



Service Encounter Reporting Instructions (SERI)

Interim Guidance January 1, 2025

Interim Guidance

The following guidance applies to the Service Encounter Reporting Instructions (SERI). This interim guidance is effective as of January 1, 2025, unless otherwise specified in this document.

The Washington Health Care Authority (HCA) requests that Managed Care Organizations (MCOs) and Behavioral Health-Administrative Service Organizations (BH-ASOs) adopt the following changes immediately. These changes will be formally added to the next release of the SERI guide. Any additional changes in the next SERI release shall be implemented within 90 days of the most recent release date.

Updated topics

Opioid Treatment Program

Opioid Treatment Program page updates include the additions found in red:

Opioid Treatment Program

Modality definition

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

Inclusions

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

Exclusions

None

Notes

- OTP Providers who have claims and encounters for dually eligible Medicaid/Medicare patients where Medicare paid as primary should utilize the CMS approved and published G-codes when submitting crossover claims to the Managed Care Organization for Medicaid reimbursement
- Mobile treatment programs should use place of service (POS) 15.
- Medical inductions for this modality may be provided prior to the completion of an ASAM biopsychosocial assessment. A full medical examination and laboratory testing must be completed prior to induction of medication.
- Individuals receiving OTP services may also receive other ASAM level of care treatment services at other treatment agencies as per ASAM treatment criteria and 42 CFR § 8.12(f)(1)
- All of the following codes could be reportable for one encounter:
 - Use code H0020 to report the actual administration or dispensing encounter. This service was previously reported as minutes. H0020 is now reported in units. Report one unit for the actual face-to-face encounter. If medication was administered and dispensed, report 2 units. (See below.)
 - Report urinalysis testing codes as described in Urinalysis Drug Screening found in the Other Services section.

- Providers must report all service codes that represent all OTP services required under state and federal law. H0020 is only to be used to report the encounter for dosing. Report ALL other services using the applicable SERI code and applicable place of service 15 or 58.

Limitations

- Place of Service Code '58' only (Non-residential Opioid Treatment Facility).
- Place of service '58' is for all services rendered in an OTP.

Crisis Services

Under Crisis Services Modality added additional reference WAC for definitions related to Mobile Rapid Response Crisis Teams and Endorsed Community Based Crisis Teams:

HA and HB modifier guidance

- This policy is applicable to Mobile Rapid Response Crisis Team (MRRCT) providers as defined in WAC 246-341-0901, WAC 182-140-0020, and RCW 71.24.025.

ET modifier guidance

- This policy is applicable to Endorsed Community Based Crisis Teams (ECBCT) and providers as defined in WAC 246-182-140, WAC 182-140-0020, and RCW 71.24.903 as well as applicable to Endorsed Mobile Rapid Response Crisis Team (EMRRCT) providers as defined in WAC 246-341-0901 and RCW 71.24.025.

Telemedicine

Telemedicine page resource section updated and edited to ensure the page remains up to date with published policies and guidance documents.

Resources

Current telemedicine (HIPAA-compliant audio-visual) and telemedicine (audio-only) policies can be found at: [Provider billing guides and fee schedules](#), under the Telehealth tab.

Under the Telehealth tab, the section titled "Telemedicine policy and billing" provides specific guidance and policy documents within the following subsections:

1. **Physical health** - lists current and past overarching policy.
2. **Behavioral health** - lists current and past supporting behavioral health FAQs.
3. **Audio-only telemedicine** - lists current and past information on what codes are or are not approved for audio only both for physical and behavioral health.