

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH AND RECOVERY

SERVICE ENCOUNTER REPORTING

INSTRUCTIONS

FOR BHOS

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INTRODUCTION

The Division of Behavioral Health and Recovery (DBHR) Behavioral Health Service Encounter Reporting Instructions (SERI) provide Behavioral Health Organizations (BHO) and their contracted Behavioral Health Agencies (BHA) with information for reporting service encounters and program information for individuals served through the Washington state public behavioral health system. These instructions describe requirements and timelines for reporting service encounters, program information and assignment of standardized nomenclature to accurately describe data routinely used in management of the public behavioral health system.

These instructions, in conjunction with the DBHR Behavioral Health Data Store (BHDS) Data Dictionary for BHOs, describe service encounter and program reporting, coding guidelines, and the data elements BHOs are required to submit to DBHR.

This 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 Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT™/HCPCS) code for the service description. Program pages include a brief description of the program, guidelines for inclusions, exclusions, and any additional services available for specific programs.

For guidance on assisting individuals in obtaining or maintaining employment, please refer to the “Guide to Support an Individual’s Employment Goals” <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/supportedemploymentgoalsguide.pdf>

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HCPCS is 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.

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 PIHP 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 State Behavioral Health Contract.

INTRODUCTION

SERVICE ENCOUNTER REPORTING INSTRUCTIONS UPDATES

This SERI, future revisions to the Service Encounter Reporting Instructions, and Frequently Asked Questions for SERI topics can be found online at:

<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/seri-cpt-information>

WHAT ENCOUNTERS TO REPORT

INCLUDES

- State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e., IMD facilities, State-Only or Federal Block Grant).
- All services to non-Medicaid individuals funded in whole or part by the BHO.

EXCLUDES

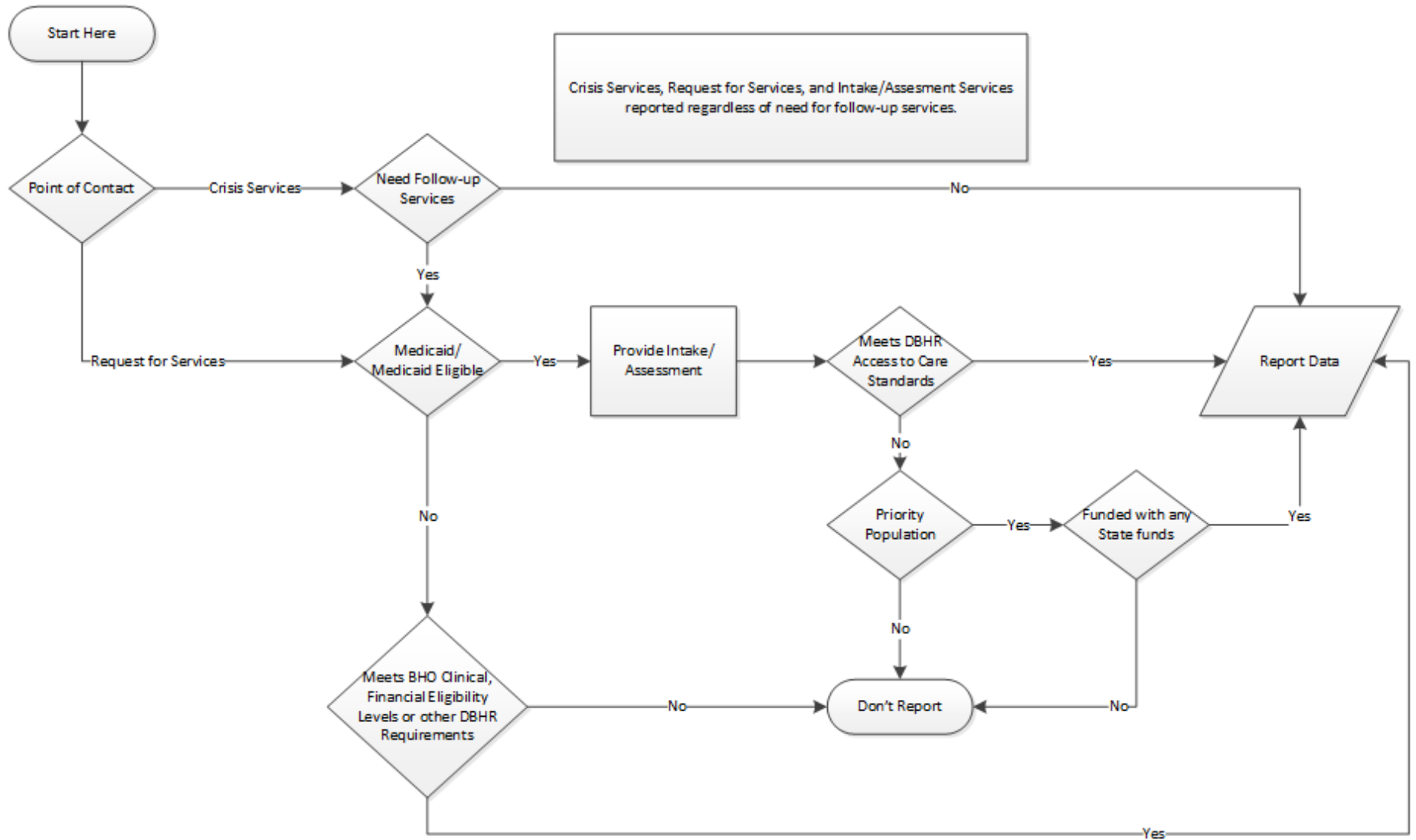
- Services reimbursed in total by any other funding source.

GUIDANCE DOCUMENT LINKS

- Opiate Substitution Service Encounter Reporting Instructions (SERI)
<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/OSTEncounterReportingGuidance.pdf>

INTRODUCTION

WHEN TO REPORT ENCOUNTERS TO DBHR



INTRODUCTION

GENERAL ENCOUNTER REPORTING INSTRUCTIONS

1. DBHR 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 payors. DBHR applies coding principles and guidelines for the assignment of codes to the extent possible and acknowledges there may be circumstances where a code used by behavioral health has been re-codified from the code submitted to another payor.
2. Use of standardized coding nomenclature, i.e., CPT/HCPCS is required for reporting encounters to DBHR.
3. Encounters are reported based on services provided to the individual client and not based on clinical staff hours. See exceptions noted in number 4d 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 BHO encounter data with other medical encounters and claims for clients whose care is paid for by the state. 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 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 can be reported in minutes. See Individual Treatment services modality for H0046 usage limitations.

CPT/HCPCS code definitions generally specify various methods of coding units of service. DBHR is applying CMS’ guidelines for reporting units of services for certain HCPCS codes. (See <http://www.cms.gov/Transmittals/Downloads/R1951CP.pdf>, 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. The following rules 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), 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:
 - i. 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.
 - b. In some cases the actual time spent providing the service may be more than the fixed unit of time defined by the code. For example, when the actual service was 23 minutes and the appropriate code has a fixed amount of 15 minutes. In these cases follow the “half-way” methodology. Since the service was provided for at least 15 minutes + 8 minutes (half-way to 15 minutes), report 2 units, since 15 minutes = 1 reportable unit and 8 minutes is at least half of 15 minutes.
4. Exceptions
 - a. This does not apply to per-diem services; services provided for less than a day must be coded with non-per-diem codes.
 - b. Crisis Services: Report 1 unit of service for crisis services coded H2011 when any service is provided for any amount of time from 1 to 22 minutes. For each unit thereafter, use half-way unit rounding methodology.
 - c. For all other codes that do not specify a unit of service, report actual minutes provided. See examples:

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- i. If H0033 (Oral medication admin, direct observation) is provided for 5 minutes, report 5 minutes.
 - ii. If H0046 (Mental health services, not otherwise specified) is provided for 9 minutes, report 9 minutes.
 - iii. If H0047 (Alcohol and/or other drug abuse services, not otherwise specified) is provided for 7 minutes, report 7 minutes.
- d. Report multiple encounters 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.

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 of service. The service must be reasonably considered as a single therapeutic intervention and supported by documentation.
 - ii. A clinician meets with their client in the morning for 8 minutes (not reportable) and then has another meeting in the afternoon for 11 minutes. In this case, the clinician may report 1 unit of H2015, Comprehensive Community Support Services, per 15 minutes.
5. 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.
6. Report multiple encounters occurring on the same day for the same consumer at the same time in the following conditions only:
- 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. 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.
 - d. 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.
7. Staff qualifications correlate with the Provider Types listed at the end of this document and are included with each service description. When there is an exception to provider type, the specific information is included under the note section of the service description page.
8. 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 of the following:

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- 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 code number (this may be standard CPT/HCPCS or local nomenclature with a BHO approved crosswalk) and describes therapeutic content.
- e. The service addresses an issue on the care plan or the issue addressed is added to care plan
- f. The service is specific to the consumer; e.g. group therapy progress note is specific to the consumer.
9. Time associated with activities used to meet criteria for the E/M 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). Time shall be the controlling factor used for the selection of the level of E/M service only when counseling or coordination of care dominates the encounter more than 50% except when done in conjunction with a psychotherapy visit when discussing with the patient or family any of the following:
 - a. Prognosis
 - b. Test Results
 - c. Compliance/Adherence
 - d. Education
 - e. Risk Reduction
 - f. Instructions
10. 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 should be recorded and encountered separately. For example, if a client is receiving Stabilization Services for a 24 hour time 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.

REPORTING THE “EPSDT REFERRAL” INDICATOR

The ANSI X12N National Implementation Guide for encounter reporting and the State of Washington Department of Social & Health Services’ 837 Encounter Data Companion Guide for professional and institutional encounters requires providers to report on each service/encounter whether that service was related to an “EPSDT referral,” via the “EPSDT Indicator” field in the 837 transaction.

DBHR has worked with MPA, Division of Healthcare Services to develop a common definition for when that indicator should be flagged “Yes” and when it should be flagged as “No.” BHOs should send in the “Yes” indicator only on assessment and intake (the first session of an intake) encounters, and **ONLY IF** that assessment or intake was the result of an EPSDT referral. All future encounters reported for that client should be coded “No” unless a future assessment or intake is performed as the result of another referral.

INTRODUCTION

REPORTING DIAGNOSIS WITH ENCOUNTERS

Use the following guidelines when reporting the diagnosis code on the 837HC_2300_HI_C02202_IndustryCode

1. For all services that fall in the Crisis Services modality use either 'R69' or 'F99'.
2. For all services that are available to be done prior to an intake where a client's diagnosis is not known, use either 'R69' or 'F99'.
3. For all Intake Evaluation modality encounters that are not complete where the client's diagnosis is not known, use either 'R69' or 'F99'.
4. For all Intake Evaluation modality encounters that are complete and a diagnosis has been determined, report that diagnosis.
5. For all encounters that occur after an intake has been completed and authorized for continuing outpatient services has been approved, use an Access to Care covered diagnosis in the HI01-2 field in the 837P HIPAA transaction.
6. The Department will only use the HI01-2 field when looking at diagnosis for clients served in the Public Behavioral Health System. Other diagnosis codes reported in other fields in the 837P HIPAA transaction will not be reported on. Therefore, per the Implementation Guide for the 837P HIPAA transaction, other diagnosis codes do not need to be sent.

INTRODUCTION

INTERACTIVE COMPLEXITY REPORTING GUIDELINES

DEFINITION

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 may never be reported alone.**

REPLACES

All previous 2012 CPT codes referencing “interactive” therapy (90810-90815, 90823-90829) became invalid on January 1, 2013.

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 (QHCP) and a patient who:
 - a. Is not fluent in the same language as the physician or other QHCP, 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 QHCP if he/she were to use typical language for communication.

INTRODUCTION

USE IN CONJUNCTION WITH

The following psychiatric “primary” 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 QHCP providing interactive complexity services should be reflected in the timed service code for psychotherapy service and not in the interactive service code. Report as 1 unit only.

PROLONGED SERVICES REPORTING GUIDELINES

Codes 99354 and 99355 are add-ons that are used to report the total duration of face-to-face time spent by a physician or other qualified healthcare professional when they provide prolonged service(s) beyond the usual duration of the evaluation and management (E&M) or psychotherapy service. Services are provided in the office or other outpatient setting, and the add-on code or codes are used even if the time spent on that date is not continuous. No other individual treatment services code (e.g., H0004) should be used to report prolonged psychotherapy services, which can only be provided by Master’s Level (or above) clinicians.

Code 99354 is used to report the first hour of prolonged service on a given date.

Code 99355 is used to report each additional 30 minutes beyond the first hour.

Notes:

- Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the E&M or psychotherapy codes.

INTRODUCTION

- The use of time-based add-on codes requires that the primary E&M or psychotherapy service has a typical or specified time (as published in the CPT codebook and this SERI manual).
- BHOs or MCOs may set maximum durations for prolonged services; the reason for the prolonged duration of a given service should be documented in the corresponding service note.

Prolonged Service Codes: 99354 and 99355	Applicable Psychotherapy or E/M Codes: 90837, 99201-99205, 99324-99328, 99341-99345
--	--

Total Duration of Prolonged Services	Code(s)
Less than 30 minutes	Not reported separately – part of E/M code
30-74 minutes	99354 x 1
75 – 104 minutes	99354 x 1 and 99355 x 1
105 or more	99354 x1 and 99355 x 2 or more for each additional 30 minutes

When using prolonged codes, the E/M or psychotherapy code time should be the listed amount of time, without use of rounding rules. For example:

- A psychotherapy service with prolonged service for a total service time of 95 minutes (60 for the E/M and 35 for the prolonged service) would be submitted as 90837+99354.
- An E&M or psychotherapy service for 80 minutes would be submitted with the maximum allowable duration for that code (e.g., 90837, with the actual total service time below 90 minutes recorded in the service note and 1 unit submitted with the encounter), as a prolonged service that is less than 30 minutes total duration cannot be encountered with the 99354 add-on code.
- An E&M or psychotherapy service for 175 minutes total duration would be submitted as the E&M or psychotherapy code for the first 60 minutes of service, then +99354 for the first hour of prolonged service, then +99355 X 2 for the additional 55 minutes of the prolonged service.

Mental Health Service Modalities

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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 that are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions.

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

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

EXCLUSIONS

None

NOTES

- **This modality is designated by the use of modifier “UA” – WA State Medicaid Plan.**
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
- This modality may not be provided prior to an intake.

CRISIS SERVICES

MODALITY DEFINITION

Evaluation and treatment of mental health crisis to 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 (UC) is added to the service code when services provided involve multiple staff for safety purposes.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may be provided prior to an intake.
- Crisis Services are no longer specific to mental health only. Crisis Services may be provided to both mental health and substance use clients.

CRISIS SERVICES

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0030	Behavioral health hotline service	MJ	UD HH	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/M 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 16-PharmD	
H2011	Crisis intervention service, per 15 minutes	UN (1 or more)	GT HH UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 16-PharmD	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.

DAY SUPPORT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2012	Behavioral health day treatment, per hour	UN (1 or more)	HH	01-RN/LPN 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

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

- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

FAMILY TREATMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90846	Family psychotherapy without patient present	MJ	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	Interactive complexity (90785) is not billable for this service.
90847	Family psychotherapy (conjoint psychotherapy) with patient present	MJ	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	Interactive complexity (90785) is not billable for this service.

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 by the Department of Health and certified by the DBHR to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. 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 services provided within a hospital.

NOTES

- Report N/A for Provider Type when service encounter is a per diem code.
- Freestanding E&T services in a facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes E&T services provided to individuals with Medicaid as the pay source.
- E&T services will continue to be reported through the 837I HIPAA transaction as an episode of care. DBHR will recode for service utilization reports.
- DBHR will report E&T services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.
- Guidance regarding REV code and taxonomy use for the 837(i) may be found in HCA's Mental Health Billing Guide (starting with the July 1, 2018 version).

FREESTANDING EVALUATION AND TREATMENT SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
N/A	Psychiatric health facility service, per diem. <u>NOTE: BHOs are not to use the Principal Procedure code on institutional encounters.</u>	DA (1 or more)	None	Provider type is not submitted on an 837I	

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

- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

GROUP TREATMENT SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90849	Multiple-family group psychotherapy	MJ	HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	Interactive complexity (90785) is not billable for this service.
90853	Group psychotherapy (other than of a multiple-family group)	MJ	HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	May be billed with interactive complexity (90785)

HIGH INTENSITY TREATMENT

MODALITY DEFINITION

Intensive levels of service otherwise furnished under this State plan amendment that is 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
 - Day support
 - Psychological assessment
 - Special population evaluation
 - Therapeutic psychoeducation
 - Crisis

EXCLUSIONS

- None

NOTES

- Report N/A for Provider Type when service encounter is a per diem code.
- DBHR acknowledges that due to the nature of this program, quantity and duration of services may vary widely depending on client needs.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- The 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.

HIGH INTENSITY TREATMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0040	Assertive community treatment program, per diem	UN (1)		08-N/A	
H2022	Community-based wrap-around services, per diem	UN (1)		08-N/A	
H2033	Multisystemic therapy for juveniles, per 15 minutes	UN (1 or more)	GT HH UC U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	
S9480	Intensive outpatient psychiatric services, per diem	UN (1)		08-N/A	

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.
- Advocacy during court proceeding (does not include testimony during ITA hearing).
- Testimony during court proceeding (does not include testimony during ITA hearing).
- Representative payee 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 Introduction 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.
- Discussing client during supervision.
- Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS).

NOTES

- Documentation for Evaluation and Management service encounters (99xxx series) must meet CPT requirements.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- 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 of history, examination, and medical decision making.
- This modality may not be provided prior to an intake.

INDIVIDUAL TREATMENT SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90832	Psychotherapy, 30 minutes with patient and/or family member	UN (1) 16-37 minutes	GT HH UA UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785) Patient must be present for all or some of the service.
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 16-37 minutes	GT HH UA UC UD U8	02-ARNP/PA 03-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.
90834	Psychotherapy, 45 minutes with patient and/or family member	UN (1) 38-52 minutes	GT HH UA UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785)

INDIVIDUAL TREATMENT SERVICES

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 38-52 minutes	GT HH UA UC UD U8	02-ARNP/PA 03-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.
90837	Psychotherapy, 60 minutes with patient and/or family member.	UN (1) 53-68 minutes	GT HH UA UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785). May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 53-68 minutes	GT HH UA UC UD U8	02-ARNP/PA 03-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
+99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	UN (1)	GT HH UA UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details

INDIVIDUAL TREATMENT SERVICES

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
+99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	UN (1 or more)	GT HH UA UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
H0004	Behavioral health counseling and therapy, per 15 minutes	UN (1 or more)	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	UN (1 or more)	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit

INDIVIDUAL TREATMENT SERVICES

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0046	Mental health services not otherwise specified	MJ	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 16-PharmD	Direct communications with the client and/or collaterals 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)
H2014	Skills training and development, per 15 minutes	UN (1 or more)	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit

INDIVIDUAL TREATMENT SERVICES

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2015	Comprehensive community support services, per 15 minutes	UN (1 or more)	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 16-PharmD	10 Minutes minimum for first unit
H2017	Psychosocial rehabilitation services, per 15 minutes	UN (1 or more)	GT HH UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit

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, services, stabilization services and free-standing 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. Exception to minimum requirements in WAC; 388-865-0265

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).
 - 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.

INTAKE EVALUATION

NOTES (CONT.)

- Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
- A new 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.
- Intake evaluations completed for the purposes of determining if the individual meets Access to Care Standards (i.e. at the initiation of outpatient services) must be preceded by a request for services.

INTAKE EVALUATION

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90791	Psychiatric diagnostic evaluation	MJ	52 53 GT HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-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	Psychiatric diagnostic evaluation with medical services	MJ	52 53 GT HH UC UD U8	02-ARNP/PA 03-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).
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	UN (1)	52 53 GT HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	UN (1)	52 53 GT HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	UN (1)	52 53 GT HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	UN (1)	52 53 GT HH UD UC U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	UN (1)	52 53 GT HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver	UN (1)	52 53 HH UD	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver	UN (1)	52 53 HH UD	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	UN (1)	52 53 HH UD	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making; Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components; An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components; A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components; A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with other patient and/or family.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components; A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with other patient and/or family.	UN (1)	52 53 HH UC UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
+99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	UN (1)	52	02-ARNP/PA	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
			53	03-Psychiatrist/MD	
			GT		
			HH		
			UC		
			UD		
			U8		
+99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	UN	52	02-ARNP/PA	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
			53	03-Psychiatrist/MD	
			GT		
			HH		
			UC		
			UD		
			U8		
+99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	UN (1)	52	02-ARNP/PA	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
			53	03-Psychiatrist/MD	
			HH		
			UD		
+99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	UN (1 or more)	52	02-ARNP/PA	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
			53	03-Psychiatrist/MD	
			HH		
			UD		

INTAKE EVALUATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0031	Mental health assessment, by non-physician	MJ	52	01-RN/LPN	Service must be provided by a Mental Health Professional.
			53	02-ARNP/PA	
			HH	04-MA/Ph.D.	
			UC	09-Bachelors Level	
			UD	w/Exception Waiver	
			U8	10-Master Level w/Exception Waiver	

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 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 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.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

MEDICATION MANAGEMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	MJ	UC UD U8	01- RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 15-Medical Assistant – Certified 16-PharmD	
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	UN (1)	GT UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	UN (1)	GT UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	UN (1)	GT UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	UN (1)	GT UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	UN (1)	GT UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.	UN (1)	GT UD	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	UN (1)	GT UD	02-ARNP/PA, 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	UN (1)	GT UD	02-ARNP/PA, 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.	UN (1)	GT UD	02-ARNP/PA, 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99356 and 99357 as appropriate.
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838- as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components; An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838- as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838- as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	UN (1)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes 90833, 90836, 90838- as appropriate. May be reported with Prolonged Services add-on codes 99354 and 99355 as appropriate.
+99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	UN (1)	52 53 GT UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
+99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	UN (1 or more)	52 53 GT UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details

MEDICATION MANAGEMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
+99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	UN (1)	52 53 UD	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
+99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	UN (1 or more)	52 53 UD	02-ARNP/PA 03-Psychiatrist/MD 16-PharmD	This is an add-on code that cannot be billed alone. Use in conjunction with appropriate E/M or Psychotherapy code. See SERI introduction for more details
T1001	Nursing assessment/evaluation	MJ	UC UD U8	01- RN/LPN 02-ARNP/PA 16-PharmD	

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 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

- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

MEDICATION MONITORING

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0033	Oral medication administration, direct observation	MJ	UC	01-RN/LPN	
			UD	02-ARNP/PA	
			U8	03-Psychiatrist/MD	
				04-MA/Ph.D.	
				05-Below Masters Degree	
				06-DBHR Credentialed Certified Peer Counselor	
				09-Bachelors Level w/Exception Waiver	
				10-Master Level w/Exception Waiver	
				12-Other (Clinical Staff)	
				15-Medical Assistant – Certified	

MEDICATION MONITORING

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0034	Medication training and support, per 15 minutes	UN (1 or more)	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 15-Medical Assistant – Certified	10 Minutes minimum for first unit

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

- Report N/A for Provider Type when service encounter is a per diem code.
- 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.
- DBHR will report mental health services provided in a residential setting delivered in an IMD as non-Medicaid services.

MENTAL HEALTH SERVICES PROVIDED IN A RESIDENTIAL SETTING

NOTES (CONT.)

- 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 that 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.

MENTAL HEALTH SERVICES PROVIDED IN A RESIDENTIAL SETTING

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	UN (1)	UD	08-N/A	
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	UN (1)	UD	08-N/A	

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 serve 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 Introduction section of this document.

EXCLUSIONS

- None

NOTES

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

PEER SUPPORT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0038	Self-help/peer services, per 15 minutes	UN (1 or more)	GT UC UD U8	06-DBHR Credentialed Certified Peer Counselor 14-Non-DBHR Credentialed Certified Peer Counselor	10 Minutes minimum for first unit

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

- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

PSYCHOLOGICAL ASSESSMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	UN (1 or more)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	UN (1 or more)	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report	MJ	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	

PSYCHOLOGICAL ASSESSMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	MJ	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	MJ	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	UN (1 or more)	GT UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	

PSYCHOLOGICAL ASSESSMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	UN (1 or more)	UC UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	UN (1 or more)	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	MJ	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	

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.

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 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

- RCM is the only service to be encountered when a client is in Jail/Prison, Juvenile Detention Facility, CLIP Facility, Evaluation & Treatment Facility, Medical or Psychiatric Inpatient Facility 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 treatment facility.
- Rehabilitation Case Management 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.
- DBHR will report rehabilitation case management services delivered in an IMD as non-Medicaid services.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may be provided prior to an intake.

REHABILITATION CASE MANAGEMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	MJ	52	01-RN/LPN	Use modifier U9 when service provided meets the definition and requirements of an intake. Modifiers 52 and 53 may only be used when modifier U9 is used.
			53	02-ARNP/PA	
			GT	03-Psychiatrist/MD	
			HH	04-MA/Ph.D.	
			UC	05-Below Masters Degree	
			UD	06-DBHR Credentialed	
			U8	Certified Peer Counselor	
			U9	09-Bachelors Level w/Exception Waiver	
				10-Master Level w/Exception Waiver	
				16-PharmD	

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

- Modifier “HE” – Mental Health Program is required for reporting this modality.
- This modality may not be provided prior to an intake.

SPECIAL POPULATION EVALUATION

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	UN (1)	GT HE (R) UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	Service must be provided by a Mental Health Specialist as defined in WAC 388-865-0150.

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 setting which provides safety for the individual and the mental health professional. 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.
- Service provided in the person's own home or another home-like setting, or a setting that provides for safety of the person and the mental health professional.
- 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 substance use disorder 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.

STABILIZATION SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
S9484	Crisis Intervention mental health services, per hour	UN	GT HH UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D., 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	<p>55 minutes 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> <p>Not to be used for services provided in a facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities.</p> <p>Services provided in person’s own home or other home like setting.</p>
S9485	Crisis intervention mental health services, per diem	UN (1)	UD	08-N/A	<p>Use this code for Stabilization Services provided in a facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities.</p> <p>A client may be admitted and discharged within the same day.</p>

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 Introduction section of this document.

EXCLUSIONS

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

NOTES

- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

THERAPEUTIC PSYCHOEDUCATION

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	MJ	GT HH UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other(Clinical Staff)	
H2027	Psycho-educational service, per 15 minutes	UN (1 or more)	GT HH UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	10 Minutes minimum for first unit

THERAPEUTIC PSYCHOEDUCATION

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	UN (1)	GT HH UC UD U8	01-RN/LPN, 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

Other Mental Health Services

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CARE COORDINATION SERVICES

OTHER SERVICES DESCRIPTION

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 members schools)

INCLUSIONS

- None

EXCLUSIONS

- Child and Family Team Meetings
- Limited to clients who are <21 years old.

NOTES

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

CARE COORDINATION SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2021	Community-based wrap-around services, per 15 minutes	UN (1 or more)	GT HH UC U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit

CHILD AND FAMILY TEAM MEETING

OTHER SERVICES DESCRIPTION

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 service 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 is able to 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 in order 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 by the use of 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.

CHILD AND FAMILY TEAM MEETING

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0032	Mental Health Service Plan Development by Non-Physician	MJ	GT HH HT U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	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.

HOUSING AND RECOVERY THROUGH PEER SERVICES (HARPS)

OTHER SERVICES DESCRIPTION

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 located 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 BHO must have a HARPS Contract with DBHR to report services for this program.

EXCLUSIONS

- None

HOUSING AND RECOVERY THROUGH PEER SERVICES (HARPS)

NOTES

- Report N/A for Provider Type when service encounter is a per diem code.
- 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.

HOUSING AND RECOVERY THROUGH PEER SERVICES (HARPS)

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0043	Supported Housing, per diem	UN (1)		08-N/A	

INTERPRETER SERVICES

OTHER SERVICES DESCRIPTION

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.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

INTERPRETER SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
T1013	Sign language or oral interpretive services, per 15 minutes	UN (1 or more)	GT UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 08-N/A 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit

MENTAL HEALTH CLUBHOUSE

OTHER SERVICES DESCRIPTION

OTHER SERVICES DESCRIPTION

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 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 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and
- 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 N/A for Provider Type when service encounter is a per diem code.
- This modality may not be provided prior to an intake.

MENTAL HEALTH CLUBHOUSE

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2031	Mental health clubhouse services, per diem	UN (1)	UD	08-N/A	

RESPIRE CARE SERVICES

OTHER SERVICES DESCRIPTION

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 N/A for Provider Type when service encounter is a per diem code.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

RESPIRE CARE SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0045	Respite care services, not in the home, per diem	UN (1)	UD	08-N/A	
S9125	Respite care, in the home, per diem	UN (1)	UD	08-N/A	
T1005	Respite care services, up to 15 minutes	UN (1 or more)	HH UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 08-N/A 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	10 Minutes minimum for first unit

SUPPORTED EMPLOYMENT

OTHER SERVICES DESCRIPTION

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 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.

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

- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

SUPPORTED EMPLOYMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2023	Supported employment, per 15 minutes	UN (1 or more)	GT HH UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/M 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	10 Minutes minimum for first unit
H2025	Ongoing supports to maintain employment, per 15 minutes	UN (1 or more)	GT HH UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other(Clinical Staff)	10 Minutes minimum for first unit

Mental Health Programs

EVIDENCE BASED PRACTICE – CHILDREN’S
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SPECIAL PROGRAM REPORTING

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

GENERAL INFORMATION AND REPORTING INSTRUCTIONS FOR PROGRAMS

1. 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.
2. Individuals are identified for participation in programs based on program specific criteria defined in contract.
3. At the time of an individual's entry to a program, the program identification code (2- characters) is reported to DBHR CIS.
4. A referral source may be required by some programs. See specific program descriptions for additional information.
5. Additional services may be available in some programs for enrolled participants. Program descriptions provide detail information for types of services, available codes and modifiers.
6. 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.
7. 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.

EVIDENCE BASED PRACTICE – CHILDREN’S MENTAL HEALTH

PROGRAM DESCRIPTION

Evidenced based practice (EBP) reporting is a requirement due to the passage of E2SHB 2536. It is in addition to previous pilot programs in this area. Instructions for reporting EBPs can be found in the Evidenced Based Practices Reporting Guide at:

<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/evidence-based-and-research-based-practices>

JAIL SERVICES/COMMUNITY TRANSITION

PROGRAM DESCRIPTION

The Jail Services Program provides mental health services for mentally ill offenders while confined in or transitioning from 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.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This program may be provided prior to an intake.

JAIL SERVICES/COMMUNITY TRANSITION

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
T2038	Community transition, waiver; per service	UN (1)	GT HH UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

OFFENDER RE-ENTRY COMMUNITY SAFETY PROGRAM (ORCSP)

PROGRAM DESCRIPTION

The Offender Re-entry Community Safety Program (ORCSP) previously known as the Community Integration Assistance Program (CIAP) and Dangerously Mentally Ill Offender (DMIO) Program is designed to improve the process of identification and provision of additional mental health treatment for mentally ill offenders being released from the Department of Corrections (DOC) who pose a threat to public safety.

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

INCLUSIONS

- The BHO or provider must have an ORCSP contract with the DBHR to report services for this program.
- Entry criteria for the program are assignment of an individual to the contractor by 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 chemical dependency treatment, housing, employment services, education or vocational training, independent living skills, parenting education, anger management services; and other such services as deemed necessary (RCW 71.24470).
 - 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.

OFFENDER RE-ENTRY COMMUNITY SAFETY PROGRAM (ORCSP)

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2028	Sexual offender treatment service, per 15 minutes	UN (1 or more)	GT HH	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	10 Minutes minimum for first unit
T1016	Case management, each 15 minutes	UN (1 or more)	GT HH HW (R)	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	10 Minutes minimum for first unit.

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 a sufficient number of 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 BHO must have a WA-PACT contract with DBHR to report services for this program.
- Criteria for entry to this program are specified in the DBHR PACT standards.
- Services provided by staff who are members of a WA-PACT team are reported with the applicable CPT/HCPCS code 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. Provider type "Certified Peer Counselor" should be used to report all Peer Counselor Services.
 - The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN services.

WA-PACT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
			GT UD		WA State DBHR defined modifier “UD” to identify delivery of service 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.

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 that 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 DBHR WISE manual.
- The BHO must have a WISE Contract with DBHR to report services for this program.
- Agencies must be qualified by DBHR to provide these services.
- Individual encounters must be reported by WISE certified staff using the U8 modifier.

EXCLUSIONS

- The following services are excluded from the WISE Program: Per Diem Codes

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.
- <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/WISE%20Manual%20v%201.7-FINAL.pdf>

WRAPAROUND WITH INTENSIVE SERVICES (WISE)

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
			U8		WA State 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.

Substance Use Service Modalities

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ASSESSMENT

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 CDP or CDPT under the supervision of a CDP
- Includes DUI assessment

EXCLUSIONS

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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 (06-07 Contract).
 - 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.
- Assessments are to be done face-to-face; not over the phone.
- Assessments completed for the purposes of determining if the individual meets Access to Care Standards (i.e. at the initiation of outpatient services) must be preceded by a request for services.

LIMITATIONS

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ASSESSMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0001	Alcohol and/or drug assessment	MJ	52 53 HD HH HZ U5	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	Must be done face-to-face.

CASE MANAGEMENT

MODALITY DEFINITION

Case management services are services provided by a Chemical Dependency Professional (CDP), CDP Trainee, or person under the clinical supervision of a CDP 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 required in WAC 388-877B.

INCLUSIONS

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EXCLUSIONS

- Outreach activities.
- Time spent by a CDP reviewing a CDP 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 messages, listening/leaving voice mails, e-mails.
- Discussing client during supervision.

NOTES

- This modality may not be provided prior to an assessment.
- Use of the 'HZ' modifier is retroactively available starting 01 April 2016.

LIMITATIONS

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

CASE MANAGEMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0047	Alcohol and/or other drug abuse services, not otherwise specified	MJ	GT HD HZ U5	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	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) For Medicaid funded services, this service may only be provided by a CDP or CDPT.

CASE MANAGEMENT

T1016	Case management, each 15 minutes	UN (1 or more)	GT HD HF (R) HH HZ U5	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit For Medicaid funded individuals, this service may only be provided by a CDP or CDPT.
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OPIATE SUBSTITUTION TREATMENT

MODALITY DEFINITION

Outpatient OST services provides assessment and treatment to opiate dependent patients. Services include prescribing and dispensing of an approved medication, as specified in 21 CFR Part 291, for opiate substitution services in accordance with WAC 388-877B. Both withdrawal management and maintenance are included, as well as physical exams, clinical evaluations, individual or group therapy for the primary patient and their family or significant others. Additional services include guidance counseling, family planning and educational and vocational information. The service as described satisfies the level of intensity in ASAM Level 1.

INCLUSIONS

- Observation and/or delivery of medications to client

EXCLUSIONS

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NOTES

- This modality may not be provided prior to an assessment.
- Individuals receiving OST services may also receive other treatment services.
- The HCPCS code H0020 will be used in SERI for reporting services delivered for Opiate Substitution Treatment programs. This code, as defined by Federal guidelines (AMA HCPCS Manual), does not allow for the encounter to be reported as an 'episode'. It is, therefore, required that minutes be reported. It is not within the authority of the Behavioral Health Administration to use this code without tying it to minutes.
- A typical dosing encounter for Opiate Substitution Treatment (OST) would generally be accurate as:
 - H0020 for 3 minutes with Provider Type '01'.
- Opiate Substitution Service Encounter Reporting Instructions (SERI) Guidance Document
<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/OSTEncounterReportingGuidance.pdf>

LIMITATIONS

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

OPIATE SUBSTITUTION TREATMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	MJ	HD HH HZ U5	01-RN/LPN 02-ARNP/PA 03-Physician/MD 04-MA/PhD 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	This code may also include other approved OST medications.

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 388-877B. 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

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EXCLUSIONS

NOTES

- This modality may not be provided prior to an assessment.
- Services with the UA 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 388.877B

LIMITATIONS

OUTPATIENT TREATMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0004	Behavioral health counseling and therapy, per 15 minutes	UN (1 or more)	GT HD HF (R) HH HZ U5 UA	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	UN (1 or more)	GT HD HH HZ U5 UA	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	UN (1 or more)	GT HD HH HZ U5 UA	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit

OUTPATIENT TREATMENT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	UN (1 or more)	GT HD HH HZ U5 UA	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit

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

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EXCLUSIONS

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NOTES

- This modality may be provided prior to an assessment.
- Could include the use of screening tools such as AUDIT, DAST, ASSIST, etc.

LIMITATIONS

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BRIEF INTERVENTION

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	UN (1 or more)	GT HD HH HZ U5	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	10 Minutes minimum for first unit

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 388-877B. 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

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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.

LIMITATIONS

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

INTENSIVE INPATIENT RESIDENTIAL SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	UN (1)	HD HF (R) HZ U5	08-N/A	

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 388-877B. 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

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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.

LIMITATIONS

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

LONG-TERM CARE RESIDENTIAL SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	UN (1)	HD HF (R) HZ U5	08-N/A	

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 388-877B. 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

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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.

LIMITATIONS

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

RECOVERY HOUSE RESIDENTIAL SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2036	Alcohol and/or other drug treatment program, per diem	UN (1)	HD HZ U5	08-N/A	

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

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EXCLUSIONS

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NOTES

- This modality may be provided prior to an assessment.

LIMITATIONS

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

WITHDRAWAL MANAGEMENT

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	UN (1)	HD HZ U5	08-N/A	Use this code for Clinically Managed Withdrawal Management.
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	UN (1)	HDHZ U5	08-N/A	Use this code for Medically Monitored Withdrawal Management.

SECURE DETOX

MODALITY DEFINITION

Services provided in a secure detoxification facility certified to provide evaluation and assessment by CDPs, 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

NOTES

- Report N/A for Provider Type when service encounter is a per diem code.
- Secure Detox 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 Detox services will continue to be reported through the 837I HIPAA transaction as an episode of care. DBHR will recode for service utilization reports.
- DBHR will report Secure Detox services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.
- Guidance regarding REV code and taxonomy use for the 837(i) may be found in HCA's Mental Health Billing Guide (starting with the July 1, 2018 version).

SECURE DETOX

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
N/A	Withdrawal management facility service, per diem. <u>NOTE: BHOs are not to use the Principal Procedure code on institutional encounters.</u>	DA (1 or more)	None	Provider type is not submitted on an 837I	

Substance Use Other Services

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ALCOHOL/DRUG INFORMATION SCHOOL

MODALITY DEFINITION

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 388-877B. The service as described satisfies the level of intensity in ASAM Level 0.5.

INCLUSIONS

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EXCLUSIONS

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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).

ALCOHOL/DRUG INFORMATION SCHOOL

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	MJ	GT HD HZ U5	12-Other (Clinical Staff) 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	Service to be provided by CDP or any other certified ADIS instructor Use Provider Type '12-Other' to indicate non-CDP instructor.

INTERIM SERVICES

MODALITY DEFINITION

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

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EXCLUSIONS

- If SABG 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 SGIA dollars or State Funds
- If SGIA funded and PPW or IUID report both applicable modifiers
- This is an SABG reporting requirement

LIMITATIONS

-

INTERIM SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	MJ	GT HD HH HF (R) HZ U5	20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	

RECOVERY SUPPORT SERVICES

MODALITY DEFINITION

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
 - Child care
 - 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 or State funded only

LIMITATIONS

-

RECOVERY SUPPORT SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0047	Alcohol and/or other drug abuse services, not otherwise specified	MJ	GT HD HF (R) HH HV U5	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	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)

SOBERING SERVICES

MODALITY DEFINITION

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

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EXCLUSIONS

- CDP and CDPT Provider Types are excluded from providing this service.

NOTES

- This modality may be provided prior to an assessment.
- SABG or SGIA funded
- The 24 consecutive hour rule is retroactively available starting 01 April 2016.

LIMITATIONS

Modifiers with (R) indicate they are required.

SOBERING SERVICES

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	MJ	HD HZ U5	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D., 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

PREGNANT, POST PARTUM, OR PARENTING (PPW) WOMEN'S HOUSING SUPPORT SERVICES

MODALITY DEFINITION

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

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NOTES

- This modality may not be provided prior to an assessment.
- SABG funded.
- For PPW Housing Support
 - Pregnant, postpartum, or parenting (children age 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 and Family Services (DCFS)

LIMITATIONS

PREGNANT, POST PARTUM, OR PARENTING (PPW) WOMEN'S HOUSING SUPPORT SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0043	Supported housing, per diem	UN (1)	HD (R) HH U5	08-N/A	

Other Behavioral Health Services

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REQUEST FOR SERVICES

OTHER SERVICES DESCRIPTION

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. This service is provided to all individuals seeking non-crisis services.

INCLUSIONS

- These services are provided prior to intake.

EXCLUSIONS

- Does not include information and referral calls.

NOTES

- Use provider type “N/A” when the individual providing service is a nonclinical 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.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
- This Service Type may be provided prior to an intake.
- Request for Services are no longer specific to mental health only. Request for Services must be provided to both mental health and substance use clients when an intake/assessment is completed for the purposes of determining if the individual meets Access to Care Standards (i.e. at the initiation of outpatient services).

REQUEST FOR SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0046	Mental health services, not otherwise specified	MJ	GT HF HH UB (R) UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 08-N/A 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff) 20-Chemical Dependency Professional 21-Chemical Dependency Professional Trainee	Can be used for behavioral health.

TELEMEDICINE

OTHER SERVICES DESCRIPTION

The delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site, and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone, facsimile, or email.

The state/BHO reimburses medically necessary services provided via telemedicine if those same services are available in person. Telemedicine services occur when audio and visual technology is used to connect the consumer at an “originating site” with the provider at a “distant site”. Originating sites must be a:

- Hospital;
- Rural health clinic;
- Federally qualified health center;
- Physician's or other health care provider's office;
- Community behavioral health center; or
- Skilled nursing facility.
- Home or any location determined by the individual receiving the service.

Coverage of telemedicine health services is subject to all terms and conditions of the plan in which the covered person is enrolled, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.

Provision of Telemedicine services must meet all HIPAA regulations regarding PHI. Telemedicine notes should indicate that the service was provided through telemedicine.

*NOTE: All telemedicine services must use 02 as the place of service code.

INCLUSIONS

- None

EXCLUSIONS

- Email, telephone and facsimile transmissions.
- Home health monitoring.
- Installation or maintenance of any telecommunication devices or systems.
- “Store and forward” telecommunication based services. (Store and forward is the asynchronous transmission of medical information to be reviewed at a later time by the physician or practitioner at the distance site).

TELEMEDICINE

- Intakes or Assessments to determine Access to Care
- Freestanding Evaluation and Treatment, facility based Stabilization Services, MH Services Provided in a Residential Setting, Day Support, Withdrawal Management, Opiate Substitution Treatment, Involuntary Treatment Services (SUD and MH), Residential SUD Treatment, High Intensity Treatment, and Psychological Assessment.

NOTES

- PLEASE SEE OTHER SECTIONS. THIS SERVICE IS DESIGNATED BY THE USE OF THE “GT” MODIFIER.

INVOLUNTARY TREATMENT INVESTIGATION

OTHER SERVICES DESCRIPTION

An evaluation by a designated crisis responder (DCR) 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 DCR accepts, screens, and documents all referrals for an ITA investigation. The DCR 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 updated Protocols for Designated Crisis Responders - <https://www.dshs.wa.gov/node/6143>)

Involuntary Treatment Process: Effective April 1, 2018, The Involuntary Treatment Act (ITA) permits Designated Crisis Responders to detain individuals for up to 72 hours 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. 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 DCR 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.
- Reason for investigation:
 - Use the HF modifier when the DCR determines that a substance use disorder is the primary reason for the evaluation. When the HF modifier is not present, a mental health disorder is the primary reason for the evaluation.

INVOLUNTARY TREATMENT INVESTIGATION

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2011	Crisis intervention services, per 15 minutes	UN (1 or more)	HF HW (R) UC UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	First unit for this service may be reported for 1-22 minutes. Units thereafter follow standard half-way rounding rules. Services must be provided by a Designated Crisis Responder (DCR) only. Report highest level actual provider type.

TESTIMONY FOR INVOLUNTARY TREATMENT SERVICES

OTHER SERVICES DESCRIPTION

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/BHO.

NOTES

- Report testimony as service encounter with code 99075-H9.
- Report actual minutes of testimony and not wait time.
- The hearing will continue to be reported as a non-encounter data transaction.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This Service Type may be provided prior to an intake.

TESTIMONY FOR INVOLUNTARY TREATMENT SERVICES

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99075	Medical testimony	MJ	GT HF H9 (R) UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

CO-OCCURRING TREATMENT

OTHER SERVICES

Integrated co-occurring substance use disorder and mental disorders 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 by the use of modifier “HH” – Integrated Mental health/substance abuse program.
- Clinicians using the “HH” modifier must hold the CDP/CDP-T credential and hold a mental health credential (e.g. Agency Affiliated, LMHC, LICSW, etc.).
- Report highest level provider type.
- Those services requiring an intake/assessment prior to the service occurring, the individual must meet the ACS requirements for both SUD and MH.
- Outpatient agencies providing COD services must be licensed as both an SUD and MH provider.

ENGAGEMENT AND OUTREACH

OTHER SERVICES DESCRIPTION

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 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 workers office seeking assistance or by referral.

INCLUSIONS

- None

EXCLUSIONS

- Routine mental health and/or substance use services.

NOTES

- This service is designated by the use of modifier HW – Funded by state mental health agency.
- Engagement and outreach is a state funded service.
- These services may be provided prior to Intake.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”
- 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 consumer has not received an intake/assessment.

ENGAGEMENT AND OUTREACH

Modifiers with (R) indicate they are required.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	MJ	GT	01-RN/LPN	<p>Either the HF or HW modifier must be reported with this service.</p> <p>Use HF modifier to identify Engagement and Outreach when service is to an SUD individual.</p> <p>Use U5 modifier to identify outreach services to IUID.</p> <p>The UD modifier may not be used with the HD, HF, or HZ modifiers</p>
			HD	02-ARNP/PA	
			HF (R)	03-Psychiatrist/MD	
			HH	04-MA/Ph.D.	
			HW (R)	05-Below Masters Degree	
			HZ	06-DBHR Credentialed	
			U5	Certified Peer Counselor	
			UD	09-Bachelors Level w/Exception Waiver	
				10-Master Level w/Exception Waiver	
				12-Other (Clinical Staff)	
	20-Chemical Dependency Professional				
	21-Chemical Dependency Professional Trainee				

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PROCEDURE MODIFIERS

Portions of the Definition in italics are the definitions from the 2013 HCPCS or CPT manual. Non-italicized text is Washington State DBHR additions to the definition.

Modifier	Definition	Modalities/Programs
52	<p><i>Reduced services</i> This modifier in combination with a CPT/HCPCS code for intake identifies when a brief or partial intake is completed, i.e., update or addendum to previous intake.</p>	<p>Assessment, 105 Intake Evaluation, 34 Rehabilitation Case Management, 68</p>
53	<p><i>Discontinued procedure</i> This modifier in combination with a CPT/HCPCS code for intake identifies when an intake has not been completed during a scheduled session.</p>	<p>Assessment, 105 Intake Evaluation, 34 Rehabilitation Case Management, 68</p>

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
GT	<i>Via interactive audio and video telecommunication systems.</i>	Alcohol/Drug Information School, 128 Brief Intervention, 115 Care Coordination Services, 78 Case Management, 107 Child and Family Team Meeting, 80 Co-Occurring Treatment Services, 147 Crisis Services, 16 Engagement and Outreach, 148 Family Treatment, 20 High Intensity Treatment, 26 Individual Treatment Services, 28 Intake Evaluation, 34 Interim Services, 130 Interpreter Services, 85 Jail Services/Community Transition, 96 Medication Management, 45 Outpatient Treatment, 112 Offender Re-entry Community Safety Program (ORCSP), 98 Peer Support, 62 Recovery Support Services, 132 Rehabilitation Case Management, 68 Request for Services, 139 Special Population Evaluation, 70 Stabilization Services, 72 Supported Employment, 91 Testimony for Involuntary Treatment Services, 145 Therapeutic Psychoeducation, 74
H9	<i>Court-ordered</i> Modifier in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.	Testimony for Involuntary Treatment Services, 145

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
HD	<p><i>Pregnant/parenting women’s program</i></p> <p>Modifier applies to 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> <ul style="list-style-type: none"> • Women who are pregnant. • Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children. • 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>Alcohol/Drug Information School, 128</p> <p>Assessment, 105</p> <p>Brief Intervention, 115</p> <p>Case Management, 107</p> <p>Intensive Inpatient Residential Services, 117</p> <p>Interim Services, 130</p> <p>Involuntary Commitment, 143</p> <p>Long-Term Care Residential Services, 119</p> <p>Opiate Substitution Treatment, 110</p> <p>Outpatient Treatment, 112</p> <p>Pregnant, Post Partum, or Parenting (PPW) Women’s Housing Support Services, 136</p> <p>Recovery House Residential Services, 121</p> <p>Recovery Support Services, 132</p> <p>Sobering Services, 134</p> <p>Withdrawal Management, 123</p>
HE	<p><i>Mental health program</i></p>	<p>Special Population Evaluation, 70</p>
HF	<p><i>Substance abuse program</i></p> <p>This modifier is used to differentiate in the data as a substance use services where the same CPT/HCPCS code is also used for mental health service.</p>	<p>Case Management, 107</p> <p>Intensive Inpatient Residential Services, 117</p> <p>Interim Services, 130</p> <p>Involuntary Commitment, 143</p> <p>Long-Term Care Residential Services, 119</p> <p>Outpatient Treatment, 112</p> <p>Recovery Support Services, 132</p> <p>Request for Services, 139</p>

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
HH	<p><i>Integrated mental health/substance abuse program</i></p> <p>The use of this modifier is subject to the requirements for Co-Occurring Treatment Services as found in the Co-Occurring Treatment Services section.</p>	<p>Assessment, 105</p> <p>Brief Intervention, 115</p> <p>Care Coordination Services, 78</p> <p>Child and Family Team Meeting, 80</p> <p>Crisis Services, 16</p> <p>Engagement and Outreach, 148</p> <p>Family Treatment, 20</p> <p>Group Treatment Services, 24</p> <p>High Intensity Treatment, 26</p> <p>Individual Treatment Services, 28</p> <p>Intake Evaluation, 34</p> <p>Interim Services, 130</p> <p>Jail Services/Community Transition, 96</p> <p>Mental Health Clubhouse, 87</p> <p>Offender Re-entry Community Safety Program (ORCSP), 98</p> <p>Opiate Substitution Treatment, 110</p> <p>Outpatient Treatment, 112</p> <p>Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services, 136</p> <p>Recovery Support Services, 132</p> <p>Rehabilitation Case Management, 68</p> <p>Request for Services, 139</p> <p>Respite Care Services, 89</p> <p>Stabilization Services, 72</p> <p>Supported Employment, 91</p> <p>Therapeutic Psychoeducation, 74</p>
HT	<p><i>Multi-disciplinary team</i></p>	<p>Child and Family Team Meeting, 80</p>
HV	<p><i>Funded by state addictions agency</i></p>	<p>Recovery Support Services, 132</p>
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 state only funded program. This modifier in combination with H0023 identifies the service as state funded engagement and outreach. Washington State DBHR 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, 148</p> <p>Involuntary Commitment, 143</p> <p>Involuntary Treatment Investigation, 87</p> <p>Offender Re-entry Community Safety Program (ORCSP), 98</p>

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
HZ	<p><i>Funded by criminal justice account</i></p> <p>This is to be used for Criminal Justice Treatment Account (CJTA) program only</p>	<p>Alcohol/Drug Information School, 128</p> <p>Assessment, 105</p> <p>Brief Intervention, 115</p> <p>Case Management, 107</p> <p>Intensive Inpatient Residential Services, 117</p> <p>Interim Services, 130</p> <p>Involuntary Commitment, 143</p> <p>Long-Term Care Residential Services, 119</p> <p>Opiate Substitution Treatment, 110</p> <p>Outpatient Treatment, 112</p> <p>Recovery House Residential Services, 121</p> <p>Sobering Services, 134</p> <p>Withdrawal Management, 123</p>
U5	<p><i>Medicaid level of care 5, as defined by each state</i></p> <p>WA State Medicaid Plan defined modifier to describe Individual Using Intravenous Drugs (IUID).</p> <p>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, 128</p> <p>Assessment, 105</p> <p>Brief Intervention, 115</p> <p>Case Management, 107</p> <p>Intensive Inpatient Residential Services, 117</p> <p>Interim Services, 130</p> <p>Involuntary Commitment, 143</p> <p>Long-Term Care Residential Services, 119</p> <p>Opiate Substitution Treatment, 110</p> <p>Outpatient Treatment, 112</p> <p>Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services, 136</p> <p>Recovery House Residential Services, 121</p> <p>Recovery Support Services, 132</p> <p>Sobering Services, 134</p> <p>Withdrawal Management, 123</p>

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
U8	<p><i>Medicaid level of care 8, as defined by each state</i></p> <p>The use of the 'U8' modifier is only allowed for those agencies that have been qualified to provide the WISE program. All services provided by the qualified WISE team are required to use the 'U8' modifier. Services provided by non-WISE agencies and clinicians outside the WISE team to youth that are in WISE should NOT use a U8 modifier. This includes SUD services as well as adjunct services from providers that are not part of the WISE team such as medication management or specialized treatment from a clinician that is outside the WISE team.</p>	<p>Care Coordination Services, 78 Child and Family Team Meeting, 80 Co-Occurring Treatment Services, 147 Crisis Services, 16 Family Treatment, 20 Group Treatment Services, 24 High Intensity Treatment, 26 Individual Treatment Services, 28 Intake Evaluation, 34 Interpreter Services, 85 Medication Management, 45 Medication Monitoring, 56 Peer Support, 62 Psychological Assessment, 64 Rehabilitation Case Management, 68 Request for Services, 139 Special Population Evaluation, 70 Stabilization Services, 72 Therapeutic Psychoeducation, 74 Wraparound with Intensive Services (WISE), 102</p>
U9	<p><i>Medicaid level of care 9, as defined by each state</i></p> <p>Rehabilitation Case Management Intake. To be used with the Rehabilitation Case Management code when service provided meets definition and requirements of an intake.</p>	<p>Intake Evaluation, 34 Rehabilitation Case Management, 68</p>
UA	<p><i>Medicaid level of care 10, as defined by each state</i></p> <p>WA State Medicaid Plan defined modifier to describe brief intervention treatment when added to the following identified CPT/HCPCS codes.</p>	<p>Family Treatment, 20 Group Treatment Services, 24 Individual Treatment Services, 28 Outpatient Treatment, 112</p>
UB	<p><i>Medicaid level of care 11, as defined by each state</i></p> <p>WA State MHD defined modifier in combination with H0046 to describe request for behavioral health services.</p>	<p>Request for Services, 139</p>

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
UC	<p>Medicaid level of care 12, as defined by each state WA State DBHR defined to indicate provision of service by multiple staff as needed:</p> <ul style="list-style-type: none"> • For safety purposes, when used in combination with H2011 or H0036. • For WISE services, when the service includes multiple staff and the U8 (WISE modifier) is also used. 	<p>Care Coordination Services, 78 Child and Family Team Meeting, 80 Co-Occurring Treatment Services, 147 Crisis Services, 16 Family Treatment, 20 Group Treatment Services, 24 High Intensity Treatment, 26 Individual Treatment Services, 28 Intake Evaluation, 34 Interpreter Services, 85 Involuntary Treatment Investigation, 87 Medication Management, 45 Medication Monitoring, 56 Peer Support, 62 Psychological Assessment, 64 Rehabilitation Case Management, 68 Request for Services, 139 Special Population Evaluation, 70 Stabilization Services, 72 Testimony for Involuntary Treatment Services, 145 Therapeutic Psychoeducation, 74 Wraparound with Intensive Services (WISE), 102 Involuntary Treatment Investigation, 87</p>

PROCEDURE MODIFIERS

Modifier	Definition	Modalities/Programs
UD	<p><i>Medicaid level of care 13, as defined by each state</i></p> <p>WA State DBHR defined modifier to identify delivery of service 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>	<ul style="list-style-type: none"> Co-Occurring Treatment Services, 147 Crisis Services, 16 Engagement and Outreach, 148 Family Treatment, 20 Group Treatment Services, 24 Individual Treatment Services, 28 Intake Evaluation, 34 Interpreter Services, 85 Involuntary Treatment Investigation, 87 Jail Services/Community Transition, 96 Medication Management, 45 Medication Monitoring, 56 Mental Health Clubhouse, 87 Mental Health Services Provided in a Residential Setting, 59 Peer Support, 62 Psychological Assessment, 64 Rehabilitation Case Management, 68 Request for Services, 139 Respite Care Services, 89 Special Population Evaluation, 70 Stabilization Services, 72 Supported Employment, 91 Testimony for Involuntary Treatment Services, 145 Therapeutic Psychoeducation, 74 WA-PACT, 100

PROVIDER TYPES

DEFINITION

Identifies the professional level of a specific outpatient service provider. A behavioral health practitioner may provide services within their scope of practice in accordance with their Department of Health credentials and granted by rule. The Provider Type reported shall be for the highest allowable credential for the agency staff who actually rendered the encounter.

Maximum character length: 2

Code	Definition
01	RN/LPN
02	ARNP/PA
03	Psychiatrist/MD
04	MA/PhD.
05	Below Masters Degree
06	DBHR Credentialed Certified Peer Counselor
08	Not Applicable
09	Bachelor Level with Exception/Waiver
10	Master Level with Exception/Waiver
12	Other (Clinical Staff)
14	Non-DBHR Credentialed Certified Peer Counselor
15	Medical Assistant – Certified
16	PharmD
20	Chemical Dependency Professional
21	Chemical Dependency Professional Trainee

Where used: 837HC_2400_NTE_352_Description

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 Service Modalities and Programs	Consumer Service	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	
Medication Management	MH	X	X	X

Mental Health Service Modalities and Programs	Consumer Service	Medicaid	GF-S	MHBG
Medication Monitoring	MH	X	X	X
Mental Health Clubhouse	MH		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	
Wraparound with Intensive Services (WISE)	MH	X	X	

FUNDING MATRIX

Substance Use Service Modalities and Programs	Consumer Service	Medicaid	GF-S	SABG	CJTA-Drug Court
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	
Outpatient Treatment	SUD	X	X	X	X
Pregnant, Post Partum, or Parenting (PPW) Women's Housing Support Services	SUD		X	X	
Recovery House Residential Services	SUD	X	X	X	X
Recovery Support Services	SUD		X	X	
Request for Services	MH & SUD		X		
Sobering Services	SUD		X	X	
Withdrawal Management	SUD	X	X	X	X

* Involuntary Investigations and Court Activities are not Medicaid reimbursable services. ITAs that result in medically necessary Residential Treatment for a Medicaid individual may be reimbursed by Medicaid.

SUMMARY OF CHANGES

What follows is a summary of changes to this version of SERI from the previous published version. Page numbers from the previous version (as below) may have changed in the current version.

ADDITIONS

- Pages 22 and 125: Added the following statement to the E&T and Secure Detox sections: “Guidance regarding REV code and taxonomy use for the 837(i) may be found in HCA’s Mental Health Billing Guide (starting with the July 1, 2018 version).”
- Page 102: Added link to the WISe manual.
- Page 140, Request for Services: Added the SUD modifier (HF) to indicate the request was for outpatient SUD services.

DELETIONS

- Page 15, Brief Intervention Treatment: Removed language that referenced older (pre-BHO) access to care standards. Specifically, references to “Level 1” services, which no longer exist at the state/access to care level (BHOs may still have these levels, but they are no longer included in the ACS).
- Page 108. Removed HH (COD modifier) from SUD CM. Note: There is some concern about the use of CM for MH issues, as CM is not in the MH state plan and previous CMS concerns. Also, this is a non-clinical service.
- Page 145: Removed U8 Modifier from Testimony for Involuntary Treatment Services. This change made due to updated U8 modifier definition.
- Page 153, GT Modifier Index: Removed PPW Housing Supports from the list, as this is a per diem service.

MODIFICATIONS

- Page 96, Jail Services: Clarified that services (per contract) can occur after transition from jail as well.
- Page 143, ITA Investigation: Clarified the use of the HF modifier when the referral for an ITA investigation was due to a SUD. When the HF modifier is not present the referral is due to MH. **Previously** the SERI indicated to use the HF modifier only when the person was detained for SUD.
- Page 157, U8 Modifier Index: Updated the WISe modifier description to indicate which services should use the modifier.