpatient pharmacy claims.

At a **minimum** you should ensure the following information is noted on the form:

 <p>Washington State Department of Social & Health Services</p> <p>MPA Medicaid Purchasing Administration</p>		<h3>Involuntary Treatment Act Patient Claim Information</h3>	
PURPOSE			
<p>The Involuntary Treatment Act Patient Claim Information form supplies demographic information necessary for the creation of ITA related eligibility when a person without active medical assistance is involuntarily detained under 71.05.</p>			
FORM DISTRIBUTION			
<p>This form may be completed by the service provider, however, proof of ITA status consistent with Mental Proceeding Rule 2.2/22A is also necessary for Client ID and/or Eligibility Segment creation.</p>			
NAME (LAST, FIRST, MIDDLE INITIAL) REQUIRED*		PROVIDER ONE CLIENT ID (If Available)	
ADDRESS REQUIRED		CITY	STATE ZIP CODE
<input type="checkbox"/> Homeless <input type="checkbox"/> Transient	WASHINGTON COUNTY OF RESIDENCE REQUIRED	RSN (IF KNOWN)	
DATE OF BIRTH REQUIRED	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female REQUIRED	SOCIAL SECURITY NUMBER	
DETAINED TO E&T REQUIRED	DATE OF DENTENTION REQUIRED	RELEASED FROM E&T ON REQUIRED	
ITA PROVIDER NAME	TITLE	TELEPHONE NUMBER	
SIGNATURE OF ITA PROVIDER REQUIRED		DATE	
INFORMATION TO BE SUPPLIED BY BILLER TO DSHS			

Common errors

Voluntary versus involuntary transportation

Clients who voluntarily choose to seek mental health or substance use disorder treatment must apply for eligibility through the Health Plan Finder, and once approved Apple Health may then pay for medically necessary transportation.

NOTE: When transportation to a psychiatric unit is required, the mode of transportation should be determined by the sending hospital.

ITA eligibility dates

A common reason for denial of ITA claims is the difference between the dates of active eligibility and the dates of service billed on the claim. If the individual was detained to an inpatient facility, you may need to check with the BHO to ensure that the correct dates of eligibility were requested and adjust or re-bill the claim.