

Integrated Managed Care Service Encounter Reporting Instructions (SERI) – Interim Guidance 6-21-19

The following guidance applies to the Service Encounter Reporting Instructions (SERI) issued for July 1, 2019 (https://www.hca.wa.gov/assets/billers-and-providers/SERI_v2019-1EffectiveJuly1_2019.pdf).

HCA requests that Managed Care Organizations, Behavioral Health – Administrative Service Organizations, and Behavioral Health Organizations adopt the following changes effective 7/1/19. These changes will be formally added to the next release of the SERI guide, anticipated to occur for 10/1/2020.

Addition – Effective 7/1/19 Peer Support is added as a modality to Substance Use Services modalities section:

Definition: Substance Use Peer Counselor Peer Support Modality Definition

Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a chemical dependency 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 individual's 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.

Exclusions

- None

Notes

- This modality may not be provided prior to an intake.
- For information regarding SUD Peer Support, please go to <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/peer-support>
<https://www.peerworkforcealliance.org/operationalizing-peer-support>
- Questions – contact teesha.kirschbaum@hca.wa.gov

Code H0038	Provider Type 175T00000X - DBHR Credentialed Certified Peer Counselor	Service Criteria Requires 10 minutes minimum to report first unit
<p>CPT/HCPCS Definition Self-help/peer srvc, per 15 mins</p> <p>Unit (UN) / Minutes (MJ) UN (1=15 mins; 1 or more)</p> <p>Modifiers GT HK UD U8</p>		
<p>SUD peer services are distinguished from mental health peer services by diagnosis code (see page 13 of SERI guide):</p> <ul style="list-style-type: none"> • In this ICD10 range: F10-F19; 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. 		

Addition – Effective 7/1/19, the following coding instructions is added to the Mental Health Peer Services modality on page 57-58:

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 ICD10 ranges F01-F09; or
- When a diagnosis cannot be made or is unknown use F99 “Mental Disorder, not other specified”

Addition – Effective 7/1/19 Urinalysis Codes added to Substance Use Services modalities section:

Urinalysis codes 80306 and 80307, as described on page 99 of the 7/1/19 SERI will be expanded to apply to the following Substance Use Services modalities:

- Outpatient and Intensive Outpatient Treatment
- Withdrawal Management
- Secure Detox
- Intensive Residential Treatment
- Long-Term Care Residential Services

Addition – Effective 7/1/19 non-Medicaid code for Urinalysis will be added:

H0003 code will be added and utilized to report Urinalysis Drug Screens for non-Medicaid funded SUD services. This will apply to page 99 for OTP, as well as the SUD modalities listed above.

Addition – Effective 7/1/19 Modifier XE will be added to the Procedure Modifier Index page:

XE modifier is used to denote a separate encounter and as a service that is distinct because it occurred during a separate encounter.

Explanation for use: to report an encounter when that encounter was with the same provider, on the same day, for the same modality code and that code is a not an E&M code (use 25 for E&M codes per current SERI guide).

(Note: originally it was proposed to use the modifier 59 for this activity. After further discussion this is where we settled.)

Miscellaneous Changes and Edits – Effective 7/1/19:

- Remove HE modifier from page 67 modality code T1023; no replacement
- Remove UC modifier from the following pages and modality codes and replace with HK modifier:

Page	code
38	H2015
44	99325
44	99341
45	99342
48	96372
48	99211
48	99212
59	96110

- Delete page 98 modality code S0109 for reporting dosing medication; not replaced
- Revise Page 135 Provider Types chart to remove extra 1 in taxonomy number for RNs, taxonomy should be 163W00000X

SERI Questions? Please email HCA MC Programs hcamcprograms@hca.wa.gov