

IMC Service Encounter Reporting Instructions

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All changes to be implemented on or before January 1,
2023

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****All services under the Mental Health and Substance Use Disorder Services Modalities sections are Medicaid State Plan services.***

Introduction

The Service Encounter Reporting Instructions (SERI) provide Apple Health Managed Care Organizations (MCO) and the Behavioral Health Administrative Services Organizations (BH-ASO) in integrated care regions, and all BH providers in licensed community mental health clinics/licensed behavioral health agencies assistance for reporting behavioral health service encounters. These instructions describe the requirements and timelines for reporting service encounters; program information; and assignment of standardized nomenclature, which accurately describes data routinely used in the management of the public behavioral health system.

These instructions, in conjunction with the Division of Behavioral Health and Recovery's (DBHR) Behavioral Health Data Guide (BHDG) for MCOs/BH-ASOs and the SERI FAQ (See "Guidance Document Links") describe service encounter and program reporting, coding guidelines, and the data elements required for submission to the Health Care Authority (HCA).

The manual is divided into sections describing service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, and service and program descriptions. Service description pages include the definition of the service, staff qualifications, provider types, guidelines, and the Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT®/HCPCS) code for service description. Program pages include a brief description of the program, guidelines for inclusions and exclusions, and any additional services available for specific programs.

Medicaid state plan services are described in the Mental Health and Substance Use Disorder modalities sections. To be covered by Medicaid, these services must be medically necessary (see definition on page 6) and be provided by the covered provider type listed. Services in these two sections are the only services that can be covered by Medicaid.

Non-Medicaid services and supports covered by state or other funding sources are described in the "other" services and supports sections.

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Note: HCPCS five alpha/numeric codes are maintained and distributed by Center for Medicare and Medicaid Services (CMS). As stated in 42 CFR Sec. 414.40 (a), CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes.

Descriptive narrative accompanying CPT and HCPCS codes are "de minimis" to adhere to copyright rules.

Mandated code updates

CPT® and HCPCS are updated at least annually. These changes will be reflected in subsequent revisions to this document.

Who is eligible to receive public behavioral health services?

All individuals within the State of Washington are eligible to receive Crisis Services, Stabilization Services, and Involuntary Treatment Services regardless of income.

Medicaid: Individuals who are enrolled in Medicaid are eligible for medically necessary State Plan behavioral health services as defined in the Apple Health-Integrated Managed Care (IMC) contract and the Apple Health IMC Behavioral Health Services Wrap-Around contract.

Non-Medicaid (State-Only): Individuals who are not eligible to receive services under a Medicaid entitlement program may be eligible for medically necessary behavioral health services as defined in the Apple Health-IMC Behavioral Health Services Wrap-Around contract.

Medically necessary

What is a Medically Necessary Service?

Behavioral health services delivered must be **medically necessary** for the recipient; assuring delivery of service(s) that are "for-the-right- reason; at-the-right-time; in-the-right-place."

Per WAC 182-500-0070:

*"**Medically necessary**" is a term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all.*

Evidenced-based practice: children's mental health services

Program description

Evidenced-based practice (EBP) reporting is a requirement of E2SHB 2536 for any Medicaid-covered delivered service for all Medicaid clients. Information about the importance of EBPs in delivering mental health services to children, how to use EBPs, who can provide EBPs, and the list of approved EBPs with the associated three-digit SERI code can be found in the [EBP Reporting Guide](#).

To report EBPs used during an encounter, follow these instructions. (Note for non-Medicaid encounters, these instructions don't apply):

- Identify the three-digit EBP SERI code in the EBP Reporting Guide (link above).
 - HCA **requires** a nine-digit EBP code constructed as follows: 860XXX000. The XXX digits must represent the appropriate EBP codes as identified in the EBP Reporting Guide (link above). Any other construct of this nine-digit number will reject the encounter.
 - Report one EBP code per encounter in the 2300 REF02 Prior Authorization field of the 837 data file submission.
The REF01 field contains the 'G1' qualifier (i.e., prior authorization).
- The REF02 field should contain the nine-digit EBP code.
 - Questions regarding reporting EBPS can be directed as follows:
- Questions related to the EBP code policy and how, when, and why to report these should be directed to hcamcprograms@hca.wa.gov.
 - Questions related to EBP codes submission on encounters and associated encounter edits should be directed to HIPAA-HELP@hca.wa.gov.

Service encounter reporting instructions updates

This SERI and future revisions to the [IMC Service Encounter Reporting Instructions](#) can be found online on the HCA website.

[Frequently asked questions for SERI topics](#) can be found under “Regional Resources – Claims billing-encounter data.”

What encounters to report:

Includes:

- State Plan services provided to Medicaid eligible individuals, evidenced including services covered and paid for in full or partial payment by a third-party payer.
- Non-covered/non-State Plan services to Medicaid eligible individuals.
- All services to non-Medicaid individuals.
- Since non-Medicaid enrollees do not have a ProviderOne identification number, report these encounters using your company’s assigned individual identification number as the client ID. There are no constraints or rules on this field’s content.

Excludes:

- Services reimbursed in total by any other funding source except when the service is for a Medicaid client who has third party coverage, as described above.

General encounter reporting instructions

1. HCA accepts service encounters reported using the service and program descriptions in these instructions. The CPT®/HCPCS codes utilized may not necessarily be the same codes required by other payers. HCA/DBHR applies HIPAA and National Correct Coding principles and guidelines for the assignment of codes to the extent possible but acknowledges there may be circumstances where these instructions vary from how a code may be required to be submitted by another payer.
2. Use of standardized coding nomenclature, i.e., CPT®/HCPCS is required for reporting encounters to HCA.
3. Encounters are reported based on services provided to the individual client and not based on clinical staff hours. See exceptions noted in number 7c below. For behavioral health encounter reporting, the intention of these instructions is to align coding practice with national coding standards and to provide comparability of BH encounter data with other medical encounters and claims for clients whose care is paid for by HCA.
4. ALL codes are reported in units. The definition of the code may specify a time segment, (for example: 15 minutes, 30 minutes, per diem etc.) or the input from the stakeholders may have resulted in a decision to report the code in 15-minute increments.
5. The “Modality” definition for each code provides guidance as to if more than 1 unit can be reported for that code.

There may be situations where the length of time spent with a client is insufficient to meet the fidelity of the service description. Those encounters may still be clinically relevant and provide effective treatment to the client. However, there may be other codes that can be used to report the service.

For example, a clinician providing a half-hour of individual psychotherapy may code the service as 90832 (Psychotherapy, 30 min with patient and/or family member). If, however, the client leaves after 10 minutes, coding 90832 for that service would not meet fidelity for using that code. It would not only be difficult to contend that insight-oriented, behavior modifying, or supportive psychotherapy had been provided during such a short time, and CPT® guidelines specifically require a minimum of 16 minutes for the use of this code. The service could be coded and reported using H0046, “Mental Health Services Not Otherwise Specified,” which is reported as 1 unit only, which represents less than 15 minutes of duration. See Individual Treatment Services modality for H0046 usage limitations.

6. CPT®/HCPCS code definitions may specify how to code the units of service, as applicable. HCA applies CMS’ [guidelines for reporting units of services for certain CPT® and HCPCS codes](#). (See Section 20.2C). This guideline describes a “half-way” methodology for determining how to convert the number of minutes spent providing a service into units when reporting units is required for the code selected. The following guidance should be used to determine how to report the units of service for encounters:
 - a. For CPT®/HCPCS codes with a fixed amount of time as a unit of service (e.g., per 15 minutes, per 20 minutes, per hour) as defined in this guide, report the first unit of service when any service is provided within 5 minutes of the defined unit of service unless otherwise specified in the current CPT® or HCPCS Manual. For example:

Supported employment (H2023, per 15 minutes) was provided for 10 minutes. Since at least 10 minutes of treatment were provided—meeting the “within 5 minutes of the defined unit of service” requirement—the encounter can be reported via the H2023 code with 1 unit.

- b. When the actual time spent providing the service is more than the fixed unit of time defined by the code, for example, when the actual service was 23 minutes and the code definition cites “per 15 minutes”, multiple units can be reported. Follow the “half-way” methodology to determine the number of units to report. In this case, since the service was provided for at least 15 minutes + 8 minutes (half-way to 15 minutes), report 2 units, because 15 minutes = 1 reportable unit and 8 minutes is at least half of another 15 minutes = 1 more reportable unit. A total of 2 units are reportable.
7. Exceptions:
- a. When the time defined in the code definition is “per-diem;” services provided for less than a day must be coded with a non-per-diem defined code.
 - b. Report multiple encounters (for different services) occurring on the same day for the same consumer separately when the encounters occur at different times. With the exceptions noted below, do not roll up multiple encounters. Each service encounter must have a progress note that meets all CMS requirements.
 - c. Exception: If the same service was provided discontinuously to a consumer on a single day by the same provider, and the service was provided for less than the minimum time defined by the procedure/service code, the provider can roll-up the minutes to a single service and report the total number of units.

Documentation in the client record must record these separate events and meet documentation requirements noted below. See examples:

- i. 90832 (Psychotherapy 30 minutes) was only provided for 10 minutes in the morning, but again for the same client by the same clinician for 15 minutes in the afternoon of the same day. In this case, code 1 unit for that day which equates to 25 minutes (5 minutes within the 30 minutes required for 1 unit) of service. The service must be reasonably considered a single therapeutic intervention and supported by documentation.
 - ii. A clinician meets with their client in the morning for 7 minutes (not reportable) and then has another meeting in the afternoon for 11 minutes for a total of 18 minutes. In this case, the clinician may report 1 unit of H2015, Comprehensive Community Support Services, per 15 minutes, as the time required for code 90832 (Psychotherapy 30 minutes) is not met.
8. Report only one encounter for an individual when more than one staff (i.e., co-therapy) is involved in the delivery of the service. The primary clinician should document the service in the clinical record and report the encounter. The exception to this is Child and Family Team Meetings.
9. Report multiple encounters occurring on the same day for the same consumer at the same time in the following conditions only for:
- a. Interpreter Services on behalf of a client during an encounter. These can be delivered concurrent with other services.

- b. Child and Family Team Meetings are reported by all attendees. See Other Services Section for specific reporting instructions.
 - c. Add-on codes (+90785, +90833, +90836, +90838) must be provided and reported at the same time (though not necessarily on the same claim) as the primary service.
 - d. Concurrent/auxiliary services provided with a per diem service. Some per diem codes allow additional concurrent/auxiliary encounters to be reported in the same day a per diem encounter is reported. See specific service descriptions for additional information regarding reporting of concurrent or auxiliary encounters with per diem encounters.
 - e. When an encounter is provided on the same day at the same time for the same consumer when provided by two different staff and one encounter does not require the client to be present. One example is when the primary behavioral health provider is providing Family Treatment without the client present and at the same time, the client is participating in a group provided by another behavioral health clinician.
10. Staff qualifications correlate with the Provider Types listed at the end of this document and are included with each service description. When a service rendered is not appropriate to report at the servicing provider level, e.g., a residential service, per diem, report the facility Billing Provider NPI and taxonomy as the "Provider Type," as instructed.
11. All encounters at a Federally Qualified Health Center (FQHC) that is also licensed as a Behavioral Health Agency **must** submit encounters per the instructions in the [HCA FQHC Provider/Billing Guide](#).
- Qualified encounters must be submitted using:
- a. The designated facility Billing Provider taxonomy 261QF0400X; and
 - b. The servicing taxonomy for a Community Mental Health Center: 261QM0801X or 251S00000X.
12. Documentation in clinical records must meet, at a minimum, the general encounter reporting requirements listed below. At a minimum, the following information is required for reporting a service to a consumer and documenting that encounter in a progress note:
- a. The service must be of sufficient duration to accomplish the therapeutic intent.
 - b. The record must be legible to someone other than the writer.
 - c. Each printed page (front and back if two-sided) of the record must contain the consumer's name and agency record number.
 - d. Clinical entries must include all the following:
 - i. Author identification, which may be a handwritten signature or unique electronic identifier.
 - ii. Date of the service.
 - iii. Location of the service.
 - iv. Provider credentials (which must be appropriate to the service, e.g., medication management can only be done by a prescriber).

- v. Length of time.
 - vi. Narrative description of the service provided as evidenced by sufficient documentation that can be translated to a service description title or CPT®/HCPCS code and describes therapeutic content.
 - vii. Primary diagnoses for which services were provided during this encounter.
 - viii. Other diagnoses for which services were provided during this encounter.
13. The service addresses an issue on the care plan or the issue addressed is added to care plan.
- a. The service is specific to the consumer, e.g., group therapy progress note is specific to the consumer.
14. Time associated with activities used to meet criteria for the Evaluation and Management (EM) service is not included in the time used for reporting the psychotherapy service (i.e., time spent on history, examination and medical decision making when used for the E&M service is not psychotherapy time).

The evaluation and management (E&M) service is based on key components listed in the CPT® manual. For E&M codes 99202-99205 and 99211-99215, providers must determine the appropriate level of service based on the level of medical decision making or total time for E&M services performed on the date of the encounter per 2021 coding guidelines. For all other E&M services, providers must use either the 1995 or 1997 "Documentation guidelines for evaluation and management services" to determine the appropriate level of service. See the Medicare learning network® webpage.

Once the licensed practitioner chooses the appropriate guidelines, the licensed practitioner must use the same guidelines for the entire visit. Chart notes must contain documentation that justifies the level of service billed.

Documentation must:

- Be legible to be considered valid.
- Support the level of service billed.
- Support medical necessity for the diagnosis and service billed.
- Be authenticated by provider performing service with date and time.

A provider must follow the CPT® coding guidelines and their documentation must support the E&M level billed. While some of the text of CPT has been repeated in this guide, providers should refer to the CPT book for the complete descriptors for E&M services and instructions for selecting a level of service.

15. Time associated with ancillary or additional services is not included in the service reporting of hourly services such as Day Support or Stabilization Services. The ancillary or additional services must be recorded and encountered separately. For example, if a client is receiving stabilization services for a 24-hour period in a day, and during that day, they have an hour-long individual treatment service with their primary clinician, there would be no more than 23 units of stabilization services reported and the individual treatment services would be reported separately for that day.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services

Encounters will no longer be required to have an indicator for an EPSDT service because it was the result of an EPSDT referral. Any service rendered to a recipient who is 20 years of age or younger is classified as an EPSDT service. A referral for the service can come from any source. Under Federal requirements for EPSDT services, an individual who is 20 year of age or younger is to receive any service deemed medically necessary. A request for a service classified as "non-covered" must be reviewed for medical necessity (see definition of medically necessary above) before a denial can be issued. [Additional information about EPSDT services](#) and the delivery of these services can be found on the Medicaid website.

Reporting diagnosis with encounters

Providers need to submit ICD-10 diagnosis codes (Fxx.xxx series) on all claims and encounters.

The first diagnosis (primary) represents the condition that requires the most time, the most decision-making and the most skill.

Other conditions assessed, or assessed and treated, in the visit must also be reported. These are reported as the secondary diagnoses.

Follow this guideline to report diagnoses code(s) with every encounter:

- For MH condition, use a diagnosis code:
 - in these ICD-10 ranges: F01 - F09; F20-F99, or
 - when a diagnosis cannot be made or is unknown, use F99 "Mental disorder, not otherwise specified."
- For SUD condition use a diagnosis code:
 - in this ICD-10 range: F10 - F19.99; or
 - when the specific diagnosis cannot be made or is unknown, use:
 - Z7141 for Alcohol abuse counseling and surveillance, of alcoholic; or
 - Z7151 for Drug abuse counseling and surveillance, of drug abuser, as indicated.

Guidelines for who should determine a diagnosis

- Licensed/credentialed professionals should determine the diagnosis for any encounter, within the scope of their licensure.
- Unlicensed staff should follow these guidelines:
 - If they are already in services, use the best applicable diagnosis in the client's record that is previously documented by their provider.
 - If the client has no existing diagnosis on file, use a more general diagnosis:
 - F99 for MH services;
 - Z7141 for Alcohol abuse counseling and surveillance, of alcoholic; or
 - Z7151 for Drug abuse counseling and surveillance, of drug abuser.

Interactive complexity reporting guidelines

Definitions

Interactive complexity refers to specific communication factors that complicate the delivery of a primary psychiatric procedure. This component is reported using CPT® add-on code 90785. Add-on codes may be reported in conjunction with specified "primary" procedure codes. **Add-on codes can never be reported alone.**

Typical patients

Those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.

These factors are typically present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or

- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Report 90785

When at least one of the following is present:

1. The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who:
 - a. Is not fluent in the same language as the physician or other qualified health care professional, or
 - b. Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.

Use in conjunction with

The following psychiatric procedure codes:

- Psychiatric diagnostic evaluation, 90791, 90792.
- Psychotherapy, 90832, 90834, 90837.
- Psychotherapy add-on codes, 90833, 90836, 90838 WHEN reported with E&M.
- Group psychotherapy, 90853

May not report with

- Evaluation and Management (E&M) alone, i.e., E&M service not reported in conjunction with a psychotherapy add-on service as interactive complexity is not a factor for E&M service code selection except as it directly affects key components as defined in the E&M Services guidelines (i.e., history, examination, and medical decision making).
- Family psychotherapy (90846, 90847, 90849)

Time reporting rule

When provided in conjunction with the primary psychotherapy services (90832-90838), the amount of time spent by a physician or other qualified health care professional providing interactive complexity, services are reflected in the timed service code for psychotherapy service and not in the interactive service code. Report as 1 unit only.

Guidance document links

- This SERI and future revisions to the [IMC Service Encounter Reporting Instructions](#) can be found online. The following are also available:
- [Encounter Data Reporting Guide \(EDRG\)](#) can be found online under "Regional Resources – Claims billing-encounter data."

- [HIPAA Electronic Data Interchange \(EDI\) Website and companion guides.](#)
- For guidance on assisting individuals in obtaining or maintaining employment, please refer to the [Guide to Support an Individual's Employment Goals.](#)
- Additional guidance on [service encounter and program reporting, coding guidelines, and data elements](#) for submitting to HCA can be found online.

Mental Health Service Modalities – Medicaid Funded State Plan Services

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Brief intervention treatment

Modality definition

Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care, and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused, or cognitive-behavioral models of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/ monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care.

Inclusions

The following medically necessary State Plan services are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions.

- Individual Treatment Services – Report with U6 modifier
- Group Treatment – Report with U6 modifier
- Family Treatment – Report with U6 modifier

Reporting note: Refer to codes in the above listed modalities for reporting purposes.

Exclusions

- None

Notes

The following definitions are provided for clarification of Level I-Brief Intervention and the State Plan service modality, "Brief Intervention Treatment":

- Brief Intervention refers to a subset of modalities being offered from the State Plan and a shorter duration for the authorization.
- State Plan modality "Brief Intervention Treatment" is one clinical intervention that can be used when there is a Level I authorization and has specific expected outcomes.
- This modality is designated with modifier "U6" – WA State Medicaid Plan.
- This modality may not be provided prior to an intake.

Crisis services

Modality definition

Evaluation and treatment of mental health crisis for all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis Services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis Services may be provided prior to completion of an intake evaluation.

Inclusions

- Services may be provided prior to intake evaluation.
- Services do not have to be provided face-to-face.
- Crisis Hotline Services (H0030).

Exclusions

- Community debriefing that occurs after a community disaster or crisis.

Notes

- The modifier (HK) is added to the service code when services provided involve multiple staff for safety purposes.
- **New:** The modifier (HA) is added to track encounters for Child and Youth Mobile Crisis Response teams.
- **New:** The modifier (HB) is added to track encounters for Adult Mobile Crisis Response teams.
- This modality may be provided prior to an intake.
- Crisis Services are not specific to mental health only. Crisis Services may be provided to both mental health and substance use clients.
- Mobile outreach crisis providers contracted with the ASO should continue to report all H2011 encounters to the BH-ASO, per their contract.

Code	CPT®/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0030	BH hotline service (ASO Only)	UN (1 per encounter)	UD HH XE	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver 101Y99995L - Other (Clinical Staff) 183500000X - Pharmacist - D	
H2011	Crisis interven srvcs, per 15 mins	UN (1=15 mins; 1 or more)	HH HK UD U8 XE HA HB HT FQ	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w/ Exception Waiver 101Y99995L - Master Level w/ Exception Waiver 101Y99995L - Other (Clinical Staff) 183500000X - Pharmacist - D	First unit for this service may be reported for 1-22 minutes. Units; thereafter follow standard rounding rules.

Day support

Modality definition

An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living (see notes). This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

Inclusions

- Service available at least 5 hours per day, 5 days per week.
- Service available in easily accessible locations (e.g., behavioral health agencies, clubhouses, community centers).

Exclusions

- Programs with less service availability.

Notes

- Instrumental activities of daily living are defined by CMS as activities related to independent living. This includes, but is not limited to preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.
- All Services provided during a Day Support "day" by that program staff can be recorded by a single staff. The "day" can be documented in a single note but should not include any service (description or duration) provided during the day that is by non-Day program staff, which should be recorded and encountered separately.
- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H2012	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Behav hlth day trtmt, per hr	104100000X - Lic. Social Worker	
Unit (UN) / Minutes (MJ)	106H00000X - Lic. Marriage and Family Therapist	
UN	101YM0800X - Lic. or Cert. MH Counselor	
(1= hour; 1 or more)	103T00000X - Lic. Psychologist	
Modifiers	101Y99996L - MA/PHD (non-licensed)	
HH XE	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Family treatment

Modality definition

Psychological counseling provided for the direct benefit of an individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room, but service must be for the benefit of attaining the goals identified for the individual in his/her individual service plan.

Inclusions

- Provided with family members and/or other relevant persons in attendance as active participants.
- May be provided without the consumer present in the room.

Exclusions

- Marriage Counseling

Notes

- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
90846	164W00000X - Licensed Practical Nurse	Interactive complexity (90785) is not billable for this service.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Fam. psychother. w/o PT	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HT	101YM0800X - Lic. or Cert. MH Counselor	
UD UK	103T00000X - Lic. Psychologist	
U6 U8 FQ XE	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

Code	Provider Type	Service Criteria
90847	164W00000X - Licensed Practical Nurse	Interactive complexity (90785) is not billable for this service.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Fam. psychother. w/ PT present	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HT UK UD U6 U8 FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

Freestanding evaluation and treatment services

Modality definition

Services provided in freestanding inpatient residential (non-hospital/non-IMD for Medicaid and non-hospital for non-Medicaid) facilities licensed or certified by the Department of Health to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission criteria. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/7 days per week availability.
- Nursing care.
- Treatment modalities such as individual and family therapy, milieu therapy, psycho-educational groups, and pharmacology.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
 - Rehabilitation Case Management
 - Peer Support

Exclusions

- Evaluation and Treatment (E&T) the 837I HIPAA transaction as an episode of care. HCA/DBHR will recode for service utilization reports.
- HCA/DBHR will report E&T services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.
- Can use Place of Service code "56 - Psychiatric Residential Treatment Center."
- Report Provider Type using facility's Billing Provider NPI and taxonomy, not at individual level.

Notes

- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

Limitations

- None

Code	Provider Type	Service Criteria
REVENUE CODE: 1001 or 01X4	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Psychiatric health facility service, per diem.		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
None		

Code	Provider Type	Service Criteria
REVENUE CODE: 1001 or 01X4 HCPCS CODE: H2013	Billing Provider NPI and Taxonomy	Optional – To be used if provider contract specifies specialty beds.
CPT®/HCPCS Definition		
Psychiatric health facility service, per diem.		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
HI		

Group treatment services

Modality definition

Services provided to individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others, and counseling/psychotherapy to establish and/or maintain stability in living, work, or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of others' right to confidential treatment, and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

Inclusions

- Service provided to a minimum of two enrollees and a maximum of twenty-four enrollees at the same time.

Exclusions

- Services conducted over speakerphone

Notes

- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
90849	164W00000X - Licensed Practical Nurse	Interactive complexity (90785) is not billable for this service.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Multi fam. grp psychother. (does not require patient to be present)	363LP0808X - ARNP Psych, MH	
	363A00000X - Physician Assistant	
Unit (UN) / Minutes (MJ)	2084P0800X - Psychiatrist/MD	
	104100000X - Lic. Social Worker	
	106H00000X - Lic. Marriage and Family Therapist	
UN (1=15 mins; 1 or more)	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
Modifiers	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
HH HK HT UD U6 U8 XE	101Y99995L - Master Level w Exception Waiver 101Y99995L - Other (Clinical Staff)	

Code	Provider Type	Service Criteria
90853	164W00000X - Licensed Practical Nurse	May be billed with interactive complexity (90785) NCCI MUE edits do not apply
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Grp psychother. (other than of a multiple-fam. grp)	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK HT	106H00000X - Lic. Marriage and Family Therapist	
UD	101YM0800X - Lic. or Cert. MH Counselor	
U6 U8 XE	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

High intensity treatment

Modality definition

Intensive levels of service otherwise furnished under the State Plan Amendment provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.

The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team members' work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.

Inclusions

- Access to a multidisciplinary team is available 24 hours per day/7 days per week.
- Concurrent or auxiliary services may be provided by staff who are not part of the team to include:
 - Medication management
 - Psychological assessment
 - Special population evaluation
 - Therapeutic psychoeducation
 - Crisis
 - Day support

Exclusions

- None

Notes

- Report Provider Type using Billing Provider NPI and taxonomy for these per diem services.
- Due to the nature of this program, quantity, and duration of services may vary widely depending on client needs.
- Per diem codes should not be used for anyone in the Wraparound with Intensive Services (WISe) program.
- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H0040	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Assert. comm. tx. prgrm, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 per encounter)		
Modifiers		
N/A		

Code	Provider Type	Service Criteria
H2022	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Comm. wrap-around svc, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 per encounter)		
Modifiers		
N/A		

Code	Provider Type	Service Criteria
H2033	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Multisys. ther. for juv., per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK U8 FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

Code	Provider Type	Service Criteria
S9480	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Intnsv. O/P psychiatric srvc, per diem		
Unit (UN) / Minutes (MJ)		
UN (1= a day; 1 per encounter)		
Modifiers		

Individual treatment services

Modality definition

A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.

Inclusions

- Educational support services (i.e., school coaching, school readiness, support counseling).
- Services are offered at the location preferred by the enrollee.
- Therapeutic support during court proceedings (does not include testimony during ITA hearing).
- Skill building services that involve money management training directly with the person.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the "Guidance Document Links" section of this document.

Exclusions

- Calling in refills to pharmacies and filling out medication packs without the client present.
- Time spent completing normally required documentation.
- Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee).
- Testimony during an ITA hearing.
- Non-therapeutic phone calls; or messages, listening/leaving voice mails, e-mails, mailing, or faxing documents.
- Discussing client during supervision.
- Report writing (e.g., extraordinary report writing, as defined by court reports, reports to HCA).

Notes

- Documentation for Evaluation and Management (E&M) service encounters (99xxx series) must meet CPT® requirements.
- To report both E&M and psychotherapy, the two services must be significant and separately identifiable.
- The type and level of E&M service is selected first based upon the key components medical decision-making or total time.
- This modality may not be provided prior to an intake.
- Code H0046 is included here to report medically necessary contacts less than 10 minutes long that cannot otherwise be reported elsewhere.

Code	Provider Type	Service Criteria
90832	363LP0808X - ARNP Psych, MH	May be billed with interactive complexity (90785) Patient must be present for all or some of the svcs.
CPT®/HCPCS Definition	363A00000X - Physician Assistant	
Psychother. w/ PT. and/or fam. mem., approx. 30 mins.	2084P0800X - Psychiatrist/MD	
Unit (UN) / Minutes (MJ)	104100000X - Lic. Social Worker	
UN (1= 16-37 mins; 1 per encounter)	106H00000X - Lic. Marriage and Family Therapist	
Modifiers	101YM0800X - Lic. or Cert. MH Counselor	
HH U6 HK HT UD U8 FQ XE	103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L- Bachelors Level w/Exception Waiver 101Y99995L - Master Level w Exception Waiver	

Code	Provider Type	Service Criteria
+90833	363LP0808X - ARNP Psych, MH	This an add-on code cannot be billed alone. Use in conjunction with E&M code when Psychotherapy is performed in addition to E&M services (99202-99255;99304-;99341-99350). May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes.
CPT®/HCPCS Definition	363A00000X - Physician Assistant	
Psychother. w/ PT and/or fam. mem., approx. 30 mins, performed w/ an E&M code. (List separately in addition to the code for primary procedure).	2084P0800X - Psychiatrist/MD	
Unit (UN) / Minutes (MJ)		
UN (1= 16-37 mins; 1 per encounter)		
Modifiers		
HH HK HT UD U6 U8 FQ XE		

Code	Provider Type	Service Criteria
90834	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Bachelors Level w/Exception Waiver 101Y99995L - Master Level w/ Exception Waiver	May be billed with interactive complexity (90785)
CPT®/HCPCS Definition		
Psychother, w/ PT and/or fam. mem., approx. 45 mins		
Unit (UN) / Minutes (MJ)		
UN (1= 38-52 mins; 1 per encounter)		
Modifiers		
HH HK HT UD U6 U8 FQ XE		

Code	Provider Type	Service Criteria
+90836	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E&M code when Psychotherapy is performed in addition to E&M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes.
CPT®/HCPCS Definition		
Psychother. approx. 45 mins w/ PT and/or fam. mem.; performed w/ an E&M svc. (List separately in addition to the code for primary procedure).		
Unit (UN) / Minutes (MJ)		
UN (1=38-52 mins; 1 per encounter)		
Modifiers		
HH U6 HK HT UD U8 FQ XE		

Code	Provider Type	Service Criteria
90837	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 2084P0800X - Psychiatrist/M 103T00000X - Lic. Psychologist 104100000X - Lic. Social Worker 1041C0700X - Lic. Social Worker Clinical 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Bachelors Level w/Exception Waiver 101Y99995L - Master Level w/Exception Waiver	May be billed with interactive complexity (90785). May be reported with Prolonged Services add-on codes as appropriate.
CPT®/HCPCS Definition		
Psychother. approx. 60 mins w/ PT and/or fam. mem.		
Unit (UN) / Minutes (MJ)		
UN (1=53-68 mins; 1 per encounter)		
Modifiers		
HH U6 HK HT UD U8 FQ XE		

Code	Provider Type	Service Criteria
+90838	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E&M code when Psychotherapy is performed in addition to E&M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes
CPT®/HCPCS Definition		
Psychother. approx. 60 mins w/ PT and/or fam. mem.; performed w/ an E&M svc. (List separately in addition to the code for primary procedure).		
Unit (UN) / Minutes (MJ)		
UN (1=53-68 mins; 1 per encounter)		
Modifiers		
HH U6 HK HT UD U8 FQ XE		

Code	Provider Type	Service Criteria
H0004	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
BH cnsling and ther., per 15 minutes	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK HT UD U6 U8 FQ XE	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	

Code	Provider Type	Service Criteria
H0036	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Comm. psych. supp. tx., face-face, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK HT UD U6 U8 FQ XE	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	

Code	Provider Type	Service Criteria
H0046	164W00000X - Licensed Practical Nurse	Direct communications with the client and/or collaterals
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Mental health srvcs, NOS	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant	

Unit (UN) / Minutes (MJ)	2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker	designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. Usage is limited to medically necessary contacts less than 10 minutes that cannot otherwise be reported elsewhere. (Excludes: reminder (non-therapeutic) phone calls, listening to voice mails, e-mails)
UN (1=<15mins; 1 per encounter)	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed)	
Modifiers	101Y99995L - Below Master's Degree	
HH HK HT UD U6 U8 FQ XE	101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver 175T00000X - DBHR Credentialed Certified Peer Counselor 183500000X - Pharmacist- D	

Code	Provider Type	Service Criteria
H2014	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Skills train and dev, per 15 mins	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant	
Unit (UN) / Minutes (MJ)	2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker	
UN (1=15 mins; 1 or more)	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist	
Modifiers	101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree	
HH HK HT UD U6 U8 FQ XE	101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver 175T00000X - DBHR Credentialed Certified Peer Counselor	

Code	Provider Type	Service Criteria
H2015	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Comp. comm. supp. srvcs, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK HT UD U6 U8 XE FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	183500000X - Pharmacist- D	

Code	Provider Type	Service Criteria
H2017	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Psychosoc. rehab srvcs, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK HT UD U6 U8 FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

Intake evaluation

Modality definition

An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services, and freestanding evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment, and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

"Mental health professional" Defined in RCW; 71.05 and 71.34. Waiver criteria in RCW; 71.24.260.

Inclusions

- Minimum service benefit for persons with Medicaid.

Exclusions

- Intake evaluations done by a non-Mental Health Professional.

Notes

- An intake must be initiated prior to provision of mental health services except for:
 - Crisis (including investigations and hearings);
 - Stabilization services;
 - Free Standing E&T Services
 - Rehabilitation Case Management
 - Request for Services
 - Engagement & Outreach
 - Testimony for Involuntary Treatment Services
- When two clinicians (i.e., psychiatrist and MHP) conduct separate intakes, both encounters are reported.
- Intake evaluations requiring more than one session to complete by a single clinician are coded with the applicable intake code and the modifier "53" to indicate the service was not completed. The final session to complete the intake is coded with applicable intake code without a modifier.
- A new intake evaluation is not required if an intake was completed in the 12 months prior to the current request and medical necessity was established. The previously completed intake may be used to authorize care (06-07 Contract).
 - Complete an update or addendum to the intake addressing all pertinent areas and add modifier "52" to appropriate CPT®/HCPCS code to report the encounter.
- Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT® requirements.
- A modifier (U9-Rehab Case Management-Intake Service) has been added to use when providing a Rehabilitation Case Management service (H0023) to indicate the service provided meets the requirements and definition of an intake service. This addition was made to facilitate the transition of a client to an outpatient setting and to allow for better tracking/monitoring of the intake service.
- This modality may not be provided prior to an intake.
- **Important:** Intake evaluations completed for the purposes of determining if the individual meets medical necessity (i.e., at the initiation of outpatient services) **must be** preceded by a request for services encounter.

Mental Health Assessments for Young Children

New Section: Mental Health Assessments for Young Children -

The following items apply to mental health services for children from birth through age five years of age.

This information does not apply for any other age group. More information on assessments for young children can be found on the [Mental Health Assessment for Young Children provider webpage](#).

- **Multiple Intake Sessions (up to five) -**
Under RCW 74.09.520, for children from birth through age five, HCA allows otherwise eligible reimbursement for up to five sessions per client, per provider, per calendar year, to complete a mental health assessment (i.e., Psychiatric Diagnostic Evaluation or Intake Evaluation).
 - For clinicians providing multi-session intake evaluations for young children (birth through age five years of age), use modifier "53" to indicate when multiple intake sessions (up to 5 allowed) are needed to complete the intake. The final session to complete the intake is coded with the applicable intake code without a modifier.
 - Caregiver only sessions refer to sessions provided when only the caregiver/parent is present for some or all portions of the intake evaluation session. Caregiver only sessions are allowed when the purpose of the session includes discussion of the client's history, cultural background, and description of the child and the family situation, as well as evaluation of the caregiver/parent's psychological functioning and history when the caregiver/parent is sharing sensitive information that should only be discussed without the child present.
 - For initial assessment sessions when a diagnosis cannot be made or is unknown, use F99 "Mental disorder, not otherwise specified." For the final assessment session, providers must use the most appropriate diagnosis code available.
- **Travel Reimbursement Policy -**
Under RCW 74.09.520, for children from birth through age five, HCA also allows reimbursement for mental health assessments in home or community settings, including reimbursement for provider travel through a separate A-19 payment process.
 - Note: Claims with a U8 modifier, which identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners, are NOT eligible for mental health assessment for young children provider travel reimbursement. For more information, see Wraparound with Intensive Services (WISe) program.
- **Diagnosis Considerations -**
When providing a diagnosis for young children, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)* is the internationally accepted system for developmentally appropriate assessment and diagnosis of young children's mental health; however, other diagnostic manuals are often still necessary in our current behavioral health system. For Apple Health clinicians, federal Medicaid guidance requires that all claims be submitted with an ICD (International Classification of Disease) code. HCA has published a [Community-Informed Apple Health DC: 0 - 5™ crosswalk](#), a reference guide for clinicians that helps convert DC: 0 - 5™ diagnoses to associated ICD diagnostic codes and DSM diagnoses.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
90791	Psych Diag. Eval	UN (1 per ENC)	52 53 HH HK HT UD U8 XE	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Master Level w Exception Waiver	Do not report in conjunction with E&M codes (99XXX series) codes, or psychotherapy services on same day by same staff. May be billed with interactive complexity (90785).
90792	Psych Diag. Eval w/ med srvcs	UN (1 per ENC)	52 53 HH HK HT UD U8 XE	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	Do not report in conjunction with E&M codes (99XXX series) codes, or psychotherapy services on same day by same staff. May be billed with interactive complexity (90785).
99202	Office/OP visit, new patient, straightforward MDM or 15-29 total time of encounter	UN (1 per ENC)	52 53 HH HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99203	Office/OP visit, new patient, low MDM or 30-44 total time of encounter	UN (1 per ENC)	52 53 HH HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99204	Office/OP visit, new patient, moderate MDM or 45-59 total time of encounter	UN (1 per ENC)	52 53 HH HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99205	Office/OP visit, new patient, high MDM or 60-74 total time of encounter	UN (1 per ENC)	52 53 HH HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G2212
+G2212	Prolonged office/OP visit ea additional 15 min	UN (1 = 15 min.)	52 53 HH HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	
99304	Initial visit at nursing facility E&M, per day, (problem(s) are of low severity; approx. 25 minutes w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99305	Initial visit at nursing facility E&M, per day, (problem(s) are of moderate severity; approx. 35 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99306	Initial visit at nursing facility E&M, per day, (problem(s) are of high severity; approx. 45 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0317

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
+G0317	Prolonged nursing facility visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact	UN (1 = 15 min.)	52 53 HH UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	New Code
99341	Home or residence visit for new PT E&M (problem(s) of low severity; approx. 15 mins are spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	52 53 HH HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an Evaluation and Management code (E&M). May or may not be billed with indicated Psychotherapy codes, as appropriate.
99342	Home or residence visit for new PT E&M (problem(s) of moderate severity; approx. 30 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	52 53 HH HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an Evaluation and Management code (E&M). May or may not be billed with indicated Psychotherapy codes, as appropriate.
99344	Home or residence visit for new PT E&M (problem(s) of high severity; approx. 60 mins spent face - face w/ other Pt and/or fam.)	UN (1 per ENC)	52 53 HH HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99345	Home or residence visit for new PT E&M (patient is unstable or has developed a significant new prob. requiring immediate physician attention: approx. 75 mins spent face - face w/ other PT and/or fam.)	UN (1 per ENC)	52 53 HH HK HT UD U8	363LP0808X – ARNP Psych, MH 363A00000X – Physician Assistant 2084P0800X – Psychiatrist/MD	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0318
+G0318	Prolonged home or residence visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact	UN (1 = 15 min.)	52 53 HK HT UD U8 FQ XE	363LP0808X – ARNP Psych, MH 363A00000X – Physician Assistant 2084P0800X – Psychiatrist/MD	New Code
H0031	MH health assess by non-MD	UN (1= 15mins; 1 or more)	52 53 HH HK HT UD U8 XE	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Service must be provided by a Mental Health Professional.

Medication management

Modality definition

The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face, including via telemedicine, by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

Inclusions

- Service rendered face-to-face, including face-to-face telemedicine, by a person licensed to perform such services.
- Consultation with collaterals, primary therapists, and/or case managers.
- Minimal psychotherapy services may be provided.

Exclusions

- None

Notes

- Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT® requirements.
- This modality may not be provided prior to an intake.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
96372	Injection for ther/proph/dia g purposes SQ or IM	UN (1 per ENC)	HK HT UD U8 XE	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD101Y99993L - Medical Assistant – Certified 183500000X - Pharmacist- D	
99211	Office/OP visit, established patient, may not require presence of physician/QHP, minimal presenting problem	UN (1 per ENC)	HK HT UD U8 FQ	164W00000X – Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X – ARNP Psych, MH 363A00000X – Physician Assistant 2084P0800X – Psychiatrist/MD 183500000X – Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99212	Office/OP visit, established patient, straightforward MDM or 10-19 minutes total time of encounter.	UN (1 per ENC)	HK HT UD U8 FQ	363LP0808X – ARNP Psych, MH 363A00000X – Physician Assistant 2084P0800X – Psychiatrist/MD 183500000X – Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes as appropriate.
99213	Office/OP visit, established patient, low MDM or 20-29 minutes total time of encounter.	UN (1 per ENC)	HK HT UD U8 FQ	363LP0808X – ARNP Psych, MH 363A00000X – Physician Assistant 2084P0800X – Psychiatrist/MD 183500000X – Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99214	Office/OP visit, established patient, moderate MDM or 30-39 minutes total time of encounter.	UN (1 per ENC)	HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99215	Office/OP visit, established patient, high MDM or 40-54 minutes total time of encounter.	UN (1 per ENC)	HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G2212
+G2212	Prolonged office/OP visit ea additional 15 min	UN (1 = 15 min.)	HK HT UD U8 FQ	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	
99307	Subseqt. nursing facility visit, per day, E&M (patient stable, recovering, or improving; approx. 10 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99308	Subsequent nursing facility visit, per day, E&M (patient is responding inadequately to therapy or has developed a minor complication; approx. 15 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99309	Subsequent nursing facility visit, per day, E&M (patient has developed a significant complication or a significant new prob.; approx. 25 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate.
99310	Subsequent nursing facility visit, per day, E&M (patient may be unstable or may have developed a significant new problem requiring immediate physician attention; approx. 35 mins w/ the PT and/or fam. or caregiver)	UN (1 per ENC)	UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G0317
+G0317	Prolonged nursing facility visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact	UN (1 = 15 min.)	UD	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	New Code

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99347	Home or residence visit for establ. PT E&M (problem(s) are self- limited or minor; approx. 20 mins are spent face - face w/ the PT and/or fam)	UN (1 per ENC)	HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate.
99348	Home or residence visit for estab. PT E&M (problems(s) of low to moderate severity; approx. 30 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate.
99349	Home or residence visit for estab. PT E&M (problem(s) of moderate to high severity; approx. 40 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
99350	Home or residence visit for estab. PT. E&M (problem(s) of moderate to high severity. The patient may be unstable or may have developed a significant new prob. Req. immediate MD attention; approx. 60 mins spent face - face w/ the PT and/or fam.)	UN (1 per ENC)	HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	This is an E&M code. May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838, as appropriate. For each additional 15 minutes of time beyond max allowed, see Prolonged Services +G3018
+G3018	Prolonged home or residence visit ea additional 15 min by the physician or other qualified professional with or without direct patient contact	UN (1 = 15 min.)	HK HT UD U8	363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 183500000X - Pharmacist- D	New Code
T1001	Nursing Assess./Eval.	UN (1 per ENC)	HK HT UD U8 XE	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 183500000X - Pharmacist- D	

Medication monitoring

Modality definition

Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.

Inclusions

- Face-to-face, one-on-one cueing and observing client's taking prescribed medications.
- Reporting back to persons licensed to perform medication management services.
- Service can be provided at any location for as long as deemed clinically necessary.

Exclusions

- When medical staff puts together a medication pack for a person and leaves it at the front desk with no face-to-face contact.
- Calling in prescriptions.

Notes

- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H0033	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Oral med admin. direct obsrvtn.	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HK HT UD U8 XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101Y99995L - Other (Clinical Staff	
	101Y99993L - Medical Assistant – Certified	

Code	Provider Type	Service Criteria
H0034	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Medication Training and Supp, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HK HT UD U8 XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101Y99995L - Other (Clinical Staff)	
	101Y99993L - Medical Assistant – Certified	

Mental health services provided in a residential setting

Modality definition

A specialized form of rehabilitation service (non-hospital/non IMD) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

Inclusions

- Mental Health Care Provider (MHCP) is located on-site a minimum of 8 hours per day, 7 days a week.
- The resident must be present in the facility for a minimum of 8 hours for each per diem reported.
- Services can be provided in an apartment complex or cluster housing, boarding home, or adult family home.
- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

Exclusions

- Room and board
- Holding a bed for a person
- Temporary shelter services less than 2 weeks (see Stabilization Services instead)
- Custodial care
- Medical services (i.e., physical health care or skilled nursing)

Notes

- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.
- Mental health services in a residential facility meeting the definition of an IMD are funded by non-Medicaid resources. This includes mental health services provided to individuals with Medicaid as the pay source.
- HCA/DBHR will report mental health services provided in a residential setting delivered in an IMD as non-Medicaid services.
- This modality may not be provided prior to an intake.

- The service is defined as: The client receiving a face-to-face encounter provided by an MHP (or under the supervision of an MHP) each day the client is in the facility, which is documented, in the clinical record.
- All clinical services provided by staff assigned to the residential facility are included in the residential per diem and should not be encountered as a separate individual service.
- MHP staff must be available, and the client must be in the facility for 8 hours.
- Report Provider Type using Billing Provider NPI and taxonomy for the facility

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1001 or 01x4 HCPCS CODE: H0018	BH srvcs; short-term residential (nonhospital residential tx program where stay is typically less than 30 days), w/o R&B, per diem	UN (1= a day; 1 or more)	UD	Billing Provider NPI and Taxonomy	
REVENUE CODE: 1001 or 01x4 HCPCS CODE: H0019	BH srvcs; long-term residential (nonmedical, non-acute care in a residential tx program where stay is typically longer than 30 days), w/o R&B, per diem	UN (1= a day; 1 or more)	UD	Billing Provider NPI and Taxonomy	
HCPCS CODE: T2048	BH srvcs: long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days)	UN (1=a day; 1 or more)		Billing Provider NPI and Taxonomy	837P transaction to be used for Intensive Behavioral Health Treatment Facilities as described in WAC 246-341-11371. Room & board must be paid for with non-Medicaid funds.

Peer support

Modality definition

Services provided by peer counselors to individuals under the consultation, facilitation, or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the individual's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan, which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan and indicates where treatment goals have not yet been achieved.

Peer counselors are responsible for the implementation of peer support services. Peer counselors may service on High Intensity Treatment Teams.

Peer Support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20

Inclusions

- Service availability is up to 4 hours per day.
- Scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Active participation by enrollees in decision-making and the operation of programmatic supports.
- Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the "Guidance Document Links" section of this document.
- MH peer services are distinguished from SUD peer services by diagnosis code (see page 13 of SERI guide):
 - For MH condition, use a diagnosis code in ICD-10 ranges F01-F09; or
 - When a diagnosis cannot be made or is unknown use F99 "Mental Disorder, not other specified."

Exclusions

- None

Notes

- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H0038	175T00000X - DBHR Credentialed Certified Peer Counselor	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition		
Self-help/peer srvc, per 15 mins		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
HK HT UD U8 FQ XE		

Psychological assessment

Modality definition

All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to an individual's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

Inclusions

- None

Exclusions

- Psychological assessments not completed by, or under the supervision of a licensed psychologist.

Notes

- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
96110	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT®/HCPCS Definition		
Developmental scrng; (e.g., Developmental Screening Test II, Early Language Milestone Screen), w/ intrprtn and rpt, per hour		
Unit (UN) / Minutes (MJ)		
UN (1=an hour; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
96116	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) (PHD only)	
CPT®/HCPCS Definition		
Neuro BH status exam by PHD or MD (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), includes face - face time w/ the PT and time interpreting test results & prep. rprt, first hour		
Unit (UN) / Minutes (MJ)		
UN (1 =1 first hour)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
+96121	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) (PHD only)	Add-on code to 96116
CPT®/HCPCS Definition		
Neuro BH status exam by PHD or MD (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), includes face - face time w/ the PT and time interpreting test results & prep. Rprt. Each add'l hour		
Unit (UN) / Minutes (MJ)		
UN (1=add'l 1 hour; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
96130	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT®/HCPCS Definition		
Psychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; first hour		
Unit (UN) / Minutes (MJ)		
UN (1= first hour)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
+96131	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Add-on to 96130
CPT®/HCPCS Definition		
Psychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; each add'l hour.		
Unit (UN) / Minutes (MJ)		
UN (1= 1 add'l hour; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
96132	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed)(PHD only)	
CPT®/HCPCS Definition		
Neuropsychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; first hour		
Unit (UN) / Minutes (MJ)		
UN (1= first hour)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
+96133	2084P0800X - Psychiatrist/MD 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed)(PHD only)	Add-on code to 96132
CPT®/HCPCS Definition		
Neuropsychological testing eval. services by MD or any other qualified health care professional including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interact feedback to the patient, family member(s) or caregiver(s), when performed; each add'l hour.		
Unit (UN) / Minutes (MJ)		
UN (1= add'l hour; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
96136	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT®/HCPCS Definition		
Psychological or neuropsychological test administration and scoring, by a MD or other qualified health care professional, two or more tests, any method, first 30 minutes.		
Unit (UN) / Minutes (MJ)		
UN (1= first 30 mins.)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
+96137	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Add-on code to 96136
CPT®/HCPCS Definition		
Psychological or neuropsychological test administration and scoring, by a MD or other qualified health care professional, two or more tests, any method, each add'l 30 mins.		
Unit (UN) / Minutes (MJ)		
UN (1= add'l 30 mins; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
96138	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	
CPT®/HCPCS Definition		
Psychological or neuropsychological test administration and scoring by a technician two or more tests, any method, first 30 mins.		
Unit (UN) / Minutes (MJ)		
UN (1= first 30 mins)		
Modifiers		
HK HT UD U8 XE		

Code	Provider Type	Service Criteria
96139	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Add-on code to 96138
CPT®/HCPCS Definition		
Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method, each add'l 30 mins.		
Unit (UN) / Minutes (MJ)		
UN (1= 30 mins; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Rehabilitation case management

Modality definition

A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of an individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.

Inclusions

- Liaison work between behavioral health agency and a facility that provides 24-hour care.
- Services provided as part of the state hospital Peer Bridger program, even when the services occur after discharge.
- Clinical staff going to the facility and functioning as a liaison in evaluating individuals for admission to outpatient services and monitoring progress towards discharge.
- Available prior to provision of an intake evaluation.
- Assessment for admission to behavioral health care (may be counted as an intake when the service meets the intake definition). Modifier U9 (Rehabilitation Case Management Intake) has been added to designate when this service has been provided to allow for better tracking of an intake service provided in this setting.

Exclusions

- None

Notes

- Rehabilitation Case Management (RCM) may be encountered when a client is in Jail/Prison, Juvenile Detention Facility, CLIP Facility, Evaluation & Treatment Facility, medical or psychiatric inpatient facility, or un-waivered IMD for the purposes of discharge planning and coordination of care. Services provided in a skilled nursing facility are not covered in this modality but can be reported in other modalities as appropriate. RCM may be used to provide mental health services when an individual is in a substance use disorder (SUD) treatment facility.
- RCM provided in an IMD, jail/prison, or juvenile detention facility is funded as a non-Medicaid service. This includes mental health services provided to individuals with Medicaid as the pay source.
- All RCM services delivered in an un-waivered IMD will be reported as non-Medicaid services.
- This modality may be provided prior to an intake.

Code	Provider Type	Service Criteria
H0023	164W00000X - Licensed Practical Nurse	Use modifier U9 when service provided meets the definition and requirements of an intake. Modifiers 52 and 53 can only be used when modifier U9 is used.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Behav. Hlth Outreach Srvc	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
52 53 HH HK HT UD U8 U9	101YM0800X - Lic. or Cert. MH Counselor	
XE FQ	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	183500000X - Pharmacist- D	

Special population evaluation

Modality definition

Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another BHA or contracted by the BHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.

Inclusions

- Performed after the initiation of an intake evaluation.
- Special population evaluation must be provided face-to-face.

Exclusions

- MH specialist conducting an intake evaluation.
- Consultation call where the specialist never directly evaluates the person.
- Consultation between the specialist and the clinician.

Notes

- This modality may not be provided prior to an intake.
- Use the appropriate diagnosis code to designate the condition to be treated.
 - For MH condition: Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or when a diagnosis cannot be made or in unknown use F99

Code	Provider Type	Service Criteria
T1023	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w Exception Waiver 101Y99995L - Master Level w Exception Waiver	Service must be provided by a Mental Health Specialist as defined in WAC 182-538D-0200
CPT®/HCPCS Definition		
Progrm intake assmt screening to determine appropriateness of an individual for participation in a spec. progrm, project or tx protocol, per encounter		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
HK HT UD U8 XE		

Stabilization services

Modality definition

Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a facility licensed and certified by Department of Health as either Crisis Stabilization Units or Crisis Triage Facilities. Stabilization Services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional Stabilization Services. Stabilization Services may be provided prior to an intake evaluation for mental health services.

Inclusions

- 24 hours per day/7 days per week availability.
- Services may be provided prior to intake evaluation.
- Services provided in:
 - The person's own home or another home-like setting, which may include a "living room" model in a crisis stabilization setting; or
 - A facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities.
- Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.
- Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services.
- Additional mental health, or SUD services, may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.

Exclusions

- None

Notes

- This modality may be provided prior to an intake.
- Report Provider Type as Billing Provider NPI and taxonomy for per diem code.

Code	Provider Type	Service Criteria
S9484	164W00000X - Licensed Practical Nurse	<p>Services provided in person's own home or other home like setting, which may include a "living room" model within a crisis stabilization setting.</p> <p>55 mins minimum for the first hour, standard halfway service rounding rules apply thereafter. Services reported may be discontinuous but must be reported on the date of service where they occur. This service may last from 55 minutes to 24:00 hours per date of service and must be provided by staff specifically assigned to this program.</p>
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Crisis intervention, per hour	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=1 hour; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HK HT UD U8 FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

Code	Provider Type	Service Criteria
S9485	Billing Provider NPI and Taxonomy	Stabilization Services provided in a facility licensed and certified by Department of Health as Crisis Stabilization Unit, Crisis Triage, or Evaluation and Treatment Facilities. A client may be admitted and discharged within the same day.
CPT®/HCPCS Definition		
Crisis intrvntn mh, per diem		
Unit (UN) / Minutes (MJ)		
UN (1= a day; 1 or more)		
Modifiers		
UD		

Therapeutic psychoeducation

Modality definition

Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.

Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.

Inclusions

- Information, education, and training to assist enrollees, family members and others identified by the enrollee in the management of psychiatric conditions, increased knowledge of mental illness and understanding importance of the enrollee's individual service plan.
- Services provided at locations easily accessible and convenient to the enrollee.
- Services may be provided in groups or individually.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the "Guidance Document Links" section of this document.

Exclusions

- Classroom style teaching.
- General family or community education not specific to the enrollee.
- Family treatment.
- Individual treatment.

Notes

- This modality may not be provided prior to an intake.
- No time is associated with this code.

Code	Provider Type	Service Criteria
H0025	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Behav. hlth prev. educ. svcs (delivery of services with target population to affect knowledge, attitude and/or behavior)	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HK HT UD U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Code	Provider Type	Service Criteria
H2027	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Psycho-ed svcs, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HK HT UD U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Code	Provider Type	Service Criteria
S9446	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
PT educ., not otherwise classified, by non-physician provider, in group setting, per session	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HK HT UD U8 XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Other Mental Health Services or Supports – *Not covered by Medicaid*

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Care coordination services

Description of Other Services

Activities are provided for clients, and/or their family through a process that provides individualized services. The following activities are included in Care Coordination Services:

- Outreach and engagement
- Formation of the child (youth) and family team
- Cross system coordination
- Development and implementation of individualized plans focusing on the strengths and needs of the child and family
- Coordination with medical home
- Coordination with other active treatment components
- Non-clinical meetings with natural supports (i.e., friends, extended family, neighbors, co-workers, faith communities, member's schools)

Inclusions

- Care coordination services is to be used for individuals 21 and younger participating in Wraparound with Intensive Services (WISE).

Exclusions

- Child and Family team meetings
- Not an available service for adults (individuals 21 yrs of age or older).
- Not a Medicaid billable services. State funded.

Notes

- Information on this page is intended as overview.
- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H2021	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Comm. based wrap-around svcs, per 15 min	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HK U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Child and family team meetings

Description of other services

Purpose: Child & Family Team (CFT) Meetings are for the development, evaluation, or modification of a cross-system care plan. In accordance with WA Children’s Mental Health System Principles, care planning is family driven, youth-guided, and focused on strengths and needs. The CFT facilitates cross system coordination to support outcomes in the restoration of a higher level of functioning for the youth and family. The cross-system care plan is maintained in the official mental health provider client record and each participating member receives a copy. The cross-system care plan includes: 1. A statement of treatment and services goals; 2. Clinical interventions; 3. Supports designed to achieve those goals; and 4. An evaluation of progress.

Population served: This service is designed for children and youth who have complex emotional, behavioral, and social issues who typically require care coordination across two or more systems.

Membership on the CFT is determined by the family and youth in collaboration with service providers and includes natural supports that the family/youth designate as well as representatives of involved providers and systems.

Facilitation: The CFT is facilitated by a member identified by the team that can maintain a consistent presence, guide the team process, coordinate planning efforts, and be responsible for sign-in sheets and meeting minutes that document efforts, agreements, and progress.

Frequency: The team meets with sufficient regularity to assess progress and maintain clear and coordinated communication to carry out the plan.

Inclusions

- See description. All meetings where the family and other members of an established CFT are participating as part of the care plan.

Exclusions

- Meetings without the youth or family present (i.e., one or the other or both must be present).
- Meetings for a primarily clinical purpose such as individual or family treatment services that do not involve other CFT members.

Notes

- Information on this page is intended as an overview. Refer to the PIHP contract, WA State Children’s Mental Health System Principles and WA State Children’s Mental Health Child and Family Team Practice Expectations.
- This service is designated using modifier “HT” – Multidisciplinary Team. This service should only be reported by one of the mental health clinicians in attendance at the team meeting by using the HT modifier. All other mental health attendees submit without the HT modifier.
- If services are reported per diem High Intensity, those members do not code Child & Family Team Meetings separately.
- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H0032	164W00000X - Licensed Practical Nurse	This code should be used with "team" provided Services. Mental Health lead should submit with the HT modifier. All other mental health providers in attendance submit only H0032 without the HT modifier.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
MH srvc's plan dev by non-MD	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HT U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Housing and recovery through peer services (HARPS)

Description of other services

A service provided with state only or local funding. Supportive housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive housing services include activities that assist a homeless or unstably housed individual to live with maximum independence in community integrated housing. Activities are intended to assure successful community living through utilization of skills training, cueing, and/or supervision as identified by the person-centered assessment. Supportive housing services such as identifying housing options, contacting prospective landlords, scheduling interviews, assisting with housing applications, and assisting with subsidy applications and supporting the individual once housed in collaboration are not done for the individual, but rather they are delivered through training, cueing, and supervision to help the participant become more independent in doing these tasks. Services may include outreach, mediating landlord-tenant, roommate, and neighbor issues as a collateral service as long as a minimum of 15 minutes of face-to-face service with the individual occurs. Rehabilitation skills training on interpersonal relations and landlord tenant rights/laws. These services should be client-specific and may be in scattered-site, clustered/integrated, or single-site housing as long as the tenant holds a lease.

Inclusions

- Assistance in obtaining integrated housing focusing on choice and preferences, to collect appropriate documentation for the housing of their choice, to complete housing applications, and complete applications and re-certifications for housing subsidies, etc.
- Assisting the individual to self-advocate with landlords, lease negotiations, roommate agreements, acquiring furnishings, to purchase cleaning supplies, dishes, linens, etc., the individual to move and acquire housing if first or second housing situation does not work out.
- Educating the individual on tenancy rights and responsibilities, eviction prevention (paying rent on time, conflict resolution, lease behavior agreements, utilities management).
- Educating the individual on landlord relationship maintenance.
- Educating the individual on subsidy provider relationship maintenance.
- HARPS plan development with individual.
- Assisting the individual to apply for entitlements.
- Independent living skills coaching such as meal planning/preparation, household cleaning, personal hygiene, reminders for medications, monitoring symptoms and side effects, community resource access and utilization, crisis coping skills, shopping, recovery management skills and education, financial management, and developing social and interpersonal skills.
- Linkages to education, job skills training, and employment with individual.
- The reporter must have a HARPS Contract with HCA to report services for this program.

Exclusions

- None

Notes

- Report Provider Type using Billing Provider NPI and taxonomy for this per diem service.
- This service type may be provided prior to an intake.
- 60 minutes minimum spent on behalf of an individual required to report this per diem, as long as a minimum of 15 minutes of face-to-face service with the individual occurs.

Code	Provider Type	Service Criteria
H0043	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Supp. Housing, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		

Interpreter services

Description of other services

Sign language, oral interpretative services necessary to ensure the provision of services for individual with sensory impairments or in the primary language of non-English speaking individuals.

Inclusions

- Interpretation/translation provided by staff not employed by the BHA.
- Interpretation/translation provided by staff employed by the BHA, who is not the primary mental health care provider or who is not delivering the service.
- Interpreter services can be reported concurrently with another clinical service including Interactive Complexity (90785) when Interactive complexity is reported as an add-on service.

Exclusions

- Services provided by a mental health care provider who is bilingual and does not require a separate interpreter or translator.

Notes

- Documentation by the clinician to include, at a minimum, notation that interpretative services were utilized during the session and the name of the interpreter.
- Documentation from the interpreter is not required in the clinical file.
- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
T1013	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Sign Lang/Oral Interpreter Srvcs	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1= 15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
UD U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101YA0400X - Substance Use Disorder Professional	
	101Y99995L - Substance Use Disorder Professional Trainee	

Mental health clubhouse

Description of other services

A service provided with State-only or local funding. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use International Center for Clubhouse Development (ICCD) standards as guidelines. Services include all of the following:

- Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community.
- Opportunities to participate in administration, public relations, advocacy, and evaluation of clubhouse effectiveness.
- Assistance with employment opportunities, housing, transportation, education, and benefits planning.
- Operate at least ten hours a week after 5:30 p.m. Monday through Friday, or anytime on Saturday or Sunday.
- Opportunities for socialization activities.

Inclusions

- Operate at least ten hours a week that occurs either after 5:30 p.m. Monday through Friday or during any hours on Saturday or Sunday.
- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the mental health clubhouse

Exclusions

- None

Notes

- Report Provider Type using Billing Provider NPI and taxonomy for this per diem code.
- This modality may not be provided prior to an intake.
- See Day Support on page 22 regarding Medicaid funded services in this setting.

Code	Provider Type	Service Criteria
H2031	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
MH clubhouse svcs, per diem		
Unit (UN) / Minutes (MJ)		
UN (1= a day; 1 or more)		
Modifiers		
UD		

Respite care services

Description of other services

A service provided with State-only or local funding to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support, and monitoring to meet the physical, emotional, social, and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home, etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional.

Inclusions

- Observation, direct support, and monitoring to meet needs of an enrollee by someone other than the primary caregivers.
- Service may be provided on a planned or an emergent basis.
- Service provided in a variety of settings such as the person's or caregiver's home, an organization's facilities, or in a respite worker's home.
- Service provided in a manner necessary to provide relief for the person or caregivers
- Concurrent or auxiliary services may be provided by staff who are not assigned to provide respite care.

Exclusions

- Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration)

Notes

- Respite care up to 8 hours is reported as T1005. Respite care of 8 hours or longer is reported as a per diem.
- Report Provider Type using Billing Provider NPI and taxonomy for these per diem codes.
- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H0045	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Respite not-in-home, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
UD		

Code	Provider Type	Service Criteria
S9125	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Respite care, in the home, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
UD		

Code	Provider Type	Service Criteria
T1005	164W00000X - Licensed Practical Nurse	Require 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Respite care services, 15 minutes	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH UD XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Supported employment

Description of other services

A service provided with State-only or local funding. Services will include:

- An assessment of work history, skills, training, education, and personal career goals.
- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
- Involvement with consumers serviced in creating and revising individualized job and career development plans that include consumer strengths, abilities, preferences, and desired outcomes.
- Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.
- Services are provided by or under the supervision of a mental health professional.

Inclusions

- Assessment of work history, skills, training, education, and personal career goals.
- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
-
- Involvement with consumers served in creating and revising. individualized job and career development plans that include consumer strengths, abilities, preferences, and desired outcomes.
- Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.

Exclusions

- None

Notes

- This modality may not be provided prior to an intake.

Code	Provider Type	Service Criteria
H2023	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Supported employ, per 15 min	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HT UD FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Code	Provider Type	Service Criteria
H2025	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Supp maint employ, 15 min	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HT UD FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Mental Health Programs – *includes both Medicaid and non-Medicaid*

Non-Medicaid Funded Programs

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Special program reporting

Description

Special programs are specified behavioral health services targeted by designated funding or legal settlement delivered to an identified population of individuals.

General information & reporting instructions for programs

- The program description pages provide a brief narrative of the program as well as specific admission criteria and any additional services allowed under the program. The reader is referred to the contract and/or program standards for additional specific information and requirements related to the program.
- Individuals are identified for participation in programs based on program specific criteria defined in contract.
- At the time of an individual's entry to a program, the program identification code (2- characters) is reported to HCA/DBHR enrolled participants. Program descriptions provide detail information for types of services, available codes, and modifiers.
- Criteria for discharge or exit from a program are as defined by the contract. At time of discharge or exit from a program, a program end date is reported for each program participant.
- When generating data reports for special programs, to get a full picture of all services provided to a client, be sure to include all the encounters, regardless of Special Program Reporting identifiers, that occurred within the time range of the specific program as identified as a part of the Program Episode Identifier transaction.

For example: To get a full picture of the services that have been provided to program participants, both types of encounters must be captured. To identify program-only encounters, only look at those with the Special Program Reporting identifiers.

Jail services/community transition

Program description

The Jail Services Program provides mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health services upon the release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits. Services provided as part of this program are intended to facilitate safe transition into community services. Post release transition services are available for up to 90 days following release from any episode of confinement.

Inclusions

- This service is program specific and is only available for persons in the Jail Services Program.
- Criteria for entry into this program are specified in the contract.

Exclusions

- None

Notes

- Community transition is a state-funded service. Please refer to your contract regarding specific requirements or services to be reported.
- Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.
- This program may be provided prior to an intake.
- There is no time associated with this code.

Code	Provider Type	Service Criteria
T2038	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Community transition waiver/srvcs, per srvc	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH UD FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	175T00000X - DBHR Credentialed Certified Peer Counselor	

Offender re-entry community safety program (ORCSP)

Program description

The Offender Re-entry Community Safety Program (ORCSP) is designed to improve the process of identification and provision of additional mental health treatment for mentally ill persons being released from the Department of Corrections (DOC) who pose a threat to themselves or others.

The ORCSP funding supplements other resources and provides additional mental health treatment.

Inclusions

- The MCO, BH-ASO, or provider must have an ORCSP contract with the HCA/DBHR to report services for this program.
- Entry criteria for the program are assignment of an individual to the contractor by HCA/DBHR ORCSP Program Administrator.
- Referral source for this program is "Corrections." Participants are initially identified by Department of Corrections and then screened for acceptance by the Statewide Multi-system Review Committee.
- Additional services allowed for participants in this program include:
 - Case Management (T1016-HW) – Coordination of mental health services, assistance with unfunded medical expenses, obtaining SUD treatment, housing, employment services, education or vocational training, independent living skills, parenting education, anger management services; and other such services as deemed necessary (RCW 71.24.70).
 - Sex offender treatment (H2028) – Services to reduce reoffending behavior by teaching skills to identified sexual offenders as an effort to prevent relapse.

Exclusions

- None

Notes

- Information on this page is intended as an overview. Refer to the contract for complete program requirements.

Code	Provider Type	Service Criteria
H2028	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report for first unit
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Sex offend tx srvcs, per 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

Code	Provider Type	Service Criteria
T1016	164W00000X - Licensed Practical Nurse	Requires 10 minutes minimum to report first unit.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Case management, each 15 minutes	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HH HW* FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

*Indicates required modifier.

WA-PACT

Program description

The Washington Program for Assertive Community Treatment (WA-PACT) is a client-centered recovery-oriented mental health service delivery model that supports facilitating community living, psychosocial rehabilitation, and recovery for individuals who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

WA-PACT Services are delivered by a group of multi-disciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. The team is directed by a team leader and psychiatric prescriber and sufficient staff from the core mental health disciplines to cover 24 hours per day, seven days a week, and provide intensive services based on the individual's need and mutually agreed upon plan. WA-PACT teams are mobile and deliver services in community locations.

Inclusions

- The WA-PACT team must be recognized by HCA/DBHR as a WA-PACT participant and actively participate in the WA-PACT Fidelity Review requirements. Criteria for entry to this program are specified in the HCA/DBHR PACT standards.
- Services provided by staff who are members of a WA-PACT team are reported with the applicable CPT®/HCPCS code in the SERI guide and the modifier "UD."

Exclusions

- The following services are excluded from the WA-PACT program:
 - Day Support
 - High Intensity Treatment

Notes

- Information on this page is intended as an overview. Refer to the contract and Washington State PACT standards for complete program requirements.
- Exceptions to Provider Types:
 - Peer Specialists who are not certified may serve on a PACT team. Select appropriate level of Peer Counselor to report all Peer Counselor Services.
 - The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN Services.

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
Any code in this guide except that for Day Support or High Intensity Treatment			UD	As applicable to code selected from this guide.	Use modifier "UD" to identify delivery of service by WA-PACT team members to individuals enrolled in the WA-PACT program. This modifier should be used in combination with any CPT®/HCPCS code available in the SERI guide for use with the WA-PACT program.

Wraparound with Intensive Services (WISe)

Program description

Wraparound with Intensive Services (WISe) is a Medicaid-funded range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home- and community-based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school, or peers requiring:

- The coordination of services and support across multiple domains (i.e., mental health system, juvenile justice, child protection/welfare, special education, developmental disabilities),
- Intensive care collaboration, and
- Ongoing intervention to stabilize the child and family in order to prevent more restrictive or institutional placement.

WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home- and community-based services and mobile crisis outreach services based on the individual's need and the cross-system care plan* developed by the Child and Family Team. Care is integrated in a way that ensures youth are served in the most natural, least restrictive environment.

*Cross-System Care Plan: An individualized comprehensive plan created by a Child/Family Team that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement, the official individual service plan that each system maintains in the client record.

Inclusions

- Criteria for entry to this program are specified in the HCA/DBHR WISe manual.
- The MCO/BH-ASO must have a WISe Contract with HCA/DBHR to report services for this program.
- Agencies must be qualified by HCA/DBHR to provide these services.
- Individual encounters must be reported by WISe-certified staff using the U8 modifier.

Exclusions

- Per diem codes are excluded from the WISe program.

Notes

- Information on this page is intended as an overview. Refer to the PIHP contract and Wraparound with Intensive Services program manual for complete requirements.

Code	CPT®/HCPCS Definition	UN /MJ	Mod	Provider Type	Service Criteria
Any code in this guide except codes defined as a per diem code			U8	As applicable to code selected from this guide.	WA State HCA/DBHR defined modifier “U8” to identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners. Do not use the “U8” modifier to identify services to WISe participants by non-WISe child and family team members.

New Journeys Coordinated Specialty Care (NJ CSC)

Program description

[New Journeys Coordinated Specialty Care \(NJ CSC\)](#) is a delivery model designed to meet the needs of those experiencing a first episode of psychosis with treatment provided as a wrap-around intensive outpatient service. Treatment provides evidence-based health and recovery support interventions for youth and young adults when first diagnosed with Severe Mental Illness (SMI)/Severe Emotional Disturbance (SED).

NJ CSC services are delivered by multi-disciplinary mental health providers who work as a team and provide treatment, rehabilitation, and supports to assist individuals to achieve their goals. The service array is provided on an outpatient basis with options for home and community settings, based on the individual's own needs and what they identify as helping them achieve a more meaningful life. The service components include individual and/or group psychotherapy, family psychoeducation and support, medication management, and peer support.

Includes

- Information on this page is intended as an overview. Refer to contract and HCA/DBHR New Journeys manual for additional information.
- The New Journeys provider must be an approved provider by HCA/DBHR to provide these services. Refer to HCA/DBHR New Journeys manual for additional information.
- Services provided by staff members of a New Journey's team are reported with applicable CPT®/HCPCS code in the SERI guide and the modifier "HT."

Excludes

The following services are excluded from the New Journeys:

- Per diem codes
- Day Support
- High Intensity Treatment

Notes

If provider's contract specifies a team-based case rate payment, the below procedure codes should be used (based upon 24 months of intervention):

- Tier 1: Engagement and outreach (T2022 HT) – intake through the first 6 months.
- Tier 2: Recovery and Resiliency (T2023 HT) – months 7-24.

Code	CPT®/HCPCS Definition	UN /MJ	Mod	Provider Type	Service Criteria
Any code in this guide except that for per diem services, Day Support, or High Intensity Treatment			HT	As applicable to code selected from this guide.	Use modifier "HT" to identify services provided to New Journey's participants by qualified NJ-CSC providers.

T2022	Case management, per month	UN (1) (1 per month)	HT	Billing Provider NPI and taxonomy	Tier 1 – Monthly team-based case rate for intake through first 6 months of services. Optional – To be used if provider contract specifics a team-based case rate.
T2023	Targeted case management, per month	UN (1) (1 per month)	HT	Billing Provider NPI and taxonomy	Tier 2 – Monthly team-based case rate for months 7 through month 24 of services. Optional – To be used if provider contract specifics a team-based case rate.

Intensive residential treatment

Program description

Intensive Residential Treatment teams (IRT) is a model for providing a range of outreach-based service components that are individualized, intensive, coordinated, comprehensive, and culturally competent. The model is for adults living in Aging and Long-Term Services Administration (AL TSA) licensed Adult Family Homes and Assisted Living Facilities who have a mental disorder causing severe disruption in functioning that has resulted in being recently in need of hospitalization.

IRT services are delivered by a team of multi-disciplinary mental health staff. The team uses Assertive Community Treatment principles to work together to provide rehabilitative mental health treatment and support services, based on the individual's unique needs. The model includes a mix of Medicaid and non-Medicaid services and supports.

Inclusions

- Each IRT must have a contract with an MCO to report services for this program.
- Criteria for entry to this program are specified in the [HCA/DBHR IRT standards guide](#).
- Services provided by staff who are members of an IRT are reported with the applicable CPT/HCPCS code in the SERI guide and the modifier "UD."

Exclusions

- The following services are excluded from the IRT program:
 - Day Support
 - High Intensity Treatment

Notes

- Information on this page is intended as an overview. Refer to [HCA guidance documents](#) for additional information.
- This model is outreach-based, and place of service (POS) should reflect accordingly, either POS 33 or POS 14.
- IRT services should be reflected in the supplemental transactions to Behavioral Health Data System (BHDS). Services should use the Program ID# 44 for these services as per the BHDS Data Guide.
- Exceptions to Provider Types:
 - The IRT staffing requires an RN. Provider type RN/LPN should be used to report all RN Services.

Code	CPT/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
Any code in this guide except that for Day Support or High Intensity Treatment			UD	As applicable to code selected from this guide.	

Peer support provided within a mental health peer respite facility

Description

Mental health peer respite is an alternative facility type for individuals who are in psychiatric distress. Peer support services provided in a respite facility is a voluntary, short term overnight environment. Peer support may be one-on-one or group peer support. Peer support services are provided by certified peer counselors who are credentialed through the Department of Health as an Agency Affiliated Counselor. Services provided are under the supervision of a Mental Health Professional. Mental health peer respite is further outlined in [WAC 246-341-0725](#).

Facility Inclusions

- Peer Respite Facilities are limited to individuals who are:
 - At least eighteen years of age
 - Experiencing psychiatric distress but who are not detained or involuntarily committed under chapter 71.05 RCW
 - Independently seeking respite services by their own choice

Exclusions

- Peer respite facilities do not provide medical services, such as prescribing medication or management/oversight of management. However, an outside provider may provide and bill for concurrent or auxiliary professional services, such as prescribing medication or related medication management services.

Notes

- Report Provider Type using Billing Provider NPI and taxonomy for these per diem codes.
- This modality may not be provided prior to an intake.
- Information on this page is intended as an overview. Refer to HCA guidance documents for additional information.
- An agency certified to provide mental health peer respite services must be licensed according to this chapter and meet the general requirements in:
 - WAC 246-341-0718 for recovery support services; and
 - WAC 246-341-0724 for peer support services.

Code	Provider Type	Service Criteria
H0045	Billing Provider NPI and Taxonomy	A client may be admitted and discharged within the same day.
CPT®/HCPCS Definition		
Respite not-in-home, per diem		
Unit (UN) / Minutes (MJ)		The per diem is to cover both Medicaid allowable
UN (1=a day; 1 or more)		
Modifiers		

		services (i.e., intake by MHP, peer services, etc.) and non-Medicaid allowable expenses, such as room and board.
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Substance Use Service Modalities - *Medicaid* *State Plan Services*

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Case management	100
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Brief intervention	109
Intensive inpatient residential services	110
Long-term care residential services	111
Peer support	113
Recovery house residential services	115
Withdrawal management	116
Secure withdrawal management	118

Assessment services

Modality definition

The activities conducted to evaluate an individual to determine if the individual has a substance use disorder and determine placement in accordance with the American Society of Addiction Medicine (ASAM) criteria.

Inclusions

- Must be done by a SUDP or SUDPT under the supervision of a SUDP
- Includes DUI assessment

Exclusions

- None

Notes

- Must be provided by a certified SUD provider.
- May be provided outside a facility when done by a certified outpatient SUD provider following off-site service guidelines as defined in WAC.
- Assessments requiring more than one session to complete by a single clinician are coded with the applicable assessment code and the modifier "53" to indicate the service was not completed. The final session to complete the assessment is coded with applicable assessment code without a modifier.
- A new assessment evaluation is not required if an assessment was completed in the 12 months prior to the current request and medical necessity was established. The previously completed assessment may be used to authorize care.
- An update or addendum to the intake that addresses all pertinent areas is completed, and modifier "52" added to appropriate CPT®/HCPCS code to report the encounter.
- **Important:** Assessments completed for the purposes of determining if the individual meets medical necessity (i.e., at the initiation of services) must be preceded by a request for services encounter.

Limitations

- None

Code	Provider Type	Service Criteria
H0001	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	
CPT®/HCPCS Definition		
Alcohol/drug assessmt.		
Unit (UN) / Minutes (MJ)		
UN (1= 15 mins; 1 or more)		
Modifiers		
52 53 HD HH HZ U5 XE		

Case management

Modality definition

Case management services are services provided by a Substance Use Disorder Professional (SUDP), Substance Use Disorder Professional Trainee (SUDPT), or person under the clinical supervision of a SUDP who will assist clients in gaining access to needed medical, social, education, and other services. Does not include direct treatment services in this sub element. This covers case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This does not include treatment planning activities.

Inclusions

- None

Exclusions

- Outreach activities.
- Time spent by a SUDP reviewing a SUDP Trainee's file notes and signing off on them.
- Time spent on staffing or completing normally required documentation.
- Time spent on writing treatment compliance notes and monthly progress reports to the court.
- Direct treatment services or treatment planning activities.
- Calling in refills to pharmacies and filling out medication packs without the client present.
- Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee).
- Testimony during an ITA hearing.
- Non-therapeutic phone calls; or performing these activities: messages, listening/leaving voice mails, e-mails, and mailing or faxing letters.
- Discussing client during supervision.

Notes

- This modality may not be provided prior to an assessment/intake.

Limitations

- For Medicaid funded services, this service may only be provided by a SUDP or SUDPT.

Code	Provider Type	Service Criteria
T1016	164W00000X - Licensed Practical Nurse	Direct communications with the client and/or collaterals designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. (Excludes: reminder (non-therapeutic) phone calls, listening to voice mails, e-mails). Requires 10 minutes minimum to report first unit. For Medicaid funded services, this service may only be provided by a SUDP or SUDPT.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Case management, each 15 mins	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1=15 mins; 1 or more)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5 FQ XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	101YA0400X - Substance Use Disorder Professional (SUDP)	
	101Y99995L - Substance Use Disorder Trainee (SUDPT)	

Opioid treatment program

Modality definition

Opioid Treatment Program (OTP) services provide assessment and treatment to individuals with opioid use disorder (OUD). Services include ordering and dispensing of an approved medication, as specified in 21 CFR Part 291, for opioid treatment programs in accordance with WAC 246-341-1000. OTP includes both withdrawal management and maintenance as well as physical exams, clinical evaluations, and individual or group therapy for the primary patient and their family or significant others.

Inclusions

- Observation and/or delivery of administered and/or dispensed medications to clients from an opioid treatment program.
- Courtesy dosing of Medicaid clients seen at an opioid treatment program.
- Interim maintenance treatment of clients seen at an opioid treatment program. **NEW:** For interim maintenance treatment, use modifier "TF".

Exclusions

- None

Notes

- **NEW:** Mobile treatment programs should use place of service (POS) 15.
- Medical inductions for this modality may be provided prior to the completion of an ASAM biopsychosocial assessment. A full medical examination and laboratory testing must be completed prior to induction of medication.
- Individuals receiving OTP services may also receive other ASAM level of care treatment services at other treatment agencies as per ASAM treatment criteria and 42 CFR § 8.12(f)(1)
- All of the following codes could be reportable for one encounter:
 - Use code H0020 to report the actual administration or dispensing encounter. This service was previously reported as minutes. H0020 is now reported in units. Report one unit for the actual face-to-face encounter. If medication was administered and dispensed, report 2 units. (See below.)
 - Report urinalysis testing codes as described in Urinalysis Drug Screening found in the Other Services section.
 - **NEW - Additional Guidance:**
 - Providers must report all service codes that represent all OTP services required under state and federal law. H0020 is only to be used to report the encounter for dosing. Report ALL other services using the applicable SERI code.

Limitations

- Place of Service Code '57' only (Non-residential Substance Abuse Facility).

Code	Provider Type	Service Criteria
H0020	164W00000X - Licensed Practical Nurse	This code to be used once for each encounter to dispense or administer any approved OTP medications.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Alcohol/drug services; MAT admin. /dispense srvc by a lic. progrm.	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
Unit (1 per encounter)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5 TF* XE	106H00000X - Lic. Marriage and Family Therapist	
	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101YA0400X - Substance Use Disorder Professional (SUDP)	
	101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	

*TF modifier for interim maintenance only

Outpatient treatment

Modality definition

Brief Outpatient Treatment: A program of care and treatment that provides a systemic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. The service as described satisfies the level of intensity in ASAM Level 1.

Intensive Outpatient Treatment: Services provided in a non-residential intensive patient centered outpatient program for treatment of substance use disorders. The service as described satisfies the level of intensity in ASAM Level 2.1.

Outpatient Treatment: Services provided in a non-residential substance use disorder treatment facility. Outpatient treatment services must meet the criteria in the specific modality provisions set forth in WAC 246-341. Services are specific to client populations and broken out between group and individual therapy. The service satisfies the level of intensity in ASAM Level 1.

Inclusions

- None

Exclusions

- None

Notes

- This modality may not be provided prior to an assessment.
- Services with the U6 modifier will be associated with brief outpatient treatment.
- Use most closely matched Place of Service code for certified locations/branches. For example, if a certified branch is in a school, use Place of Service code '03'.
- Group sizes per WAC 246-341
- Use the appropriate diagnosis code to designate treatment is for an SUD.
 - For SUD: Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse and
 - Z7151 for drug abuse.

Limitations

- None

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
H0004	Behav. Hlth Cnslng and thrpy, per 15 mins	UN (1=15 mins; 1 or more)	HD HH HZ U5 U6 XE FQ	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Requires 10 minutes minimum to report first unit
96164	Behav. Hlth Intrvtn. w/ grp (2 or more) face-to-face, first 30 minutes	UN (1=30 mins)	HD HH HZ U5 U6 XE	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Do not report for less than 16 minutes of service

+96165	Behav. Hlth Intrvtn. w/ grp (2 or more), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	UN (1=15 mins; 1 or more)	HD HH HZ U5 U6 XE	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Requires 8 minutes minimum to report unit NCCI MUE edits do not apply
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"+" Indicates an Add-On Code to be reported with primary service/base code

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
96167	Behav. Hlth Intrvtn. w/ fam. & pt. face-to-face, first 30 minutes	UN (1=30 mins)	HD HH HZ U5 U6 FQ XE	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Do not report for less than 16 minutes of service
+96168	Behav. Hlth Intrvtn. w/ fam. & pt. face-to-face, each additional 15 minutes (List separately in addition to code for primary service)	UN (1=15 mins; 1 or more)	HD HH HZ U5 U6 FQ XE	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Requires 8 minutes minimum to report unit
96170	Behav. Hlth. Intrvtn. w/ fam; no pt, face-to-face, first 30 minutes	UN (1=30 mins)	HD HH HZ U5 U6 FQ XE	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Do not report for less than 16 minutes of service

+96171	Behav.Hlth. Intrvtn. w/ fam; no pt, face-to-face, each additional 15 minutes (List separately in addition to code for primary service)	UN (1=15 mins; 1 or more)	HD HH HZ U5 U6 FQ XE	101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	Requires 8 minutes minimum to report unit
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“+” Indicates an Add-On Code to be reported with primary service/base code

Brief intervention

Modality definition

A time limited, structured behavioral intervention using substance use disorder brief intervention techniques, such as evidence-based motivational interviewing and referral to treatment services when indicated. Services may be provided at, but not limited to, sites exterior to treatment facilities such as hospitals, medical clinics, schools, or other non-traditional settings.

Inclusions

- None

Exclusions

- None

Notes

- This modality may be provided prior to an assessment.
- Could include the use of screening tools such as AUDIT, DAST, ASSIST, etc.
- Use the appropriate diagnosis code to designate treatment is for an SUD.
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse; and
 - Z7151 for drug abuse.

Limitations

- None

Code	Provider Type	Service Criteria
H0050	101YA0400X - Substance Use Disorder Professional (SUDP)	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition	101Y99995L - Substance Use Disorder Professional (SUDPT)	
Alcohol/drug srvc, per 15 mins		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
HD HH HZ U5 FQ XE		

Intensive inpatient residential services

Modality definition

A concentrated program of substance use disorder treatment, individual and group counseling, education, and related activities for individuals diagnosed with a substance use disorder excluding room and board in a twenty-four-hour-a-day supervised facility in accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 3.5.

Inclusions

- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

Exclusions

- None

Notes

- This modality may not be provided prior to an assessment.
- Client must be in the building at some point during the 24-hour period and have received a service in order to report encounter.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.
- Report Provider Type using facility Billing Provider NPI and taxonomy.

Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

Code	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0018	Billing Provider NPI and taxonomy	
CPT®/HCPCS Definition		
Behavioral health; short-term resid. (nonhospital residential trx program), w/o room and board, per diem		
Unit (UN) / Minutes (MJ)		
UN (1= a day; 1 or more)		
Modifiers		
HD HZ U5		

Long-term care residential services

Modality definition

The care and treatment of chronically impaired individuals diagnosed with substance use disorder with impaired self-maintenance or cognitive capabilities including personal care services and a concentrated program of substance use disorder treatment, individual and group counseling, education, vocational guidance counseling and related activities for individuals diagnosed with substance use disorder excluding room and board in a twenty-four-hour-a-day, supervised facility in accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 3.3.

Inclusions

- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

Exclusions

- None

Notes

- This modality may not be provided prior to an assessment.
- Client must be in the building at some point during the 24-hour period and have received a service in order to report encounter.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).
- Report Provider Type as facility Billing Provider NPI and taxonomy.
- Use the appropriate diagnosis code to designate treatment is for an SUD.
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse; and
 - Z7151 for drug abuse.

Code	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01x6 CPC CODE: H0019	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Alcohol/drug long-term res. (nonmedical, non-acute care in a res. tx. program; stay is typically longer than 30 days), per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
HD HZ U5		

Peer support

Modality definition

Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a Substance Use Disorder Professional who understands rehabilitation and recovery. This service provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.

Services provided by peer counselors to the individual are noted in the individuals' Individualized Service Plan which delineates specific goals that are flexible, tailored to the individual, and attempt to utilize community and natural supports. Progress notes document individual progress relative to goals identified in the Individualized Service Plan and indicates where treatment goals have not yet been achieved.

Peer counselors work with their peers (adults and youth) and the parents of children receiving or who have received behavioral health services. They draw upon their experiences to help peers find hope and make progress towards recovery. Peer counselors assist individuals and families in developing their own recovery goals.

They provide individual or group peer support, a peer counselor may work in a treatment setting or meet peers where they are at in the community. Peer counselors model skills in recovery and self-management to help individuals meet their rehabilitative goals. Peer counselors assist in a wide range of services to facilitate meeting the recovery goals on treatment plans to help individuals regain control and achieve success in their own lives, such as developing supportive relationships and self-advocacy.

Inclusions

- Scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.
- Includes individual or group peer support, a peer counselor may work in a treatment setting or meet peers where they are at in the community.
- SUD peer services are distinguished from mental health peer services by diagnosis code (see page 13 of SERI guide):
 - In this ICD-10 range: F10-F19.99; or
 - When the specific diagnosis cannot be made or is unknown use:
 - Z7141 for alcohol abuse counseling and surveillance; or
 - Z7151 for drug abuse counseling and surveillance.

Exclusions

- None

Notes

- This modality may not be provided prior to an intake.
- More information regarding [SUD Peer Support](#) is available on the HCA website.

Code	Provider Type	Service Criteria
H0038	175T00000X - DBHR Credentialed Certified Peer Counselor	Requires 10 minutes minimum to report first unit
CPT®/HCPCS Definition		
Self-help/peer srvc, per 15 mins		
Unit (UN) / Minutes (MJ)		
UN (1=15 mins; 1 or more)		
Modifiers		
HK UD U8 FQ XE		

Recovery house residential services

Modality definition

A program of care and treatment with social, vocational, and recreational activities designed to aid individuals diagnosed with substance use disorder in the adjustment to abstinence and to aid in job training, reentry to employment, or other types of community activities, excluding room and board in a twenty-four-hour-a-day supervised facility accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 3.1.

Inclusions

- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

Exclusions

- None

Notes

- This modality may not be provided prior to an assessment.
- Client must be in the building at some point during the 24-hour period and have received a service in order to report encounter.
- Report Provider Type as facility Billing Provider NPI and taxonomy for this per diem code.

Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

Code	Provider Type	Service Criteria
H2036	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Alcohol/drug tx program, per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
HD HZ U5		

Withdrawal management

Modality definition

Medically Monitored (Acute): Withdrawal Management services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Medically Monitored Withdrawal management provides medical care and physician supervision for withdrawal from alcohol or other drugs.

Clinically Managed (Sub-Acute): Withdrawal Management services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Clinically Managed is nonmedical withdrawal management or patient self-administration of withdrawal medications ordered by a physician.

Inclusions

- None

Exclusions

- None

Notes

- This modality may be provided prior to an assessment.
- Report Provider Type as facility Billing Provider NPI and taxonomy for these per diem services.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0010	Alcohol/drug services; subacute detox in Free Standing E&T facility, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Clinically Managed Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0010	Alcohol/drug services; subacute detox in hospital setting, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Clinically Managed Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0011	Alcohol/drug services; acute detox in Free Standing E&T facility, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Medically Monitored Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0011	Alcohol/drug services; acute detox in hospital setting, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Medically Monitored Withdrawal Management.

Secure withdrawal management

Modality definition

Services provided in a secure withdrawal management facility certified to provide evaluation and assessment by SUDPs, withdrawal management treatment, treatment as tolerated, discharge assistance, and has security measures sufficient to protect patients, staff, and community. Treatment provided is for individuals who meet Involuntary Treatment Act (ITA) criteria due to a substance use disorder (RCW 71.05).

Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/7 days per week availability.
- Nursing care.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
 - Rehabilitation Case Management

Exclusions

- None

Notes

- Report Provider Type as the facility Billing Provider NPI and taxonomy for these services per diem services.
- Secure withdrawal management services in a facility meeting the definition of an IMD are funded by non-Medicaid resources. This includes services provided to individuals with Medicaid as the pay source.
- Secure withdrawal management services will continue to be reported through the 837I HIPAA transaction as an episode of care.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions below.
- HCA will report secure withdrawal management services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.

Limitations

- None

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01X6 HCPCS CODE: H0017	Withdrawal management facility service in a Free Standing E&T, per diem.	UN (1= a day; 1 or more)	None	Billing provider NPI and taxonomy	
REVENUE CODE: 1002 or 01X6 HCPCS CODE: H0017	Withdrawal management facility service in a hospital setting, per diem.	UN (1= a day; 1 or more)	None	Billing provider NPI and taxonomy	

Other Substance Use Services – *Not Covered by Medicaid*

Alcohol/drug information schools	120
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Pregnant, postpartum, or parenting women’s (PPW) housing support services	125
Urinalysis drug screening	126

**Urinalysis Drug Screening may be covered by either Medicaid or non-Medicaid funding, see guidance starting on page 129*

Alcohol/drug information schools

Description of other services

Alcohol/Drug Information Schools provide information regarding the use and abuse of alcohol/drugs in a structured educational setting. Alcohol/Drug Information Schools must meet the certification standards in WAC 246-341. The service as described satisfies the level of intensity in ASAM Level 0.5.

Inclusions

- None

Exclusions

- None

Notes

- This modality may be provided prior to an assessment.
- Usually court-ordered.

Limitations

- Place of Service Code '57' only (Non-Residential Substance Abuse Facility).

Code	Provider Type	Service Criteria
H0026	101Y99995L - Other (Clinical Staff)	Service to be provided by SUDP or any other certified ADIS instructor
CPT®/HCPCS Definition	101YA0400X - Substance Use Disorder Professional (SUDP)	
Alcohol/drug prevention	101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	
Unit (UN) / Minutes (MJ)		
UN (1 per encounter)		
Modifiers		
HD HZ U5 XE		

Interim services

Description of other services

Interim Services or Interim Substance Use Disorder Services means services that are provided until an individual is admitted to a substance use disorder treatment program. The purposes of the services are to reduce the adverse health effects of such use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services, if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

Inclusions

- None

Exclusions

- If State-only funded, interim services for HIV treatment are not included.

Notes

- This modality may not be provided prior to an assessment.
- SABG Funded for PPW and IUID.
- May also be funded with State Funds.
- This is a SABG reporting requirement.

Limitations

- Use the appropriate diagnosis code to designate treatment is for an SUD.
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse; and
 - Z7151 for drug abuse.

Code	Provider Type	Service Criteria
H0025	101YA0400X - Substance Use Disorder Professional (SUDP)	
CPT®/HCPCS Definition	101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	
Behavioral Health Prevention Education		
Unit (UN) / Minutes (MJ)		
UN (1 per encounter)		
Modifiers		
HD HH HZ U5 XE FQ		

Recovery support services

Description of other services

A broad range of nonclinical services that assist individuals and families to initiate, stabilize, and maintain long-term recovery from substance use. Recovery support services can be delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. Services can be provided by a single entity or a consortium of health and human service providers.

Inclusions

- Recovery support services can include, but are not limited to:
 - Transportation to and from treatment or recovery support services
 - Employment services and job training
 - Relapse prevention
 - Housing assistance services
 - Childcare
 - Family/marriage education
 - Self-help and support groups, life skills, spiritual and faith-based support, education, and parent education

Exclusions

- Recovery support services does not include rent, dental, or medical costs, hygiene items, electronics, or anything that is for personal use.

Notes

- This modality may not be provided prior to an assessment.
- SABG, CJTA, or State-funded only
- Use the appropriate diagnosis code to designate treatment is for an SUD.
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse; and
 - Z7151 for drug abuse.

Limitations

- None

Code	Provider Type	Service Criteria
H0047	164W00000X - Licensed Practical Nurse	Direct communications with the client and/or collaterals designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. (Excludes: reminder (non-therapeutic) phone calls, listening to voice mails, e-mails)
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Alcohol/drug abuse svc, NOS	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HD HH HV U5	101YM0800X - Lic. or Cert. MH Counselor	
HZ FQ XE	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	
	101YA0400X - Substance Use Disorder Professional (SUDP)	
	101Y99995L - Substance Use Disorder Professional (SUDPT)	

Sobering services

Description of other services

Provides short-term (less than 24 consecutive hours) emergency shelter, screening, and referral services to persons who need to recover from the effects of alcohol. Services include medical screening, observation, and referral to continued treatment and other services as appropriate.

Inclusions

- None

Exclusions

- SUDP and SUDPT Provider Types are excluded from providing this service.

Notes

- This modality may be provided prior to an assessment.
- SABG or SGIA funded

Limitations

- None

Code	Provider Type	Service Criteria
H0016	164W00000X - Licensed Practical Nurse	
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Alcohol/drug services, per hour	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=1 hour; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HD HZ U5 XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

Pregnant, postpartum, or parenting women's (PPW) housing support services

Description of other services

Support services provided to PPW individuals in a transitional residential housing program designed exclusively for this population. Activities include facilitating contacts and appointments for community resources for medical care, financial assistance, social Services, vocational, childcare needs, outpatient treatment services, and permanent housing services.

Inclusions

- Includes women with dependent children

Exclusions

- None

Notes

- This modality may not be provided prior to an assessment.
- Report encounter Providers Type using facility Billing Provider NPI and taxonomy.
- SABG funded.
- For PPW housing support:
 - Pregnant, postpartum, or parenting (children age of 17 and under) at the time they enter housing support services. Pregnant includes any stage of gestation. Postpartum includes up to one (1) year, regardless of the outcome of the pregnancy or placement of children.
 - Currently participating in outpatient treatment for a substance use disorder or have completed residential or outpatient substance use disorder treatment within the last twelve (12) months.
 - At or below two hundred twenty percent (220%) of the Federal Poverty Level (FPL); or on Medicaid at the time they enter transition housing.
 - Not actively involved in using alcohol or other drugs.
- For PPW residential:
 - Pregnant or postpartum women up to one (1) year regardless of the outcome of pregnancy or placement of children, parenting children age of six (6) and under. Parenting women include those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children Youth and Family (DCYF)

Limitations

- None

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
H0043	Supported housing, per diem	UN (1= a day; 1 or more)	HD* HH U5	Billing Provider NPI and Taxonomy	

*Indicates required modifier.

Urinalysis drug screening

Description of other services

Drug test(s), presumptive, utilizing immunoassay, any number of drug classes.

For persons receiving medications for substance use disorder under the medical benefit, medical necessity criteria as outlined in WAC 182-500-0070 must be met. For persons receiving treatment from a Department of Health credentialed substance use disorder treatment agency, the state plan for Washington's substance use disorder benefit currently limits Medicaid reimbursement for medically necessary drug screens/urinalysis testing. Per attachment 3.a. of the [Medicaid State Plan](#):

Drug screens must meet medical necessity criteria, and

- Be ordered by a physician as part of a medical evaluation; or
- Be necessary to assess suitability for medical tests or treatment. For opiate substitution and pregnant women clients in the department's contracted treatment programs, drug screens for monitoring alcohol/drug use are reimbursed through a contract issued by the department.*

** Note – Historically, medically necessary drug screens/UAs for individuals receiving treatment in Opioid Treatment Programs (OTPS) and pregnant women receiving treatment were reimbursed through a contract issued by the Division of Behavioral Health and Recovery. This contracting relationship is no longer in place. Medically necessary drug screens/UAs for individuals with Opioid Use Disorders and Pregnant Parenting Women are now reimbursed through the Managed Care Organizations.*

Inclusions

- Medicaid pays only if medical necessity and documentation criteria are met.
- Drug screens and urinalysis confirmation testing that occur as a result of compliance requirements in pre-trial, probation, and diversion programs in the criminal justice system are not considered medically necessary and thus are not covered by Medicaid, unless there are additional clinical indicators supporting medical necessity criteria.

Exclusions

- Medicaid exclusions – if ordered solely to monitor compliance with a court order, must use H0003 for non-Medicaid or other fund source (see coding below)
- For court or compliance required drug screening/urinalysis testing, other available non-Medicaid funding must be used (i.e., county behavioral health taxes, client participation fees, substance abuse block grants, Criminal Justice Treatment Account dollars, etc.).

Notes

- Applicable to the following SUD service settings:
 - Outpatient and intensive outpatient treatment
 - Withdrawal management
 - Secure detox
 - Intensive residential treatment
 - Long-term care residential services
 - Opioid treatment program
- For non-Medicaid funded UAs, encounter using H0003.

Limitations

- Please refer to [Urinalysis Guidance](#) document at to see table for limits and restrictions to Medicaid covered drug screen/urinalysis testing.

Code	Provider Type	Service Criteria
80305	164W00000X - Licensed Practical Nurse	Analysis completed onsite by provider and billed by provider. Clinical Laboratory Improvement Amendment (CLIA) number not required. Medicaid funded if medical necessity and documentation criteria are met.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Presumptive Drug Class Screening/ Direct Optical Observation Only (e.g., immunoassay - Dipstick Method, Cups, etc.), includes sample validation when performed, per date of service.	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1 per UA)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5 XE	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	

Code	Provider Type	Service Criteria
80306	164W00000X - Licensed Practical Nurse	Analysis completed and billed by a provider with an onsite lab, or completed and billed by a lab. Clinical Laboratory Improvement Amendment (CLIA) number required. Medicaid funded if medical necessity and documentation criteria are met.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Presumptive Drug Class Screening via instrument assisted direct optical observation (e.g., immunoassay – dipsticks, cups, etc.), includes sample validation when performed, per date of service	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1 per UA)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5 XE	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	

Code	Provider Type	Service Criteria
80307	164W00000X - Licensed Practical Nurse	Analysis completed and billed by a provider with an onsite lab, or completed and billed by a lab. Clinical Laboratory Improvement Amendment (CLIA) number required. Medicaid funded if medical necessity and documentation criteria are met.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Presumptive Drug Class Screening / via Instrumented Chemistry Analyzers (e.g., immunoassay, chromatography, & mass spectrometry), includes sample validation when performed, per date of service.	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1 per UA)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5 XE	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	

Code	Provider Type	Service Criteria
H0003	164W00000X - Licensed Practical Nurse	Analysis completed onsite by provider and billed by provider. Clinical Laboratory Improvement Amendment (CLIA) number not required. Non-Medicaid funded (i.e., general fund state dollars, block grant dollars)
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Presumptive Drug Class Screening/	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN (1 per UA)	2084P0800X - Psychiatrist/MD	
Modifiers	104100000X - Lic. Social Worker	
HD HH HZ U5 XE	106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101YA0400X - Substance Use Disorder Professional (SUDP) 101Y99995L - Substance Use Disorder Professional Trainee (SUDPT) Use Billing Provider NPI and taxonomy if rendered by none of the above	

Guidance for Other Behavioral Health Services and Supports – *includes both Medicaid and non-Medicaid*

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* Request for services is required to be documented for all individuals seeking non-crisis services

Request for services

Description of services

A request for mental health or substance use services occurs when services are sought or applied for through a telephone call, walk-in, or written request from the individual or those defined as family or upon the receipt of a written EPSDT referral. Although not a clinical intervention or treatment service, request for services is documented for all individuals seeking non-crisis services. Request for services encounter data is used to monitor access to services and compliance with access standards.

Inclusions

- These services are provided prior to intake.

Exclusions

- Does not include information and referral calls.

Notes

- Request for service encounter is REQUIRED when an individual seeks non-crisis services.
- A UB modifier must be used with this code when it is being used to report this type of encounter.
- Use facility Billing Provider NPI and taxonomy when the individual providing service is a non-clinical staff.
- Documentation of the request must be made in the consumer's medical record, but a formal progress note is not needed if administrative staff took the initial request.
- This Service Type may be provided prior to an intake.
- Use the appropriate diagnosis code to designate the condition to be treated:
- For SUD: Use the appropriate diagnosis code to designate treatment is for a Substance Use Disorder.
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse; and
 - Z7151 for drug abuse.
- For MH:
 - Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or
 - When a diagnosis cannot be made or in unknown use F99.x

Limitations

Code	Provider Type	Service Criteria
H0046	164W00000X - Licensed Practical Nurse	Can be used for behavioral health.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Mental health services, NOS	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1= < 15 mins; 1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
UB* UD U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101YA0400X - Substance Use Disorder Professional (SUDP)	
	101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	
	101Y99995L - Other (Clinical Staff)	
	Use Billing Provider NPI and taxonomy if rendered by none of the above	

*Indicates required modifier when using this code for this service

Telemedicine & telehealth

Key terms:

1. **Telehealth** is used as a broad term that encompasses the use of electronic information and telecommunications technologies to support distant primary health and behavioral health care; patient and professional health-related education; public health, and health administration. HCA is using telehealth modalities to provide assessment, diagnosis, intervention, consultation, supervision and information in lieu of an in-person visit. Telehealth allows health care services to be provided in a variety of ways to provide health care service, including:
 - Audio only (telephone calls)
 - Email
 - Texting
 - E-consults
2. **Telemedicine** – The delivery of health care services using interactive audio and video technology, permitting real-time communication between the client at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include any of the following services:
 - Email and facsimile transmissions
 - Installation or maintenance of any telecommunication devices or systems
 - Purchase, rental, or repair of telemedicine equipment
 - Incidental services or communications that are not billed separately, such as communicating laboratory results
3. **Audio-only telemedicine** – The delivery of health care services using audio-only technology, permitting real-time communication between the client at the originating site and the provider, for the purposes of diagnosis, consultation, or treatment.
4. **Face-to-face** – The client could be receiving the care in person or via audiovisual technology.

Key concepts:

Telehealth Applications for a BH provider who is reporting an encounter using Service Encounter Reporting Instructions (SERI):

Place of Service:

- Use the new POS 10 and the revised definition of POS 02 (see grid below).
- Choose the appropriate POS when services were provided via telemedicine (audio-visual) or telehealth (audio-only).

Place of Service (POS)	Description Below are recent updates to POS from CMS, to be implemented no later than 4/4/2022
02	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
10	The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Audio-Only

- As of August 1, 2022, providers will report the service modality code (CPT or HCPC code) from the HCA approved BH audio-only procedure code list as you would if the encounter was in-person. Always document the modality used for delivery in the health care record. The HCA approved BH audio-only procedure code list can be found here: [August 1, 2022 to present — Apple Health \(Medicaid\) audio-only behavioral health codes](#)
- Use telehealth audio-only modifier FQ

Below you will find additional terms & concepts that may be listed/outlined in HCA Policies such as HCA's Physician related services/Health care professional services billing guide and HCA Washington Apple Health (Medicaid) Telemedicine Policy and Billing Guide. Please note that these terms & concepts are not applicable to Behavioral Health Agencies (BHAs) and providers using the SERI guide.

Additional terms:

1. **Distant site** – The site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine.
2. **Facility** – See the Site-of-Service Payment Differential section in HCA's Physician related services/Health care professional services billing guide.
3. **Nonfacility** – See the Site-of-Service Payment Differential section in HCA's Physician-related services/Health care professional services billing guide.
4. **Originating site** – The physical location of a client receiving health care services through telemedicine.

Additional concepts:

- BHAs using the SERI guide will use FQ modifier and **NOT** the 93 modifier.
- For BHAs using SERI modifier 95 and the following definitions of facility and non-facility are **NOT** applicable as they are referenced in HCA's Physician related services/Health care professional services billing guide.

Resources

Current telemedicine (HIPAA-compliant audio-visual) and telehealth (audio-only) policies can be found at:

- [Clinical policy and billing](#)
- [Apple Health \(Medicaid\) behavioral health policy and billing during the COVID-19 pandemic \(FAQ\)](#)
- [HCA Provider billing guides and fee schedules](#), see Telehealth section for additional resources and HCA Clinical Policy & Billing.

Involuntary treatment investigation

Description – not Medicaid-covered

An evaluation by a Designated Crisis Responder for the purpose of determining the likelihood of serious harm to self, others, or gravely disabled due to a mental or substance use disorder. The Designated Crisis Responder accepts, screens, and documents all referrals for an ITA investigation. The Designated Crisis Responder informs the person being investigated for involuntary detention of his/her legal rights as soon as it is determined that an ITA investigation is necessary. (See [Information and Protocols for Designated Crisis Responders](#).)

Involuntary treatment process: Effective January 1, 2021, the Involuntary Treatment Act (ITA) permits Designated Crisis Responders to detain individuals for an initial detention period of one hundred twenty hours (120 hours, or 5 days) who, as a result of a mental illness or a substance use disorder, are gravely disabled or may be a danger to themselves or others, or property of others. Those who meet the legal criteria (RCW 71.05, RCW 71.34) for an ITA commitment may be committed by a court order for further involuntary treatment either inpatient or outpatient.

Inclusions

- Involuntary treatment investigation service is available to all individuals, regardless of eligibility for any program or insurance coverage.
- Services may be provided prior to intake/assessment.

Exclusions

- Activities performed by a Designated Crisis Responder that are determined not to be an investigation include, but are not limited to, crisis services and community support. These activities are reported under the appropriate service type.

Notes

- This service is designated by the addition of the “HW- Funded by state mental health agency” modifier.
- This service type may be provided prior to an intake.
- If conducted using video, follow telemedicine guidelines. Place of service (POS) 02 or POS 10 will denote when video ITA was utilized.
- Use the appropriate diagnosis code to designate the condition to be treated.
- For SUD:
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for alcohol abuse; and
 - Z7151 for drug abuse.
- For MH:
 - Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or
 - When a diagnosis cannot be made or in unknown use F99.x.

Code	Provider Type	Service Criteria
H2011	164W00000X - Licensed Practical Nurse	First unit for this service may be reported for 1-22 minutes. Units thereafter follow standard half-way rounding rules.
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Crisis interven svc, 15 mins.	363LP0808X - ARNP Psych, MH	Services must be provided by a Designated Crisis Responder (DCR) only. Report highest-level actual provider type.
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 = 15 mins; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HD HK HW* UD XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

*Indicates required modifier.

Testimony for involuntary treatment services

Description of services – not Medicaid-covered

Court testimony provided about an individual who has been investigated and detained by a Designated Crisis Responder.

Inclusions

- LRA revocation.
- May be provided prior to intake evaluation.

Exclusions

- Staff accompanying an individual to court proceedings that are not related to ITA activity (i.e., providing advocacy) is reported under individual treatment services.
- Emergency room physician/staff not employed by the Behavioral Health Agency/BH-ASO.

Notes

- Report testimony as service encounter with code 99075-H9.
- The hearing will continue to be reported as a non-encounter data transaction.
- This Service Type may be provided prior to an intake.

Code	Provider Type	Service Criteria
99075	164W00000X - Licensed Practical Nurse	Modifier H9 must be reported with this service
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Medical testimony	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
H9* UD U8	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	101Y99995L - Other (Clinical Staff)	

*Indicates required modifier.

Co-occurring treatment

Description of services

Integrated co-occurring substance use disorder and mental illness treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.

Inclusions

- None

Exclusions

- None

Notes

- This service is designated using modifier "HH" – Integrated mental health/substance abuse program.

Clinicians using the "HH" modifier must hold the SUDP/SUDP-T credential and hold a mental health credential (e.g., Agency Affiliated, LMHC, LICSW, etc.) or meet the [Co-Occurring Enhancement Requirements and FAQ](#) outlined by the Department of Health (DOH).

- Report highest-level provider type.
- Outpatient agencies providing COD Services must be licensed as both an SUD and MH provider.

Engagement and outreach

Description of services

Engagement is a strategic set of activities that are implemented to develop an alliance with an individual for the purpose of bringing them into or keeping them in ongoing treatment. The activities occur primarily in the field rather than the worker's office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the worker's office seeking assistance or by referral.

Inclusions

- None

Exclusions

- Routine mental health and/or substance use services.

Notes

- This service is designated using modifier HW – Funded by state mental health agency.
- Engagement and outreach is a State-funded service.
- These services may be provided prior to intake.
- If there are multiple engagement and outreach events (more than three in a 90-day period to the same person) and an intake/assessment has not been provided, a note must be included in the chart indicating why the consumer has not received an intake/assessment.
- Use the appropriate diagnosis code to designate the condition to be treated.
- For SUD:
 - Use a diagnosis code falling in this ICD-10 range F10 - F19.99; or
 - When the specific diagnosis cannot be made or is unknown:
 - Z7141 for Alcohol abuse; and
 - Z7151 for drug abuse.
- For MH:
 - Use a diagnosis code falling in this ICD-10 ranges F01 - F09; F20-F99; or
 - When a diagnosis cannot be made or is unknown use F99.x.

Code	Provider Type	Service Criteria
H0023	164W00000X - Licensed Practical Nurse	The HW modifier must be reported with this service. Use the appropriate diagnosis code to identify condition for which Engagement and Outreach services are being rendered. Use U5 modifier to identify outreach services to IUID. The UD modifier may not be used with the HD, or HZ modifiers
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Behavioral Health Outreach (planned approach to reach a targeted population)	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1 per encounter)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HD HH HW* HZ U5 UD FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	
	175T00000X - DBHR Credentialed Certified Peer Counselor	
	101Y99995L - Other (Clinical Staff)	
	101YA0400X - Substance Use Disorder Professional (SUDP)	
	101Y99995L - Substance Use Disorder Professional Trainee (SUDPT)	

*Indicates required modifier.

Room and board for behavioral health residential services

Description – not Medicaid-covered

Room and board for both short-term and long-term residential stays (nonhospital residential treatment) for mental health, substance use disorder, or co-occurring disorder treatment in a residential setting.

Inclusions

- None

Exclusions

- None

Notes

- This service must be designated with modifier HW – Funded by non-Medicaid funds.
- Room and board cannot be funded using Medicaid.
- Room and board can be funded using state funds or block grant funds.
- Report Provider Type as facility Billing Provider NPI and taxonomy for this per diem code

Limitations

- None

Code	Provider Type	Service Criteria
H2036	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Per diem		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
HW*		

*Indicates required modifier when using this code for this service

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Funding matrix

The following tables identify funding sources for different services. Modalities and programs in bold may be provided prior to intake/assessment.

Mental Health Services Modalities and Programs	Services	Medicaid	GF-S	MHBG
Brief Intervention Treatment	MH	X	X	X
Care Coordination Services	MH		X	X
Child and Family Team Meeting	MH		X	X
Co-Occurring Treatment	MH & SUD	X	X	X
Crisis Services	MH & SUD	X	X	X
Day Support	MH	X	X	X
Engagement and Outreach	MH & SUD		X	X
Family Treatment	MH	X	X	X
Freestanding Evaluation and Treatment	MH	X	X	X
Group Treatment Services	MH	X	X	X
High Intensity Treatment	MH	X	X	X
Housing and Recovery through Peer Services (HARPS)	MH		X	X
Individual Treatment Services	MH	X	X	X
Intake Evaluation	MH	X	X	X
Involuntary Treatment Investigation	MH	*	X	
Jail Services/Community Transition	MH		X	X
Medication Management	MH	X	X	X

Mental Health Services Modalities and Programs	Services	Medicaid	GF-S	MHBG
Medication Monitoring	MH	X	X	X
Mental Health Clubhouse	MH		X	X
Mental Health Services Provided in a Residential Setting	MH	X	X	X
Offender Re-entry Community Safety Program (ORCSP)	MH		X	
Peer Support	MH	X	X	X
Psychological Assessment	MH	X	X	X
Rehabilitation Case Management	MH	X	X	X
Request for Services	MH & SUD		X	
Respite Care Services	MH		X	X
Special Population Evaluation	MH	X	X	X
Stabilization Services	MH	X	X	X
Supported Employment	MH		X	X
Testimony for Involuntary Treatment Services	MH		X	
Therapeutic Psychoeducation	MH	X	X	X
WA-PACT	MH	X	X	X
Wraparound with Intensive Services (WISe)	MH	X	X	
New Journeys Coordinated Specialty Care	MH	X	X	X
Intensive Residential Treatment	MH	X	X	
Peer Support in Respite Facility	MH	X	X	

Substance Use Services Modalities and Programs	Services	Medicaid	GF-S	SABG	CJTA-Drug
Alcohol/Drug Information School	SUD		X		
Assessment	SUD	X	X	X	X
Brief Intervention	SUD	X	X	X	X
Case Management	SUD	X	X	X	X
Co-Occurring Treatment	SUD & MH	X	X	X	X
Engagement and Outreach	MH & SUD		X	X	X
Intensive Inpatient Residential Services	SUD	X	X	X	X
Interim Services	SUD		X	X	X
Involuntary Commitment	SUD	*	X	X	X
Long-Term Care Residential Services	SUD	X	X	X	X
Opiate Substitution Treatment Services	SUD	X	X	X	X
Outpatient Treatment	SUD	X	X	X	X
Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services	SUD		X	X	X
Recovery House Residential Services	SUD	X	X	X	X
Recovery Support Services	SUD		X	X	X
Request for Services	MH & SUD		X		
Sobering Services	SUD		X	X	X
Withdrawal Management	SUD	X	X	X	X

*Involuntary Investigations and Court Activities are not Medicaid reimbursable Services. Medically necessary treatment services at a SWMS facility or evaluation and treatment center resulting from an ITA investigation may be reimbursed by Medicaid.

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Procedure modifiers index

Mod	Definition	Modalities/Programs
25	<p><i>Significant and separately identifiable E&M</i></p> <p>This modifier is used to indicate a significant and separately identifiable E&M code by the same physician on same day of the procedure or another service was rendered and being reported.</p>	
52	<p><i>Reduced Services</i></p> <p>This modifier is used in combination with a CPT®/HCPCS code for intake and identifies when a brief or partial intake is completed, i.e., update or addendum to previous intake.</p>	<p>Assessment, 99 Intake Evaluation, 37 Rehabilitation Case Management, 63</p>
53	<p><i>Discontinued procedure</i></p> <p>This modifier is used in combination with a CPT®/HCPCS code for intake and identifies when an intake has not been completed during a scheduled session.</p>	<p>Assessment, 99 Intake Evaluation, 37 Rehabilitation Case Management, 63</p>
FQ	<p>This modifier is used when doing telehealth (audio-only). See telemedicine links on page 137 for further instructions.</p>	<p>See Telemedicine and Telehealth, 132</p>
H9	<p><i>Court-ordered</i></p> <p>This modifier is to be used in combination with CPT® code 99075 to indicate medical testimony provided as part of an involuntary treatment service.</p>	<p>Testimony for Involuntary Treatment Services, 136</p>
HA	<p><i>Child/adolescent program</i></p> <p>This modifier is used by the Child and Youth Mobile Crisis Response teams.</p>	<p>See Crisis Intervention Services, 18</p>
HB	<p><i>Adult Program</i></p> <p>This modifier is used by the Adult Mobile Crisis Response teams.</p>	<p>See Crisis Intervention Services, 18</p>

Mod	Definition	Modalities/Programs
HD	<p><i>Pregnant/parenting women's program</i></p> <p>This modifier is used to indicate the provision of outpatient, PPW Housing Support Services, and Residential SUD Services. See "PPW Housing Support Services" section of the SERI for restrictions specific to that program.</p> <p>"Pregnant and Postpartum Women and Women with Dependent Children" ("PPW") means:</p> <p>Women who are pregnant.</p> <p>Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children.</p> <p>Women who are parenting children (age 17 or under), including those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children and Family Services (DCFS).</p>	<p>Alcohol/Drug Information School, 120</p> <p>Assessment, 99</p> <p>Brief Intervention, 109</p> <p>Case Management, 100</p> <p>Intensive Inpatient Residential Services, 110</p> <p>Interim Services, 121</p> <p>Involuntary Treatment Investigation, 134</p> <p>Long-Term Care Residential Services, 111</p> <p>Opioid Treatment Program, 102</p> <p>Outpatient Treatment, 104</p> <p>Pregnant, Postpartum, or Parenting (PPW) Women's Housing Support Services, 125</p> <p>Recovery House Residential Services, 115</p> <p>Recovery Support Services, 122</p> <p>Sobering Services, 124</p> <p>Withdrawal Management, 116</p>
HH	<p><i>Integrated mental health/substance abuse program</i></p> <p>This modifier is used to indicate the requirements for Co-Occurring Treatment Services as found in the Co-Occurring Treatment Services section are met and a co-occurring encounter occurred, as applicable.</p>	<p>Assessment, 99</p> <p>Brief Intervention, 109</p> <p>Care Coordination Services, 73</p> <p>Case Management, 100</p> <p>Child and Family Team Meeting, 74</p> <p>Crisis Services, 18</p> <p>Day Support, 20</p> <p>Engagement and Outreach, 138</p> <p>Family Treatment, 21</p> <p>Group Treatment Services, 25</p> <p>High Intensity Treatment, 27</p> <p>Individual Treatment Services, 30</p> <p>Intake Evaluation, 37</p> <p>Interim Services, 121</p> <p>Jail Services/Community Transition, 86</p> <p>Mental Health Clubhouse, 79</p> <p>Offender Re-entry Community Safety Program (ORCSP), 87</p> <p>Opioid Treatment Program, 102</p> <p>Outpatient Treatment, 102</p> <p>Pregnant, Postpartum, or Parenting (PPW) Women's Housing Support Services, 125</p> <p>Recovery Support Services, 122</p> <p>Rehabilitation Case Management, 63</p> <p>Request for Services, 130</p> <p>Respite Care Services, 80</p> <p>Stabilization Services, 66</p> <p>Supported Employment, 82</p> <p>Therapeutic Psychoeducation, 69</p>

Mod	Definition	Modalities/Programs
HI	<p><i>Integrated mental health and intellectual disability/developmental disabilities program</i></p> <p>This modifier is used if contracting for specialty beds.</p>	<p>Freestanding Evaluation and Treatment Services, 23</p>
HK	<p><i>Specialized MH programs for high-risk population</i></p> <p>This modifier is used to indicate multiple staff were required to provide the service, as needed:</p> <p>For safety purposes, when used in combination with H2011 or H0036; OR</p> <p>For WISe Services, when the service includes multiple staff and the U8 (WISe modifier) is also being used.</p>	<p>Care Coordination Services, 73</p> <p>Child and Family Team Meeting, 74</p> <p>Co-Occurring Treatment Services, 137</p> <p>Crisis Services, 18</p> <p>Family Treatment, 21</p> <p>Group Treatment Services, 25</p> <p>High Intensity Treatment, 27</p> <p>Individual Treatment Services, 30</p> <p>Intake Evaluation, 37</p> <p>Interpreter Services, 78</p> <p>Involuntary Treatment Investigation, 134</p> <p>Medication Management, 43</p> <p>Medication Monitoring, 49</p> <p>Peer Support, 53</p> <p>Psychological Assessment, 55</p> <p>Rehabilitation Case Management, 63</p> <p>Request for Services, 130</p> <p>Special Population Evaluation, 65</p> <p>Stabilization Services, 66</p> <p>Testimony for Involuntary Treatment Services, 136</p> <p>Therapeutic Psychoeducation, 69</p> <p>Wraparound with Intensive Services (WISe), 91</p>
HT	<p><i>Multi-disciplinary team</i></p> <p><i>This modifier is used to identify all services provided using the New Journeys Coordinated Specialty Care (NJ CSC) delivery model by a qualified provider. See pages 98-99.</i></p>	<p>Crisis Services, 18</p> <p>Child and Family Team Meeting, 74</p> <p>Family Treatment, 21</p> <p>Group Treatment Services, 25</p> <p>Individual Treatment Services, 30</p> <p>Intake Evaluation, 37</p> <p>Interpreter Services, 78</p> <p>Medication Management, 43</p> <p>Medication Monitoring, 49</p> <p>Peer Support, 53</p> <p>Psychological Assessment, 55</p> <p>Rehabilitation Case Management, 63</p> <p>Request for Services, 130</p> <p>Special Population Evaluation, 65</p> <p>Stabilization Services, 66</p> <p>Supported Employment 82</p> <p>Therapeutic Psychoeducation, 69</p>
HV	<p><i>Funded by state addictions agency</i></p>	<p>Recovery Support Services, 122</p>

Mod	Definition	Modalities/Programs
HW	<p><i>Funded by state mental health agency</i></p> <p>This modifier is used in combination with T1016 to indicate case management services provided to a client in a state-only funded program. This modifier in combination with H0023 identifies the service as state funded engagement and outreach. HCA defined to indicate that a crisis service was provided that met criteria as an investigation of the need for involuntary treatment.</p>	<p>Engagement and Outreach, 138</p> <p>Involuntary Treatment Investigation, 134</p> <p>Offender Re-entry Community Safety Program (ORCSP), 87</p> <p>Room and Board for Behavioral Health Residential service, 140</p>
HZ	<p><i>Funded by criminal justice treatment account pursuant to 71.24.580</i></p> <p>This modifier is used for Criminal Justice Treatment Account (CJTA) program only. This modifier is used for services delivered under the BH-ASO</p>	<p>Alcohol/Drug Information School, 120</p> <p>Assessment, 99</p> <p>Brief Intervention, 109</p> <p>Case Management, 100</p> <p>Intensive Inpatient Residential Services, 110</p> <p>Interim Services, 121</p> <p>Involuntary Treatment Investigation, 134</p> <p>Long-Term Care Residential Services, 111</p> <p>Opioid Treatment Program, 102</p> <p>Outpatient Treatment, 104</p> <p>Recovery House Residential Services, 115</p> <p>Recovery Support Services, 122</p> <p>Sobering Services, 124</p> <p>Withdrawal Management, 116</p>
TF	<p><i>Intermediate level of care</i></p> <p>This modifier is to be used when Opioid Treatment Program provider is doing interim maintenance (IM).</p>	<p>Opioid Treatment Program, 102</p>
U5	<p><i>Medicaid level of care 5, as defined by each state</i></p> <p>This modifier is used to describe: Individual Using Intravenous Drugs (IUID).</p> <p>Use when intravenous drug use occurred within 30 days (excluding time spent incarcerated, hospitalized, or otherwise in a restricted environment) of the assessment that led to the current episode of care. If the individual is continuing services following assessment, providers can continue to identify them as IUID (Residential to outpatient, outpatient to residential, etc.).</p>	<p>Alcohol/Drug Information School, 120</p> <p>Assessment, 99</p> <p>Brief Intervention, 109</p> <p>Case Management, 100</p> <p>Intensive Inpatient Residential Services, 110</p> <p>Interim Services, 121</p> <p>Involuntary Treatment Investigation, 134</p> <p>Long-Term Care Residential Services, 111</p> <p>Opioid Treatment Program, 102</p> <p>Outpatient Treatment, 104</p> <p>Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services, 125</p> <p>Recovery House Residential Services, 115</p> <p>Recovery Support Services, 122</p> <p>Sobering Services, 124</p> <p>Withdrawal Management, 116</p>

Mod	Definition	Modalities/Programs
U6	<p><i>Medicaid level of care 6, as defined by each state</i></p> <p>Brief Intervention Treatment</p> <p>This modifier is used to describe brief intervention treatment when added to the identified CPT®/HCPCS codes associated with services in the Modalities/Program column.</p>	<p>Family Treatment, 21</p> <p>Group Treatment Services, 25</p> <p>Individual Treatment Services, 30</p> <p>Outpatient Treatment, 104</p>
U8	<p><i>Medicaid level of care 8, as defined by each state</i></p> <p>This modifier is used to identify all services provided to a Wraparound Intensive Services (WISe) participant by a qualified WISe practitioner.</p> <p>Do not use the 'U8' modifier to identify services to WISe participants by non-WISe qualified child and family team members.</p> <p>The use of this modifier is only allowed for those agencies deemed by HCA as qualified to provide the WISe program services.</p>	<p>Care Coordination Services, 73</p> <p>Child and Family Team Meeting, 74</p> <p>Co-Occurring Treatment Services, 137</p> <p>Crisis Services, 18</p> <p>Family Treatment, 21</p> <p>Group Treatment Services, 25</p> <p>High Intensity Treatment, 27</p> <p>Individual Treatment Services, 30</p> <p>Intake Evaluation, 37</p> <p>Interpreter Services, 78</p> <p>Medication Management, 43</p> <p>Medication Monitoring, 49</p> <p>Peer Support, 53</p> <p>Psychological Assessment, 55</p> <p>Rehabilitation Case Management, 63</p> <p>Request for Services, 130</p> <p>Special Population Evaluation, 65</p> <p>Stabilization Services, 66</p> <p>Testimony for Involuntary Treatment Services, 136</p> <p>Therapeutic Psychoeducation, 69</p> <p>Wraparound with Intensive Services (WISe), 91</p>
U9	<p><i>Medicaid level of care 9, as defined by each state</i></p> <p>Rehabilitation Case Management Intake.</p> <p>This modifier is used with the Rehabilitation Case Management code to indicate when the service provided meets definition and requirements of an intake.</p>	<p>Intake Evaluation, 37</p> <p>Rehabilitation Case Management, 63</p>
UB	<p><i>Medicaid level of care 11, as defined by each state</i></p> <p>This modifier is used in combination with H0046 to indicate a request for behavioral health services.</p>	<p>Request for Services, 130</p>

Mod	Definition	Modalities/Programs
UD	<p><i>Medicaid level of care 13, as defined by each state</i></p> <p>This modifier is used to identify the delivery of service(s) by WA-PACT team members to individuals enrolled in the WA-PACT program. This modifier may be used in combination with any CPT®/HCPCS code available for use with the WA-PACT program.</p>	<p>Co-Occurring Treatment Services, 130 Crisis Services, 18 Engagement and Outreach, 138 Family Treatment, 21 Group Treatment Services, 25 Individual Treatment Services, 30 Intake Evaluation, 37 Interpreter Services, 78 Involuntary Treatment Investigation, 134 Jail Services/Community Transition, 86 Medication Management, 43 Medication Monitoring, 49 Mental Health Clubhouse, 79 Mental Health Services Provided in a Residential Setting, 51 Peer Support, 53 Psychological Assessment, 55 Rehabilitation Case Management, 63 Request for Services, 130 Respite Care Services, 80 Special Population Evaluation, 65 Stabilization Services, 66 Supported Employment, 82 Testimony for Involuntary Treatment Services, 136 Therapeutic Psychoeducation, 69 WA-PACT, 89</p>
XE	<p><i>Separate encounter, a service that is distinct because it occurred during a separate encounter (non-E&M modality code)</i></p> <p>This modifier is used to report any 2nd non-E&M encounter, or subsequent encounters for specific crisis or crisis related encounters when that encounter is with the same provider, on the same day, for the same modality code and that code is not an E&M code (use 25 for E&M codes per current SERI guide)</p>	<p>All non-E&M Codes for 2nd encounter for a maximum of 2 encounters on the same day</p> <p>2nd and subsequent encounters for these services and codes only: Crisis Hotline 18 Crisis Services 18 Community Support Services 30 Rehabilitation Case Management 63</p>

Provider types

The provider type identifies the level of professional who renders the service by taxonomy. A BH practitioner must provide services within their scope of practice in accordance with their Department of Health credentials and granted by rule. Therefore, providers may have two or more taxonomies from the list below. The provider type reported on an encounter shall be for the highest allowable credential for the agency staff who **actually** rendered the encounter. Please use the educational preparation level to identify the taxonomy to use for a student or intern.

If providing services to a client with co-occurring conditions, the provider submits an encounter with the taxonomy that best represents the diagnosis for which the most time was spent and the most intervention was provided.

If encounters are submitted through a clearinghouse, the provider type may have to be the federally recognized taxonomy associated with the NPI federal registration. In this situation, providers must enroll with HCA with the federal taxonomy and the taxonomy as assigned below. See FAQ under “Guidance Document Links” for more information.

Note: For some encounters, the provider identifier and type submitted must be the facility billing provider NPI and taxonomy. Follow the instructions under “Provider Type” for each encounter code summary page, as applicable.

Code	Definition
163W00000X	Registered Nurse
164W00000X	Licensed Practical Nurse
363LP0808X	Psych, Mental Health ARNP
363A00000X	Physician Assistant
2084P0800X	Psychiatry & Neurology
104100000X	Licensed Social Worker (Advanced or Independent Clinical License)
101YM0800X	Licensed/Certified Mental Health Counselor
106H00000X	Licensed Marriage and Family Therapist
103T00000X	Licensed Psychologist
101Y99996L	Non-Licensed MA/PHD
101Y99995L	Below Master’s Degree
101Y99995L	Bachelor Level W Exception/Waiver
101Y99995L	Master Level with Exception/Waiver
175T00000X	DBHR Credentialed Certified Peer Counselor
183500000X	Pharmacist- D
101Y99995L	Other Clinical staff
101Y99993L	Medical Assistant - Certified
101YA0400X	Substance Use Disorder Professional (SUDP)
101Y99995L	Substance Use Disorder Professional Trainee (SUDPT)

Summary of changes

The following is a summary of changes made in this document titled "IMC SERI Instructions" 1/1/2023 from the previous 7/1/2022 version titled "IMC SERI Instructions". Page numbers below are citing current version unless otherwise indicated.

ADDITIONS

Page 18 - 19 – Added new modifier HA to crisis intervention section to track encounters for Child and Youth Mobile Crisis Response teams.

Page 18 - 19 – Added new modifier HB to crisis intervention section to track encounters for Adult Mobile Crisis Response teams.

Pages 38-39 – Added a new section "Mental Health Assessments for Young Children" to intake evaluation section. This section outlines emerging policies related to assessing children from birth through age five.

Page 38 – Added emphasis to notes section under intake evaluations, stressing that a request for service encounter must precede the intake assessment when initiating treatment.

Page 96 – In mental health services program section, added "Peer Support Provided within a Mental Health Peer Respite Facility" description and new per diem respite code.

Page 99 - Added emphasis to notes section under SUD assessment, stressing that a request for service encounter must precede the assessment when initiating treatment.

Pages 102-103 – Opioid Treatment Program – 1) Added TF modifier to be used when providing interim maintenance 2) Added place of service 15 for mobile treatment programs. 3) Emphasized that all applicable service encounters must be reported if rendered as a part of an OTP program.

Pages 130-131 – Index page for Request for Services – New language added to emphasize that a "request for service" encounter is REQUIRED when an individual seeks non-crisis services.

Page 146 – Added new modifier HA "child/adolescent program", for the purpose of tracking crisis services provided by the Child and Youth Mobile Crisis Response teams.

Page 146 – Added new modifier HB "adult", for the purpose of tracking crisis services provided by the Adult Mobile Crisis Response teams.

Page 149 – Added new modifier TF "intermediate level of care, to be used by Opioid Treatment Programs when doing interim maintenance.

Throughout – Added XE and FQ modifier to all applicable codes. See "procedure modifier index" section for policy guidance on these modifiers.

Page 151 – XE modifier – added additional language to help clarify policy.

Added HT modifier to Crisis Service code: H2011 and Supported Employment codes H2023 & H2025 to fix clerical errors for New Journeys Coordinated Specialty Care.

Added Crisis Services and Supported Employment modalities to the HT modifier in the Modifier Procedure index

Pg. 65 - Special populations evaluation- Added WAC information under service criteria tab

Added codes 96164, 96167 and 96170 to index page to fix clerical error

Added codes +G0317 and +G0318 to index page

DELETIONS

Mental Health Intake Section page 42 Deleted Pharmacist provider type from code +G2212 to fix a clerical error.

Removed High Intensity Treatment from HT modifier on Modifier Procedure index page to fix clerical error.

MODIFICATIONS

Pages 9-15 - General Encounter Reporting Instructions section was edited to remove any expired codes and to update any weblinks.

Mental Health Intake and Medication Management Sections - Per CMS the following code descriptions have been updated: 99341, 99342, 99344, 99345, 99347, 99348, 99359 and 99350

Page 132-133 Updated Telemedicine and telehealth page

Code Changes

Pages 14-15 – Introduction Section: due to CMS changes to prolonged services coding and recently deleted codes, deleted the “prolonged services reporting guidelines”.

Mental Health Intake Section, beginning on page 37 - per CMS the following codes have been deleted: 99324, 99325, 99326, 99327 & 99328. For domiciliary, rest home [eg, boarding home], or custodial care services, new patient, see home or residence services codes 99341, 99342, 99344, 99345.

Medication Management Section, beginning on page 43 - per CMS the following codes have been deleted 99334, 99335, 99336, 99337. For domiciliary, rest home [eg, boarding home], or custodial care services, established patient, see home or residence services codes 99347, 99348, 99349, 99350.

Mental Health Intake Section, beginning on page 37 - per CMS Home or Residence Services E/M code 99343 has been deleted. To report see 99341, 99342, 99344, 99345.

Mental Health Intake Section, beginning on page 37 - per CMS prolonged services E/M codes 99354, 99355, 99356 and 99357 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, office service, home or residence service, nursing facility service or cognitive assessment and care plan, use +G0317, +G0318 or +G2212 as appropriate.

Note: +G0317 & +G0318 are new prolonged service codes.

Medication Management section, beginning on page 43 - per CMS prolonged services E/M codes 99354, 99355, 99356 and 99357 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, office service, home or residence service, nursing facility service or cognitive assessment and care plan, use +G0317, +G0318 or +G2212 as appropriate.

Note: +G0317 & +G0318 are new prolonged service codes.