

**Mental Health Division**



**Health and Recovery Services Administration**

# Service Encounter Reporting Instructions

Effective July 1, 2007



**This publication replaces the January 1, 2007, MHD, HRSA Service Encounter Reporting Instructions, v.09.**

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Healthcare Common Procedures Code Set (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 posted on the MHD website and incorporated into the MHD CIS code table.

### **Contact Information**

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## **Introduction**

The Mental Health Division Service Encounter Reporting Instructions provide Regional Support Networks and their contracted Community Mental Health Agencies with information for reporting service encounters and program information for individuals served through the Washington state public mental 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 mental health system.

These instructions in conjunction with the Mental Health Division's Data Dictionary describe service encounter and program reporting, coding guidelines, and the data elements required to be submitted by the Regional Support Networks to the Mental Health Division's Consumer Information System (CIS).

The service encounter reporting manual is divided into sections describing service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, service and program descriptions. Service description pages include the definition of the service, staff qualifications, provider types, guidelines, and CPT/HCPCS codes 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.

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## **Who is Eligible to Receive Public Mental Health Services**

All individuals who are within the State of Washington are eligible to receive crisis mental health, crisis stabilization and involuntary treatment services regardless of income.

**Medicaid:** Individuals who are enrolled in Medicaid are eligible for medically necessary mental 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 mental health services as defined in the State Mental Health Contract.

## **What Encounters to Report**

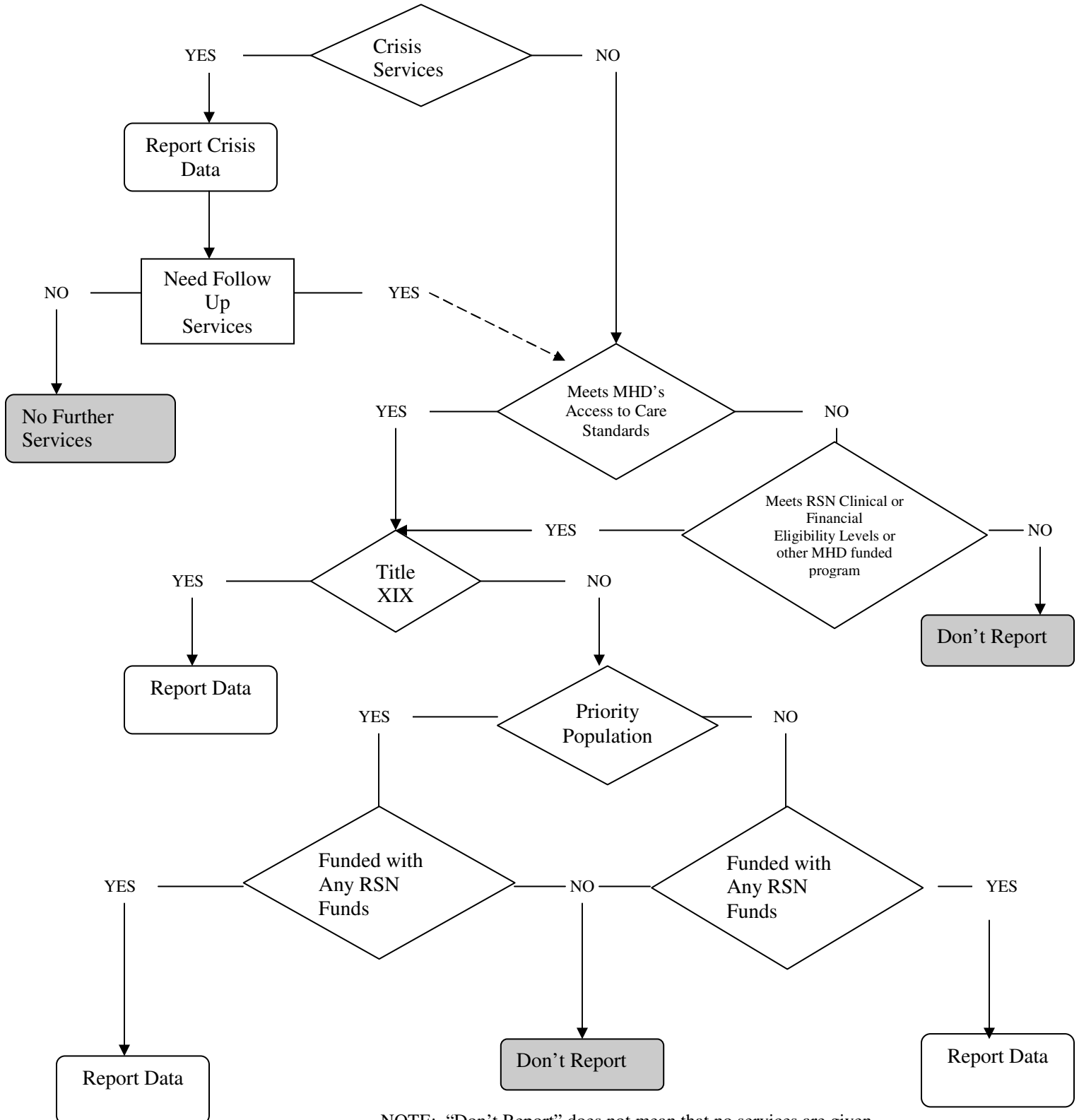
### **Includes:**

- 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 who are funded in whole or part by the RSN.

### **Excludes:**

- Any service funded by other DSHS Administrations, such as Aging and Disability Services Administration, Children's Administration, and Health and Rehabilitative Services Administration, and Division of Alcohol and Substance Abuse.
- Services that are reimbursed in total by private insurance or other public insurance (e.g., Medicare, L&I and Victims Assistance).

# When to Report Encounters to the state MHD/CIS



NOTE: "Don't Report" does not mean that no services are given.

## General Encounter Reporting Instructions:

- 1) The Mental Health Division Consumer Information System (MHD CIS) 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. MHD 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 mental health has been recodified from the code submitted to another payor.
- 2) Use of standardized coding nomenclature, i.e., CPT/HCPCS is required for reporting encounters to the MHD-CIS.
- 3) Encounters are reported based on services provided to the individual client and not based on clinical staff hours.
- 4) CPT/HCPCS codes generally describe service encounters and sometimes specify ranges of minutes; MHD requires reporting of actual minutes of the service encounter unless the service is described as a per diem activity. Per Diem services are reported as "1" per day of service.
- 5) For CPT/HCPCS codes that specify a range of time, code assignment should closely correlate with the actual minutes and times listed except for Evaluation and Management codes. (i.e., actual time spent is 35 minutes, and code choices are 25-30 minutes and 45-50 minutes, code assignment is to the lower amount). When actual time spent is less than any of the code choices, code assignment is to the lowest amount of minutes.
- 6) Evaluation and Management (E&M) codes identify levels of complexity in the delivery of care, to include history, examination and medical decision making to determine the code assignment. Time is not usually a significant factor. Refer to the guidelines in CPT manual for further clarification.
- 7) Report multiple service encounters occurring on the same day when the encounters occur at different times or are provided by different staff.

Exceptions to this guideline include:

- a. Interpreter services on behalf of a client during an encounter. These can be delivered concurrent with other services.
  - b. Concurrent/auxiliary services provided with a per diem service.
    - i. 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.
- 8) Report only one encounter for an individual when more than one staff (i.e., co-therapy) is involved in the delivery of the service. The primary MHCP should document the service in the clinical record and report the encounter.

- 9) Staff qualifications correlate with the Provider Types listed in the MHD CIS Data Dictionary 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.
- 10) Service authorization date is reported to the MHD CIS when routine services are authorized following an intake evaluation. Service authorization date applies to the initial authorization and should not be reported for re-authorization.
- 11) Disposition date and reason is reported to the MHD CIS when an individual exits services from a RSN. This information is not reported for transfers between providers within the same RSN.
- 12) The disposition date and reason are reported when an individual is not authorized for routine services.
- 13) Documentation in clinical records must meet, at a minimum, the general encounter reporting requirements listed in the next section.

### **General Documentation Requirements for Encounter Reporting:**

At a minimum, the following information is required for documenting service encounters in progress notes:

- The record must be legible to someone other than the writer;
- Each printed page (front and back if two-sided) of the record must contain the individual's name and agency record number;
- Clinical entries must include the:
  - author identification, which may be a handwritten signature or unique electronic identifier;
  - date of the service;
  - location of the service;
  - length of time; and
  - 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 RSN approved crosswalk).



**SERVICE: Brief Intervention Treatment**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)										
<p>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.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• The following medically necessary state plan services that are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions.               <ul style="list-style-type: none"> <li>○ Individual Treatment Services</li> <li>○ Group Treatment</li> <li>○ Family Treatment</li> </ul> </li> </ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• The following definitions are provided for clarification of the Access to Care, Level I-Brief Intervention and the state plan service modality, Brief Intervention Treatment:               <ul style="list-style-type: none"> <li>○ Access to Care Standards (ACS) <u>Level I-Brief Intervention</u> refers to a subset of modalities being offered from the State plan and a shorter duration for the authorization.</li> <li>○ State plan modality <u>Brief Intervention Treatment</u> is one clinical intervention that can be used when there is a Level I authorization and has specific expected outcomes.</li> </ul> </li> </ul>										
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>											
<p>Report encounter with one of following provider types:</p> <table border="0" style="width: 100%;"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> </table>		▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor
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▪ MA/PhD	▪ RN/LPN										
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver										
▪ Mental Health Specialist	▪ Below Masters Degree										
▪ Other	▪ Certified Peer Counselor										
<p><b>MODIFIERS</b></p> <p>UA: WA State Medicaid Plan defined modifier to describe brief intervention treatment when added to identified CPT/HCPCS codes for brief intervention.</p> <p>UD: WA State Mental Health Division 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>											

**SERVICE: Brief Intervention Treatment**

**(Continued)**

**CODING SUMMARY**

<b>INDIVIDUAL TREATMENT SERVICES</b>					
H0004-UA	Behavioral health counseling	Per 15 Minutes	90813-UA	Ind psychotherapy, interactive / E&M	45-50 Minutes
H0036-UA	Community Psychiatric Support Treatment	Per 15 Minutes	90814-UA	Ind Psychotherapy, interactive, face to face	75-80 Minutes
H2014-UA	Skills Training	Minutes	90815-UA	Ind psychotherapy, interactive / E&M	75-80 Minutes
H2015-UA	Comprehensive community support services	Per 15 Minutes	99241-UA	Outpatient Consultation E/M, face to face	15 Minutes
H2017-UA	Psychosocial Rehab Services	Per 15 minutes	99242-UA	Outpatient Consultation E/M, face to face	30 Minutes
90804-UA	Ind Psychotherapy, face to face	20-30 minutes	99243-UA	Outpatient Consultation E/M, face to face	40 Minutes
90805-UA	Ind psychotherapy / E&M	20-30 minutes	99244-UA	Office consultation E/M, face to face	60 Minutes
90806-UA	Ind Psychotherapy, face to face	45-50 minutes	99245-UA	Office consultation E/M, face to face	80 Minutes
90807-UA	Ind psychotherapy / E&M	45-50 minutes	99251-UA	Initial inpatient consultations E/M, at bedside or on unit	20 minutes
90808-UA	Ind Psychotherapy, face to face	75-80 minutes	99252-UA	Initial inpatient consultations E/M, at bedside or on unit	40 minutes
90809-UA	Ind psychotherapy / E&M	75-80 minutes	99253-UA	Initial inpatient consultations E/M, at bedside or on unit	55 minutes
90810-UA	Ind Psychotherapy, interactive, face to face	20-30 Minutes	99254-UA	Initial inpatient consultations E/M, at bedside or on unit	80 minutes
90811-UA	Ind psychotherapy, interactive / E&M	20-30 Minutes	99255-UA	Initial inpatient consultations E/M, at bedside or on unit	110 minutes
90812-UA	Ind Psychotherapy, interactive, face to face	45-50 Minutes			
<b>Family Treatment Services</b>					
90846-UA	Family therapy without patient	Minutes	90847-UA	Family therapy with patient	Minutes
<b>Group Treatment Services</b>					
90849-UA	Multiple-family group psychotherapy	Minutes	90857-UA	Interactive group psychotherapy	Minutes
90853-UA	Group psychotherapy	Minutes			

**SERVICE: Case Management**

**SERVICE AVAILABILITY LIMITED TO:  
Community Integration And Assistance Program (CIAP)  
GUIDELINES (INCLUSIONS/EXCLUSIONS)**

<p><b>DESCRIPTION</b></p> <p>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 such other services as deemed necessary. (RCW 71.24.470)</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>This service is program specific and is only available for persons in the CIAP program (see separate program description page)</li> </ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>Case management for the CIAP program is a state funded service.</li> </ul>										
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>											
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> </table>		▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor
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▪ Mental Health Specialist	▪ Below Masters Degree										
▪ Other	▪ Certified Peer Counselor										
<p><b>MODIFIERS</b></p> <p>HW: Funded by state mental health agency. This modifier is used in combination with T1016 to indicate case management services provided to a state only funded program.</p>											

**CODING SUMMARY**

CODES	Brief Narrative Description	Unit	CODES	Notes	Unit
T1016	Case Management				

**SERVICE: Community Psychoeducation & Prevention**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude).			<u>Inclusions:</u>  <u>Exclusions:</u>  <u>Notes:</u> <ul style="list-style-type: none"> <li>Community psychoeducation and prevention is a State funded service.</li> </ul>		
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.					
Report encounter with one of following provider types: <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Designated Mental Health Professional</li> <li>▪ Certified Peer Counselor</li> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Other</li> </ul>					
<b>MODIFIERS</b>					
UD: WA State Mental Health Division 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.					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Notes	Unit
H0024	Behavioral health prevention information.				

**SERVICE: Community Transition**

**SERVICE AVAILABILITY LIMITED TO:  
Jail Services Program and CIAP**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
Community transition is the time spent with the individual completing an application for determining Medicaid eligibility while an individual is confined in a correctional facility (i.e., jail).			<u>Inclusions:</u> <ul style="list-style-type: none"> <li>This service is program specific and is only available for persons in the Jail Services Program or Community Integration Assistance Program (see separate program description pages).</li> </ul>		
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.			<u>Exclusions:</u>		
Report encounter with one of following provider types: <ul style="list-style-type: none"> <li>Psychiatrist/MD</li> <li>MA/PhD</li> <li>Master Level with Exception/Waiver</li> <li>Mental Health Specialist</li> <li>Designated Mental Health Professional</li> <li>Certified Peer Counselor</li> <li>ARNP/PA</li> <li>RN/LPN</li> <li>Bachelor Level with Exception/Waiver</li> <li>Below Masters Degree</li> <li>Other</li> <li>N/A</li> </ul>			<u>Notes:</u> <ul style="list-style-type: none"> <li>Community transition is a state funded service.</li> </ul>		
MODIFIERS					
UD: WA State Mental Health Division 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.					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
T2038	Community Transition	Minutes			

**SERVICE: Co-occurring Treatment**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>Integrated co-occurring chemical dependency 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.</p>	<p><u>Inclusions:</u></p> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Co-occurring treatment services are state funded services.</li> </ul>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>													
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Designated Mental Health Professional</td> <td>▪ Other</td> </tr> <tr> <td>▪ Certified Peer Counselor</td> <td>▪ CD Specialist</td> </tr> </table>	▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Designated Mental Health Professional	▪ Other	▪ Certified Peer Counselor	▪ CD Specialist	
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▪ Designated Mental Health Professional	▪ Other												
▪ Certified Peer Counselor	▪ CD Specialist												
<p><b>MODIFIERS</b></p>													
<p>HH: Integrated substance abuse/ mental health program. This modifier in combination with applicable individual group, family and/or therapeutic psychoeducation treatment codes identifies the service as a co-occurring treatment service.</p> <p>UD: WA State Mental Health Division 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>													

**CODING SUMMARY**

CODES	Brief Narrative Description	Unit	CODES	Notes	Unit
90846	Family therapy without patient	Minutes	90806	Ind Psychotherapy, face to face	45-50 minutes
90847	Family therapy with patient	Minutes	90808	Ind Psychotherapy, face to face	75-80 minutes
90849	Multiple-family group psychotherapy	Minutes	H0004	Behavioral health counseling	Minutes
90853	Group psychotherapy	Minutes	S9446	Patient education	Minutes
90804	Ind Psychotherapy, face to face	20-30 minutes			

**SERVICE: Crisis Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)														
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Services may be provided prior to intake evaluation.</li> <li>• Services do not have to be provided face to face.</li> <li>• Crisis Hotline services (H0030)</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Community debriefing that occurs after a community disaster or crisis.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• The modifier (UC) is added to the service code when services provided involve multiple staff for safety purposes.</li> </ul>														
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>																	
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Designated Mental Health Professional</td> <td>▪ Other</td> </tr> <tr> <td>▪ Certified Peer Counselor</td> <td></td> </tr> </table>			▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Designated Mental Health Professional	▪ Other	▪ Certified Peer Counselor				
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▪ Mental Health Specialist	▪ Below Masters Degree																
▪ Designated Mental Health Professional	▪ Other																
▪ Certified Peer Counselor																	
<p><b>MODIFIERS</b></p>																	
<p>UC: WA State MHD defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with H2011.</p> <p>UD: WA State Mental Health Division 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>																	
<b>CODING SUMMARY</b>																	
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>												
H2011	Crisis intervention	Minutes															
H0030	Crisis Hotline	Minutes															

**SERVICE: Day Support**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Service available at least 5 hours per day, 5 days per week.</li> <li>• Service available in easily accessible locations (e.g., community mental health agencies, clubhouses, community centers).</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Programs with less service availability.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Instrumental activities of daily living are defined by CMS as activities related to independent living. This includes, but not limited to preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone.</li> </ul>		
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP); or staff supervised by a MHP.</p>					
<p>Report encounter with one of following provider types:</p> <ul style="list-style-type: none"> <li>▪ MA/PhD</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Certified Peer Counselor</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Other</li> </ul>					
<p><b>MODIFIERS</b></p>					
<p>None</p>					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H2012	Behavioral health day treatment	Minutes			



**SERVICE: Engagement and Outreach**

DESCRIPTION		GUIDELINES (INCLUSIONS/EXCLUSIONS)													
<p>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.</p> <p>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.</p>		<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>Engagement and outreach services may be provided prior to initiation of an intake evaluation and do not require authorization.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>Minutes of service does not include travel time.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>Engagement and outreach is a state funded service.</li> </ul>													
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>															
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> </table>		▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor				
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▪ MA/PhD	▪ RN/LPN														
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver														
▪ Mental Health Specialist	▪ Below Masters Degree														
▪ Other	▪ Certified Peer Counselor														
<p><b>MODIFIERS</b></p>															
<p>HW: Funded by state mental health agency. This modifier in combination with H0023 identifies the service as state funded engagement and outreach.</p> <p>UD: WA State Mental Health Division 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>															
CODING SUMMARY															
CODES	Brief Narrative Description	Unit	CODES	Notes	Unit										
H0023	Behavioral Health Outreach	Minutes													

**SERVICE: Family Treatment**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Provided with family members and/or other relevant persons in attendance as active participants.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Marriage Counseling.</li> </ul> <p><u>Notes:</u></p>		
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>					
<p>Report encounter with one of following provider types:</p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Other</li> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> </ul>					
<p><b>MODIFIERS</b></p>					
<p>UD: WA State Mental Health Division 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>					
<p><b>CODING SUMMARY</b></p>					
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>
90846	Family therapy without patient	Minutes	90847	Family therapy with patient	Minutes

**SERVICE: Freestanding Evaluation and Treatment Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)				
<p>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 Mental Health Division 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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• 24 hours per day/ 7 days per week availability.</li> <li>• Involuntary treatment services.</li> <li>• Nursing care.</li> <li>• Treatment modalities such as individual and family therapy, milieu therapy, psycho educational groups and pharmacology.</li> <li>• The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:                             <ul style="list-style-type: none"> <li>○ Rehabilitation Case Management</li> <li>○ Peer Support</li> </ul> </li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Evaluation and treatment services provided within a hospital.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Freestanding E&amp;T services in a facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes E&amp;T services provided to individuals with Medicaid as the pay source.</li> <li>• E&amp;T services will continue to be reported through the 837I HIPAA transaction as an episode of care. MHD will recode for service utilization reports.</li> <li>• MHD will report E&amp;T services delivered in an IMD as non-Medicaid services.</li> </ul>				
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Other</li> <li>▪ N/A</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Certified Peer Counselor</li> </ul> </td> </tr> </table>			<ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Other</li> <li>▪ N/A</li> </ul>	<ul style="list-style-type: none"> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Certified Peer Counselor</li> </ul>			
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<p><b>MODIFIERS</b></p>							
<p>None</p>							
CODING SUMMARY							
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit		
H2013	Psychiatric health facility service	Per Diem					

**SERVICE: Group Treatment**

<b>DESCRIPTION</b>			<b>GUIDELINES (INCLUSIONS/EXCLUSIONS)</b>												
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Service provided to a minimum of two enrollees and a maximum of twenty-four enrollees at the same time.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Services conducted over speakerphone.</li> </ul> <p><u>Notes:</u></p>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>															
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▪ MA/PhD	▪ RN/LPN														
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▪ Other															
<p><b>MODIFIERS</b></p>															
<p>UD: WA State Mental Health Division 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>															
<b>CODING SUMMARY</b>															
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>										
90849	Multiple-family group psychotherapy	Minutes	90857	Interactive group psychotherapy	Minutes										
90853	Group psychotherapy	Minutes													

**SERVICE: Testimony: Hearing for Involuntary Treatment Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>Court testimony provided about an individual who has been investigated and detained by a Designated Mental Health Professional.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• LRA revocation.</li> <li>• Service by staff employed by the Mental Health system</li> <li>• Can be provided before intake evaluation.</li> </ul>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>			<p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Staff accompanying an individual to court proceedings that are not related to ITA activity (i.e., providing advocacy) is reported under individual treatment services.</li> <li>• Emergency room physician / staff not employed by the Community Mental Health Agency/RSN).</li> </ul>												
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Designated Mental Health Professional</td> </tr> <tr> <td>▪ Below Masters Degree</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Other</td> <td>▪ Mental Health Specialist</td> </tr> </table>			▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Designated Mental Health Professional	▪ Below Masters Degree	▪ Bachelor Level with Exception/Waiver	▪ Other	▪ Mental Health Specialist	<p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Report testimony as service encounter with code 99075-H9</li> <li>• Report actual minutes of testimony and not wait time.</li> <li>• The hearing will continue to be reported as a non-encounter data transaction. Transition to a standard encounter transaction is planned as part of the preparation for Provider One.</li> </ul>		
▪ Psychiatrist/MD	▪ ARNP/PA														
▪ MA/PhD	▪ RN/LPN														
▪ Master Level with Exception/Waiver	▪ Designated Mental Health Professional														
▪ Below Masters Degree	▪ Bachelor Level with Exception/Waiver														
▪ Other	▪ Mental Health Specialist														
<p><b>MODIFIERS</b></p>															
<p>H9: Modifier in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.</p> <p>UD: WA State Mental Health Division 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>															
CODING SUMMARY															
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Units										
99075	Medical Testimony	Minutes													

**SERVICE: High Intensity Treatment**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>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.</p> <p>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 member's 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.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Access to a multidisciplinary team is available 24 hours per day/7 days per week.</li> <li>• Concurrent or auxiliary services may be provided by staff who are not part of the team to include:               <ul style="list-style-type: none"> <li>• Medication management</li> <li>• Day support</li> <li>• Psychological assessment</li> <li>• Special population evaluation</li> <li>• Therapeutic psychoeducation</li> <li>• Crisis</li> </ul> </li> </ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p>		
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>			
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<p><b>MODIFIERS</b></p>			
<p>None</p>			

**SERVICE: High Intensity Treatment****(Continued)****CODING SUMMARY**

	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>		
S9480	Intensive OP Psychiatric Services	Per Diem	H2022	Community based wrap around	Per Diem		
H0040	Assertive Community Treatment	Per Diem	H2033	Multisystemic therapy, children	Minutes		

**SERVICE: Individual Treatment Services**

DESCRIPTION	GUIDELINES (Inclusions/Exclusions)																
<p>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.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS).</li> <li>• Educational support services (i.e., school coaching, school readiness, support counseling)</li> <li>• Services are offered at the location preferred by the enrollee.</li> <li>• Specialist consultation between the specialist and the clinician.</li> <li>• Advocacy during court proceeding (does not include testimony during ITA hearing).</li> <li>• Testimony during court proceeding (does not include testimony during ITA hearing)</li> <li>• Representative payee services that involve money management training directly with the person.</li> <li>• Assistance in completing Telesage survey</li> </ul>																
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>																	
<p>Report encounter with one of following provider types listed under each set of codes:</p> <p><u>H0004, H0036, H2014, H2015, H2017, 99075, 90889:</u></p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Mental Health Specialist</td> </tr> <tr> <td>▪ Bachelor Level with Exception/Waiver</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> </table> <p><u>90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828:</u></p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ RN/LPN</td> <td>▪ MA/PhD</td> </tr> </table> <p><u>90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829, 99241-99245, 99251-99255:</u></p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> </table>	▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Mental Health Specialist	▪ Bachelor Level with Exception/Waiver	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor	▪ Psychiatrist/MD	▪ ARNP/PA	▪ RN/LPN	▪ MA/PhD	▪ Psychiatrist/MD	▪ ARNP/PA	<p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Calling in refills to pharmacies and filling out medication packs without the client present.</li> <li>• Supported employment services (report under B3 service, Supported Employment)</li> <li>• Time spent completing normally required documentation</li> <li>• Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee)</li> <li>• Testimony during an ITA hearing</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.</li> </ul>
▪ Psychiatrist/MD	▪ ARNP/PA																
▪ MA/PhD	▪ RN/LPN																
▪ Master Level with Exception/Waiver	▪ Mental Health Specialist																
▪ Bachelor Level with Exception/Waiver	▪ Below Masters Degree																
▪ Other	▪ Certified Peer Counselor																
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▪ RN/LPN	▪ MA/PhD																
▪ Psychiatrist/MD	▪ ARNP/PA																
<p><b>MODIFIERS</b></p>																	
<p>UC: WA State Mental Health Division defined modifier to indicate the involvement of multiple staff for safety purposes. For individual treatment services, the modifier is limited to use with code H0036.</p> <p>UD: WA State Mental Health Division 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>																	



**SERVICE: Individual Treatment Services**

**(Continued)**

**CODING SUMMARY**

<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>
H0004	Behavioral health counseling	Minutes	90819	Inpt, partial hospital, residential care facility	45-50 min
H0036	Community Psychiatric Support Treatment	Minutes	90821	Inpt, partial hospital, residential care facility	75-80 min
H2014	Skills Training	Minutes	90822	Inpt, partial hospital, residential care facility / E&M	75-80 min
H2015	Comprehensive community support services	Minutes	90823	Ind Psychotherapy, interactive IP or Residential, 20-30 minutes, face2 face	20-30 minutes
H2017	Psychosocial Rehab Services	Minutes	90824	Interactive psychotherapy / E&M	20-30 min
99075	Testimony (excludes medical testimony for ITA Services)	Minutes	90826	Ind Psychotherapy, interactive IP or Residential, 45-50 minutes, face2 face	45-50 minutes
90804	Ind Psychotherapy, face to face	20-30 minutes	90827	Interactive psychotherapy / E&M	45-50 min
90805	Ind psychotherapy / E&M	20-30 minutes	90828	Ind Psychotherapy, interactive IP or Residential, 75-80 minutes, face2 face	45-50 minutes
90806	Ind Psychotherapy, face to face	45-50 minutes	90829	Interactive psychotherapy / E&M	75-80 min
90807	Ind psychotherapy / E&M	45-50 minutes	99241	Outpatient Consultation, E/M face to face	15 Minutes
90808	Ind Psychotherapy, face to face	75-80 minutes	99242	Outpatient Consultation, E/M face to face	30 Minutes
90809	Ind psychotherapy / E&M	75-80 minutes	99243	Outpatient Consultation, E/M face to face	40 Minutes
90810	Ind Psychotherapy, interactive, face to face	20-30 Minutes	99244	Office consultation, E/M face to face	60 Minutes
90811	Ind psychotherapy, interactive / E&M	20-30 Minutes	99245	Office consultation, E/M face to face	80 Minutes
90812	Ind Psychotherapy, interactive, face to face	45-50 Minutes	99251	Initial inpatient consultations, E/M at bedside or on unit	20 minutes
90813	Ind psychotherapy, interactive / E&M	45-50 Minutes	99252	Initial inpatient consultations, E/M at bedside or on unit	40 minutes
90814	Ind Psychotherapy, interactive, face to face	75-80 Minutes	99253	Initial inpatient consultations, E/M at bedside or on unit	55 minutes
90815	Ind psychotherapy, interactive / E&M	75-80 Minutes	99254	Initial inpatient consultations, E/M at bedside or on unit	80 minutes
90816	Ind Psychotherapy, IP or Residential, 20-30 minutes, face to face	20-30 minutes	99255	Initial inpatient consultations, E/M at bedside or on unit	110 minutes
90817	Inpt, partial hospital, residential care facility	20-30 min	90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for physicians, agencies or insurance carriers	Minutes
90818	Ind Psychotherapy, IP or Residential, 45-50 minutes, face to face	45-50 minutes			

**SERVICE: Intake**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p>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.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Minimum service benefit for persons with Medicaid.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Intake evaluations done by a non-Mental Health Professional.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• An intake must be initiated prior to provision of mental health services except for:               <ul style="list-style-type: none"> <li>○ Engagement and Outreach;</li> <li>○ Crisis (including investigations and hearings);</li> <li>○ Stabilization;</li> <li>○ Free Standing E &amp; T Services; or</li> <li>○ Rehabilitation Case Management.</li> </ul> </li> <li>• When two clinicians (i.e., psychiatrist and MHP) conduct separate intakes, both encounters are reported.</li> <li>• 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.</li> <li>• 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).               <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.</li> </ul>
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional</p>	
<p>All intakes must be performed by individuals who meet WAC definition for Mental Health Professional to include the following provider types:</p> <p><u>H0031:</u></p> <ul style="list-style-type: none"> <li>▪ ARNP/PA</li> <li>▪ MA/PhD</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ RN/LPN</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> </ul> <p><u>90801-90802:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ ARNP/PA</li> </ul> <p><u>99201-99205, 99304-99306, 99324-99328:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ ARNP/PA</li> </ul>	
<p><b>MODIFIERS</b></p>	
<p>53: Discontinued procedure. 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>52: Reduced service. 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>UD: WA State Mental Health Division 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>	

**SERVICE: Intake****(Continued)****CODING SUMMARY**

<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>
H0031	MH Assessment, nonphysician	Minutes	99304-	Psychiatric Residential Services: New Patient (Low severity)	Minutes
90801	Psychiatric diagnostic interview	Minutes	99305	Psychiatric Residential Services: New Patient (Moderate severity)	Minutes
90802	Interactive psychiatric diagnostic interview	Minutes	99306	Psychiatric Residential Services: New Patient (High severity)	Minutes
99201	Outpatient E/M: New patient	10 min	99324	Boarding Home Services E/M: New Patient	20 min
99202	Outpatient E/M: New patient	20 min	99325	Boarding Home Services E/M: New patient	30 min
99203	Outpatient E/M: New patient	30 min	99326	Boarding Home Services E/M: New patient	45 min
99204	Outpatient E/M: New patient	45 min	99327	Boarding Home Services E/M: New patient	60 min
99205	Outpatient E/M: New patient	60 min	99328	Boarding Home Services E/M: New patient	75 min



**SERVICE: Integrated Substance Abuse Mental Health Screening**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
An initial screening to determine possible chemical dependency and mental health treatment needs utilizing the GAIN-SS, version 2.0.1.			<u>Inclusions:</u>		
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.			<u>Exclusions:</u>		
Report encounter with one of following provider types:			<u>Notes:</u>		
▪ Psychiatrist/MD	▪ ARNP/PA		<ul style="list-style-type: none"> <li>• Integrated substance abuse mental health screening is a state funded service.</li> </ul>		
▪ MA/PhD	▪ RN/LPN				
▪ Designated Mental Health Professional	▪ Master Level with Exception/Waiver				
▪ Bachelor Level with Exception/Waiver	▪ Below Masters Level				
MODIFIERS					
HH: Mental health/substance abuse program. This modifier is used in combination with H0002 to identify the integrated substance abuse/mental health screening (GAIN-SS).					
UD: WA State Mental Health Division 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.					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H0002	Behavioral health screening to determine eligibility	Minutes			

**SERVICE: Interpreter Services**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)									
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Interpretation/translation provided by staff not employed by the CMHA.</li> <li>• Interpretation/translation provided by staff employed by the CMHA, who is not the primary mental health care provider or who is not delivering the service.</li> <li>• Interpreter services can be reported concurrently with another clinical service.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Services provided by a mental health care provider who is bilingual and does not require a separate interpreter or translator.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Documentation by the clinician to include, at a minimum, notation that interpretative services were utilized during the session and the name of the interpreter,</li> <li>• Documentation from the interpreter is <b>not</b> required in the clinical file.</li> </ul>									
<p><b>STAFF QUALIFICATIONS: (Interpreter)</b></p>												
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ N/A</td> </tr> </table>						▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist
▪ Psychiatrist/MD	▪ ARNP/PA											
▪ MA/PhD	▪ RN/LPN											
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver											
▪ Mental Health Specialist	▪ Below Masters Degree											
▪ Other	▪ N/A											
<p><b>MODIFIERS</b></p>												
<p>UD: WA State Mental Health Division 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>												
CODING SUMMARY												
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit							
T1013	Sign or oral interpretative services	Minutes										

**SERVICE: Involuntary Treatment Investigation**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>An evaluation/assessment by a designated mental health professional (DMHP) for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental disorder.</p> <p>The DMHP accepts, screens and documents all referrals for an ITA investigation. The DMHP 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 (<i>December 2005 Update Protocols for Designated Mental Health Professionals</i>):</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>Involuntary Treatment Investigation service is available to all individuals, regardless of eligibility for any program or insurance coverage. .</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>Activities performed by a DMHP 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.</li> </ul>		
<p><b>STAFF QUALIFICATIONS:</b> Designated Mental Health Professional</p>			<p><u>Notes:</u></p>		
<p>Report encounter with the following provider type:</p> <ul style="list-style-type: none"> <li>Designated Mental Health Professional</li> </ul>					
<p><b>MODIFIERS</b></p>					
<p>UC: WA State MHD defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with S9484.</p> <p>UD: WA State Mental Health Division 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>					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
S9484	Crisis Intervention	Minutes			

**SERVICE: Medication Management**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p>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.</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Service rendered face-to-face by a person licensed to perform such services.</li> <li>• Consultation with collaterals, primary therapists, and/or case managers.</li> <li>• Minimal psychotherapy services may be provided.</li> </ul>
<p><b>STAFF QUALIFICATIONS (Provider Type)</b></p>	
<p>Report encounter with one of following provider types listed under each set of codes:</p> <p><u>T1001:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD                      ▪ ARNP/PA</li> <li>▪ RN/LPN</li> </ul> <p><u>M0064:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD                      ▪ ARNP/PA</li> <li>▪ RN/LPN</li> </ul> <p><u>90772:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD                      ▪ ARNP/PA</li> <li>▪ RN/LPN</li> </ul> <p><u>90862, 99211:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD                      ▪ ARNP/PA</li> <li>▪ RN/LPN</li> </ul> <p><u>99212-99215, 99307-99310, 99334-99337:</u></p> <ul style="list-style-type: none"> <li>▪ Psychiatrist/MD                      ▪ ARNP/PA</li> </ul>	<p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.</li> </ul>
<p><b>MODIFIERS</b></p>	
<p>UD: WA State Mental Health Division 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>	

**CODING SUMMARY**

CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
90862	Pharmacologic management	Minutes	99307	Nursing facility E/M (Psychiatric residential services)	Minutes
90772	Injection Administration	Minutes	99308	Nursing facility E/M (Psychiatric residential services)	Minutes
M0064	Visit for monitoring or changing prescriptions	Minutes	99309	Nursing facility E/M (Psychiatric residential services)	Minutes
T1001	Nursing Assessment	Minutes	99310	Nursing facility E/M (Psychiatric residential services)	Minutes
99211	Outpatient visit E/M: established patient	5 Min	99334	Boarding home services E/M	15 Min
99212	Outpatient visit E/M : established patient	10 Min	99335	Boarding home services E/M	25 Min
99213	Outpatient visit E/M: established patient	15 Min	99336	Boarding home services E/M	40 Min
99214	Outpatient visit E/M: established patient	25 Min	99337	Boarding home services E/M	60 Min
99215	Outpatient visit E/M: established patient	40 Min			

MHD Service Encounter Reporting Instructions  
Effective July 1, 2007



**SERVICE: Medication Monitoring**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Face-to-face, one on one cueing and observing client’s taking prescribed medications.</li> <li>• Reporting back to persons licensed to perform medication management services.</li> <li>• Service provided at any location for as long as deemed clinically necessary.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• When medical staff puts together a medication pack for a person and leaves it at the front desk with no face-to-face contact.</li> <li>• Calling in prescriptions</li> </ul> <p><u>Notes:</u></p>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>															
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> </table>			▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor			
▪ Psychiatrist/MD	▪ ARNP/PA														
▪ MA/PhD	▪ RN/LPN														
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver														
▪ Mental Health Specialist	▪ Below Masters Degree														
▪ Other	▪ Certified Peer Counselor														
<p><b>MODIFIERS</b></p>															
<p>UD: WA State Mental Health Division 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>															
CODING SUMMARY															
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit										
H0033	Oral medication administration with direct observation	Minutes	H0034	Medication training & support	Minutes										

**SERVICE: Mental Health Clubhouse**



DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>A service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. 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:</p> <ul style="list-style-type: none"> <li>• Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community;</li> <li>• Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness;</li> <li>• Assistance with employment opportunities: housing, transportation, education and benefits planning.</li> <li>• Operate at least ten hours a week after 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and</li> <li>• Opportunities for socialization activities</li> </ul>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the mental health clubhouse.</li> </ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p>		
<b>STAFF QUALIFICATIONS (Provider Type)</b>					
<ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Other</li> <li>▪ N/A</li> </ul>		<ul style="list-style-type: none"> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Certified Peer Counselor</li> </ul>			
<b>MODIFIERS</b>					
<p>UD: WA State Mental Health Division 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>					
<b>CODING SUMMARY</b>					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H2031	Mental health clubhouse	Per Diem			

**SERVICE: Mental Health Services in Residential Settings**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Mental Health Care Provider (MHCP) is located on-site a minimum of 8 hours per day, 7 days a week.</li> <li>• Services can be provided in an apartment complex or cluster housing, boarding home or adult family home.</li> <li>• Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Room and board</li> <li>• Holding a bed for a person</li> <li>• Temporary shelter services less than 2 weeks (see crisis stabilization instead)</li> <li>• Custodial care</li> <li>• Medical services (i.e., physical health care or skilled nursing)</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• MHD will report mental health services in a residential setting delivered in an IMD as non-Medicaid services.</li> </ul>		
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>					
<ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Other</li> <li>▪ N/A</li> </ul>	<ul style="list-style-type: none"> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Certified Peer Counselor</li> </ul>				
<p><b>MODIFIERS</b></p>					
<p>UD: WA State Mental Health Division 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>					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
H0018	Behavioral health, short-term residential	Per Diem	H0019	Behavioral health, long-term residential	Per Diem

**SERVICE: Peer Support**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)				
<p>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.</p> <p>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.</p> <p>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.</p> <p>Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.</p> <p>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</p>	<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Service availability is up to 4 hours per day.</li> <li>• 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.</li> <li>• Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor’s own life experiences related to mental illness.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Services delivered by non-certified peer counselors except as noted below.</li> <li>• Outreach by Peer Counselors if prior to intake, unless Non-Medicaid funds are used to pay for service.</li> </ul> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Exception to Provider Type: Peer Counselors who are not certified may serve on a PACT Team. Services are reported with provider type “Certified Peer Counselor”.</li> </ul>				
<p><b>STAFF QUALIFICATIONS:</b> Staff supervised by a Mental Health Professional.</p>					
<p>Report encounter with the following provider type:</p> <ul style="list-style-type: none"> <li>▪ Certified Peer Counselor</li> </ul>					
<p><b>MODIFIERS</b></p>					
<p>UD: WA State Mental Health Division 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>					
<p><b>CODING SUMMARY</b></p>					
<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>	<p><b>CODES</b></p>	<p><b>Brief Narrative Description</b></p>	<p><b>Unit</b></p>
<p>H0038</p>	<p>Self-help/ peer services</p>	<p>Minutes</p>			

**SERVICE: Psychological Assessment**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)								
<p>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.</p>	<p><u>Inclusions:</u></p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>Psychological assessments not completed by, or under the supervision of a licensed psychologist.</li> </ul> <p><u>Notes:</u></p>								
<p><b>STAFF QUALIFICATIONS:</b> Licensed Psychologist, or staff supervised by licensed psychologist</p>									
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Other</td> <td>▪ Below Masters Degree</td> </tr> </table>		▪ MA/PhD	▪ RN/LPN	▪ Psychiatrist/MD	▪ ARNP/PA	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Other	▪ Below Masters Degree
▪ MA/PhD		▪ RN/LPN							
▪ Psychiatrist/MD	▪ ARNP/PA								
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver								
▪ Other	▪ Below Masters Degree								
<p><b>MODIFIERS</b></p>									
<p>UD: WA State Mental Health Division 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>									

**CODING SUMMARY**

CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
96101	Testing (Administered by Psychologist/Physician)	Minutes	96116	Neurobehavioral status exam	Minutes
96102	Testing (Administered by technician)	Minutes	96118	Neuropsychological testing (Administered by Psychologist/Physician)	Minutes
96103	Testing (Administered by computer)	Minutes	96119	Neuropsychological testing (Administered by technician)	Minutes
96110	Developmental testing	Minutes	96120	Neuropsychological testing (Administered by computer)	Minutes
96111	Extended developmental testing	Minutes			

**SERVICE: Rehabilitation Case Management**

<b>DESCRIPTION</b>			<b>GUIDELINES (INCLUSIONS/EXCLUSIONS)</b>												
<p>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 read mission and to increase the community tenure for the individual.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Liaison work between community mental health agency and a facility that provides 24-hour care.</li> <li>• Clinical staff going to the facility and functioning as liaison in evaluating individuals for admission outpatient services and monitoring progress towards discharge</li> <li>• Available prior to provision of an intake evaluation</li> <li>• Assessment for admission to community mental health care (may be counted as an intake when the service meets the intake definition).</li> </ul> <p><u>Exclusions:</u></p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Rehabilitation Case Management provided in an IMD is funded as a Non-Medicaid service. This includes mental health services provided to individuals with Medicaid as the pay source.</li> <li>• MHD will report rehabilitation case management services delivered in an IMD as non-Medicaid services.</li> <li>• For reporting encounters under Rehabilitation Case Management, "facility that provides 24-hour care" includes jail/prison.</li> </ul>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP); or staff supervised by a MHP.</p>															
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> </table>			▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor			
▪ Psychiatrist/MD	▪ ARNP/PA														
▪ MA/PhD	▪ RN/LPN														
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver														
▪ Mental Health Specialist	▪ Below Masters Degree														
▪ Other	▪ Certified Peer Counselor														
<p><b>MODIFIERS</b></p>															
<p>UD: WA State Mental Health Division 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>															
<b>CODING SUMMARY</b>															
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>										
H0023	Behavioral health outreach service	Minutes													



**SERVICE: Respite Care Services**



DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)														
<p>A service 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. Respite under the Medicaid Waiver is only available to those consumers who do not have this coverage under some other federal program</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Observation, direct support and monitoring to meet needs of an enrollee by someone other than the primary caregivers.</li> <li>• Service may be provided on a planned or an emergent basis.</li> <li>• 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.</li> <li>• Service provided in a manner necessary to provide relief for the person or caregivers</li> <li>• Concurrent or auxiliary services may be provided by staff who are not assigned to provide respite care.</li> </ul>														
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>			<p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration)</li> </ul>														
<p>Report encounter with one of following provider types:</p> <table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> <tr> <td>▪ N/A</td> <td></td> </tr> </table>			▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor	▪ N/A		<p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Respite care up to 8 hours is reported as T1005. Respite care of 8 hours or longer is reported as a per diem.</li> </ul>		
▪ Psychiatrist/MD	▪ ARNP/PA																
▪ MA/PhD	▪ RN/LPN																
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver																
▪ Mental Health Specialist	▪ Below Masters Degree																
▪ Other	▪ Certified Peer Counselor																
▪ N/A																	
<p><b>MODIFIERS</b></p>																	
<p>UD: WA State Mental Health Division 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>																	
CODING SUMMARY																	
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit												
S9125	Respite services, in-home	Per Diem	T1005	Respite Services	Minutes												
H0045	Respite services, out of home	Per Diem															



**SERVICE: Sex Offender Treatment**

***SERVICE AVAILABILITY LIMITED TO: Community Integration And Assistance Program (CIAP)***

Description	GUIDELINES (INCLUSIONS/EXCLUSIONS)												
Services to reduce reoffending behavior by teaching skills to identified sexual offenders as effort to prevent relapse.	<u>Inclusions:</u> <ul style="list-style-type: none"> <li>• This service available only for participants in the Community Integration Assistance Program (CIAP).</li> <li>• Staff must have appropriate qualifications and/or credentials to provide this service.</li> </ul>												
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.	<u>Exclusions:</u>												
Report encounter with one of following provider types: <table border="0" style="width: 100%;"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Below Masters Degree</td> </tr> <tr> <td>▪ Other</td> <td>▪ Certified Peer Counselor</td> </tr> <tr> <td>▪ N/A</td> <td></td> </tr> </table>	▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver	▪ Mental Health Specialist	▪ Below Masters Degree	▪ Other	▪ Certified Peer Counselor	▪ N/A		<u>Notes:</u> <ul style="list-style-type: none"> <li>• Sex Offender treatment is a state funded service available for individuals in the CIAP program.</li> </ul>
▪ Psychiatrist/MD	▪ ARNP/PA												
▪ MA/PhD	▪ RN/LPN												
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver												
▪ Mental Health Specialist	▪ Below Masters Degree												
▪ Other	▪ Certified Peer Counselor												
▪ N/A													
<b>MODIFIERS</b>													
None													

**CODING SUMMARY**

CODES	Brief Narrative Description	Unit	CODES	Notes	Unit
H2028	Sex offender treatment	minutes			

**SERVICE: Special Population Evaluation**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)							
<p>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 CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Performed after the initiation of an intake evaluation.</li> <li>• Special population evaluation must be provided face-to-face.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• MH specialist conducting an intake evaluation.</li> <li>• Consultation call where the specialist never directly evaluates the person.</li> <li>• Consultation between the specialist and the clinician</li> </ul>							
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional who meets WA requirements for mental health specialist</p>			<p><u>Notes:</u></p>							
<table border="0"> <tr> <td>▪ Psychiatrist/MD</td> <td>▪ ARNP/PA</td> </tr> <tr> <td>▪ MA/PhD</td> <td>▪ RN/LPN</td> </tr> <tr> <td>▪ Master Level with Exception/Waiver</td> <td>▪ Bachelor Level with Exception/Waiver</td> </tr> <tr> <td>▪ Mental Health Specialist</td> <td>▪ Other</td> </tr> </table>						▪ Psychiatrist/MD	▪ ARNP/PA	▪ MA/PhD	▪ RN/LPN	▪ Master Level with Exception/Waiver
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▪ MA/PhD	▪ RN/LPN									
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver									
▪ Mental Health Specialist	▪ Other									
<p><b>MODIFIERS</b></p>										
<p>HE: Mental Health Program</p> <p>UD: WA State Mental Health Division 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>										
<b>CODING SUMMARY</b>										
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit					
T1023	Screening for determining appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol	Minutes								

**SERVICE: Stabilization**

DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)		
<p>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.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• 24 hours per day/ 7 days per week availability.</li> <li>• Services may be provided prior to intake evaluation.</li> <li>• 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.</li> <li>• 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.</li> <li>• Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services</li> <li>• The following additional services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.               <ul style="list-style-type: none"> <li>○ Intake</li> <li>○ Family Treatment</li> <li>○ Medication Management</li> <li>○ Peer Support</li> <li>○ Psychological Assessment</li> <li>○ Therapeutic Psychoeducation</li> <li>○ Involuntary Treatment Services</li> </ul> </li> </ul>		
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>					
<ul style="list-style-type: none"> <li>▪ Psychiatrist/MD</li> <li>▪ MA/PhD</li> <li>▪ Master Level with Exception/Waiver</li> <li>▪ Mental Health Specialist</li> <li>▪ Other</li> <li>▪ N/A</li> </ul>	<ul style="list-style-type: none"> <li>▪ ARNP/PA</li> <li>▪ RN/LPN</li> <li>▪ Bachelor Level with Exception/Waiver</li> <li>▪ Below Masters Degree</li> <li>▪ Certified Peer Counselor</li> </ul>		<p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Stabilization services less than 24 hours are coded to Crisis Services</li> </ul>		
<p><b>MODIFIERS</b></p>			<p><u>Notes:</u></p>		
<p>UD: WA State Mental Health Division 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>					
CODING SUMMARY					
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit
S9485	Stabilization	Per Diem			

**SERVICE: Supported Employment**



DESCRIPTION			GUIDELINES (INCLUSIONS/EXCLUSIONS)												
<p>A service for Medicaid enrollees who are currently not receiving federally-funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include:</p> <ul style="list-style-type: none"> <li>• An assessment of work history, skills, training, education, and personal career goals.</li> <li>• Information about how employment will affect income and benefits the consumer is receiving because of their disability.</li> <li>• Preparation skills such as resume development and interview skills.</li> <li>• Involvement with consumers served in creating and revising individualized job and career development plans that include;                             <ul style="list-style-type: none"> <li>○ Consumer strengths</li> <li>○ Consumer abilities</li> <li>○ Consumer preferences</li> <li>○ Consumer's desired outcomes</li> </ul> </li> <li>• Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.</li> <li>• Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.</li> </ul> <p>Services are provided by or under the supervision of a mental health professional.</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• Assessment of work history, skills, training, education, and personal career goals.</li> <li>• Information about how employment will affect income and benefits the consumer is receiving because of their disability.</li> <li>• Preparation skills such as resume development and interview skills.</li> <li>• Involvement with consumers served in creating and revising individualized job and career development plans that include;                             <ul style="list-style-type: none"> <li>○ Consumer strengths</li> <li>○ Consumer abilities</li> <li>○ Consumer preferences</li> <li>○ Consumer's desired outcomes</li> </ul> </li> <li>• Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.</li> <li>• Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required</li> </ul> <p><u>Exclusions:</u></p>												
<p><b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.</p>			<p><u>Notes:</u></p>												
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<p>UD: WA State Mental Health Division 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>															
CODING SUMMARY															
CODES	Brief Narrative Description	Unit	CODES	Brief Narrative Description	Unit										
H2023	Supported employment	Minutes	H2025	Ongoing Supports to maintain employment	Minutes										

**SERVICE: Therapeutic Psychoeducation**

<b>Description</b>			<b>GUIDELINES (INCLUSIONS/EXCLUSIONS)</b>		
<p>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.</p> <p>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.</p> <p>Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service</p>			<p><u>Inclusions:</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Services provided at locations easily accessible and convenient to the enrollee.</li> <li>• Services may be provided in groups or individually.</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Classroom style teaching.</li> <li>• General family or community education not specific to the enrollee.</li> <li>• Family treatment.</li> <li>• Individual treatment.</li> </ul> <p><u>Notes:</u></p>		
<b>STAFF QUALIFICATIONS:</b> Mental Health Professional (MHP) or staff supervised by a MHP.					
Report encounter with one of following provider types:					
▪ Psychiatrist/MD	▪ ARNP/PA				
▪ MA/PhD	▪ RN/LPN				
▪ Master Level with Exception/Waiver	▪ Bachelor Level with Exception/Waiver				
▪ Mental Health Specialist	▪ Below Masters Degree				
▪ Other	▪ Certified Peer Counselor				
<b>MODIFIERS</b>					
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<b>CODING SUMMARY</b>					
<b>CODES</b>	<b>Brief Narrative Description</b>	<b>Unit</b>	<b>CODES</b>	<b>Notes</b>	<b>Unit</b>
H2027	Psychoeducational service	Minutes	H0025	Behavioral health prevention education service	Minutes
S9446	Patient education	Minutes			

## **Special Program Reporting**

Special programs are specified community mental 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 the MHD 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 these 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.

**PROGRAM: Children’s Evidence Based Practice Program**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p><u>Thurston/Mason RSN</u>: This pilot program uses Multisystemic therapy (MST). MST is an intensive family and community based treatment that addresses the multiple determinants of anti-social behavior in juvenile offenders and mental health clients with serious behavioral issues accompanying their mental health diagnosis. The multisystem approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. Intervention strategies, therefore are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. MST is provided using home-based model of services delivery. The usual duration of MST treatment is approximately four months.</p>	<p><b><u>Inclusions:</u></b></p> <ul style="list-style-type: none"> <li>• The Contractor must have a specific contract with the Mental Health Division to report services for this program.</li> <li>• Entry criteria for this program are specified in contract.</li> </ul> <p><b><u>Exclusions:</u></b></p> <p><b><u>Notes:</u></b></p> <ul style="list-style-type: none"> <li>• Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.</li> </ul>
<b>CODING SUMMARY</b>	
<ul style="list-style-type: none"> <li>• For individuals in this program, the MST code (H2033) is specifically associated with MST services as defined by MST, Inc.</li> <li>• Other services/modalities available for this program are defined in contract requirements and/or program standards.</li> </ul>	

**PROGRAM: Community Integration Assistance Program**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p>The Community Integration Assistance Program (CIAP), previously known as the 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.</p> <p>The CIAP funding supplements other resources and provides additional mental health treatment.</p>	<p><b><u>Inclusions:</u></b></p> <ul style="list-style-type: none"> <li>• The RSN or provider must have a CIAP contract with the Mental Health Division to report services for this program.</li> <li>• Entry criteria for the program are assignment of an individual to the contractor by HRSA/MHD CIAP Program Administrator.</li> <li>• 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.</li> </ul> <p><b><u>Exclusions:</u></b></p> <p><b><u>Notes:</u></b></p> <ul style="list-style-type: none"> <li>• Information on this page is intended as an overview. Refer to the contract for complete program requirements.</li> </ul>
<b>CODING SUMMARY</b>	
<ul style="list-style-type: none"> <li>• Additional services allowed for participants in this program include: <ul style="list-style-type: none"> <li>○ Case management (T1016-HW)</li> <li>○ Sex offender treatment (H2028)</li> <li>○ Community transition (T2038)</li> </ul> </li> <li>• Other services/modalities available for this program are defined in contract requirements and/or program standards.</li> </ul>	



**PROGRAM: Jail Services Program**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p>The Jail Services Program provides mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health services upon the release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits. Services provided as part of this program are intended to facilitate safe transition into community services. Post release transition services are available for up to 90 days following release from any episode of confinement.</p>	<p><b><u>Inclusions:</u></b></p> <ul style="list-style-type: none"> <li>• Date of enrollment to this program is the first date the RSN / provider goes to the jail to see the individual.</li> </ul> <p><b><u>Exclusions:</u></b></p> <p><b><u>Notes:</u></b></p> <ul style="list-style-type: none"> <li>• Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.</li> </ul>
<b>CODING SUMMARY</b>	
<ul style="list-style-type: none"> <li>• Additional services allowed for participants in this program include:               <ul style="list-style-type: none"> <li>○ Community transition (T2038) to identify completion of an eligibility application.</li> </ul> </li> <li>• Other services/modalities available for this program are defined in contract requirements and/or program standards.</li> </ul>	

**PROGRAM: Multi-dimensional Therapeutic Foster Care Program**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p>Multi-dimensional Treatment Foster Care (MTFC) offers community based mental health and voluntary treatment foster care services within an evidence-based practice model. The program provides support and treatment for children with a mental health diagnosis and behavioral disturbances and their families to divert children from more expensive long-term inpatient programs. In addition, the program includes supports, education and intervention with families during the MTFC program to fortify family relationships, help to sustain positive changes and avoid future out of home placements.</p>	<p><b><u>Inclusions:</u></b></p> <ul style="list-style-type: none"> <li>• The Contractor must have a specific contract with the Mental Health Division to report this program.</li> </ul> <p><b><u>Exclusions:</u></b></p> <p><b><u>Notes:</u></b></p> <ul style="list-style-type: none"> <li>• Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.</li> </ul>
<b>CODING SUMMARY</b>	
<ul style="list-style-type: none"> <li>• Services/modalities available for this program are defined in contract requirements and/or program standards.</li> </ul>	

**PROGRAM: WA-PACT**

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
<p>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.</p> <p>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.</p>	<p><b><u>Inclusions:</u></b></p> <ul style="list-style-type: none"> <li>• The RSN must have a WA-PACT contract with the Mental Health Division to report services for this program.</li> <li>• Criteria for entry to this program are specified in the MHD PACT standards.</li> <li>• All services provided by WA-PACT team members are reported with the applicable CPT/HCPCS code and the modifier "UD".</li> </ul> <p><b><u>Exclusions:</u></b></p> <p><b><u>Notes:</u></b></p> <ul style="list-style-type: none"> <li>• Information on this page is intended as an overview. Refer to the contract and Washington State PACT standards for complete program requirements.</li> <li>• Services for the WA-PACT program are state funded.</li> </ul> <p>Exceptions to Provider Types:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN services.</li> <li>• Provider type "CD Specialist" may be reported for this program.</li> </ul>
<p><b>MODIFIERS</b></p>	
<p>UD: WA State Mental Health Division 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>	
<p><b>CODING SUMMARY</b></p>	
<ul style="list-style-type: none"> <li>• The following services are excluded from the WA-PACT program: <ul style="list-style-type: none"> <li>○ Day Support</li> <li>○ High Intensity Treatment</li> </ul> </li> <li>• Other services/modalities available for this program are defined in contract requirements and/or program standards.</li> </ul>	

## Appendix A

### CPT/HCPCS Code Table

This table summarizes the CPT/HCPCS codes and modifiers listed for the service descriptions in this manual. The columns titled "Modifier" indicate which modifier(s) can be used with specific CPT/HCPCS codes. The Modifier Use columns list when a modifier is **required** (1) or when modifier use is **allowed** dependent on the requirements of the service or program description (2).

Modality	Codes	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Time
Brief Intervention Treatment	90804-90815	UA	1			UD	2	minutes See service description for times
	H0036	UA	1			UD	2	
	H2014	UA	1			UD	2	
	H2017	UA	1			UD	2	
	H2015	UA	1			UD	2	
	H0004	UA	1			UD	2	
	99241-99245	UA	1			UD	2	
	99251-99255	UA	1			UD	2	
	90846	UA	1			UD	2	
	90847	UA	1			UD	2	
	90849	UA	1			UD	2	
90853	UA	1			UD	2		
90857	UA	1			UD	2		
Case Management	T1016	HW	1					minutes
Community Psychoeducation	H0024		1			UD	2	minutes
Community Transition	T2038					UD	2	minutes
Co-Occurring Treatment	90846	HH	1			UD	2	minutes
	90847	HH	1			UD	2	
	90849	HH	1			UD	2	
	90853	HH	1			UD	2	
	90804	HH	1			UD	2	
	90806	HH	1			UD	2	
	90808	HH	1			UD	2	
	H0004	HH	1			UD	2	
	S9446	HH	1			UD	2	
Crisis Services	H2011					UD	2	minutes
	H0030	UC	2			UD	2	minutes
Day Support	H2012						minutes	
Engagement and Outreach	H0023	HW	1			UD	2	minutes

Modality	Codes	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Time
Family Treatment	90846					UD	2	
	90847					UD	2	
Freestanding Evaluation and Treatment	H2013							per diem
Group Treatment Services	90849					UD	2	minutes
	90853					UD	2	minutes
	90857					UD	2	minutes
Testimony: Hearing for Involuntary Treatment	99075	H9	1			UD	2	minutes
High Intensity Treatment	S9480							per diem
	H0040							per diem
	H2022							per diem
	H2033							minutes
Individual Treatment Services	90804-90829	UC	2			UD	2	minutes
	99075			UD	2	See service description for specific times		
	H0036			UD	2			
	H2014			UD	2			
	H2017			UD	2			
	H2015			UD	2			
	H0004			UD	2			
	99241-99245			UD	2			
	99251-99255			UD	2			
	90889			UD	2			
Intake Evaluation	90801	53	2	52	2		UD	2
	90802	53	2	52	2	UD	2	See service description for specific times
	H0031	53	2	52	2	UD	2	
	99201-99205	53	2	52	2	UD	2	
	99304-99306	53	2	52	2	UD	2	
	99324-99328	53	2	52	2	UD	2	
Integrated SA/MH Screening	H0002	HH	1			UD	2	
Integrated SA/MH Assessment	H0001	HH	1			UD	2	minutes
Interpreter Services	T1013					UD	2	minutes
Investigations	S9484	UC				UD	2	minutes
						UD	2	
Medication Management	T1001					UD	2	minutes
	M0064					UD	2	See reporting instructions for times
	90772					UD	2	
	90862					UD	2	
	99211-99215					UD	2	
	99307-99310					UD	2	
99334-99337					UD	2		
Medication Monitoring	H0033					UD	2	minutes
	H0034					UD	2	minutes
Mental Health Clubhouse	H2031					UD	2	per diem

<b>Modality</b>	<b>Codes</b>	<b>Modifier</b>	<b>Modifier Use</b>	<b>Modifier</b>	<b>Modifier Use</b>	<b>Modifier</b>	<b>Modifier Use</b>	<b>Time</b>
Mental Health Services Provided in Residential Settings	H0018					UD	2	per diem
	H0019					UD	2	per diem
Peer Support	H0038					UD	2	minutes
Psychological Assessment	96101-96103					UD	2	minutes
	96110-96111					UD	2	minutes
	96116					UD	2	minutes
	96118-96120					UD	2	minutes
Rehabilitation Case Management	H0023					UD	2	minutes
Request for Services	H0046	UB	1			UD	2	minutes
Respite Care	S9125					UD	2	per diem
	H0045					UD	2	per diem
	T1005					UD	2	minutes
Sexual Offender Treatment	H2028						minutes	
Special Population Evaluation	T1023	HE	1			UD	2	minutes
Stabilization Services	S9485					UD	2	per diem
Supported Employment	H2023					UD	2	minutes
	H2025					UD	2	minutes
Therapeutic Psychoeducation	H2027					UD	2	minutes
	H0025					UD	2	minutes
	S9446					UD	2	minutes

## Appendix B

***Summary of Changes  
MHD Service Encounter Reporting Instructions  
Effective July 1, 2007***

<b><i>Page</i></b>	<b><i>Item</i></b>	<b><i>Comments</i></b>	<b><i>Status/Change</i></b>
3	General Encounter Reporting Instructions	Add instructions for reporting new data dictionary elements.	Added instructions for reporting: <ul style="list-style-type: none"> <li>▪ Service authorization.</li> <li>▪ Disposition date and reason</li> <li>▪ Disposition date, reason when person not authorized</li> </ul>
5-41	Provider Type	Clarification for reporting provider type “physician assistant” Clarification that all provider types are available for per diem services. Clarification for provider type “Other”	Added “PA” to provider type ARNP to applicable service description pages. Added provider types to the staff qualifications section for per diem service descriptions. Removed “clinical staff” from provider type “Other”
7	Case Management	New service description. State funded service available only for CIAP program.	Added service description page.
8	Community Psychoeducation	New service description. State funded service.	Added service description page.
9	Community Transition	New service description. State funded service available only for Jail Services Program	Added service description page.
10	Co-occurring Treatment	New service description. Service is state funded.	Added service description page.
12	Day Support	Provider type MA/PhD not listed	Added Provider type “MA/PhD”
13	Engagement and Outreach	New service description. Service is state funded.	Added service description page.
15	Free standing Evaluation and Treatment	Reporting services in IMD setting	Added bullet under Notes: <ul style="list-style-type: none"> <li>▪ MHD will report E&amp;T services delivered in an IMD as non-Medicaid services.</li> </ul>
20	Individual Treatment Services	Addition of code previously not listed “90822”	Added code “90822” to Individual Treatment Services Coding Summary page
22	Intake	Use standard definitions for modifiers “52” and “53”.	Revised to standard definition with additional information.

<i>Page</i>	<i>Item</i>	<i>Comments</i>	<i>Status/Change</i>
		Additional information to clarify use of modifier(s) in combination with applicable CPT/HCPCS code describes the specific use by mental health. Clarification that engagement and outreach services available prior to intake.	Added statement that engagement and outreach to services are available prior to intake.
24	Integrated Substance Abuse Mental Health Assessment	Use standard definition for modifier. Additional information to clarify that modifier in combination with applicable CPT/HCPCS code describes the specific use by mental health	Revised to standard definition with additional information.
25	Integrated Substance Abuse Mental Health Screening	Use standard definition for modifier. Additional information to clarify that modifier in combination with applicable CPT/HCPCS code describes the specific use by mental health	Revised to standard definition with additional information...
27	Involuntary Treatment Investigation	Service code being implemented on July 1, 2007.	Revised service description. Added inclusions, exclusions and notes added to service description page.
28	Medication Management	Addition of provider type to CPT codes M0064, 90772, 90862 and 99211.	Added provider type "LPN/RN"
31	Mental Health Services in a Residential Setting	Clarification for reporting services in IMD setting	Added bullet under Notes
32	Peer Support	Exception for reporting provider type	Added bullet under Notes
37	Sex Offender Treatment	New service description for use only in CIAP program. Service is state funded.	Added service description page
42	Special Program Reporting	General information and reporting instructions	Added description for program reporting requirements
44	Children's Evidence Based Practice	New program description page	Added program description page
45	Community Integration and	New program description page. Previously DMIO program.	Added program description page



<i>Page</i>	<i>Item</i>	<i>Comments</i>	<i>Status/Change</i>
	Assistance Program		
47	Jail Services	New program description page	Added program description page
48	Multi-dimensional Therapeutic Foster Care	New program description page	Added program description page
49	WA-PACT	New program description page	Added program description page