

Service Encounter Reporting Instructions (SERI)

Interim Guidance January 1, 2026

Interim Guidance

The following guidance applies to the Service Encounter Reporting Instructions (SERI). This interim guidance is effective as of January 1, 2026, 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

Behavioral Health Support Specialist (BHSS)

As outlined on the Summary of Changes page in the Oct 1, 2025, release of SERI, due to [SB 5189](#) section 13d of the Washington State Medicaid plan (SPA), provider type BHSS was added to appropriate service modalities and codes throughout SERI, to the provider types page, and the provider crosswalk. This provider type is recognized by the 101Y00000X taxonomy and must use the HN modifier when submitting encounters. Note the HN modifier has been added to the modifier index page 128.

What has changed?

Removal of the HN modifier from SERI for the BHSS.

Why has it changed?

The HN modifier is utilized for fee-for-service to distinguish between provider types who use the 101Y00000X and denote that this is bachelor-level provider type. For managed care, in SERI, a BHSS is the only provider type who would encounter with **only** the 101Y00000X taxonomy, so there is not a need to have a distinguishing modifier. Please note while other provider types may enroll with this national taxonomy, they also crosswalk to local taxonomies, different state plan provider types, and allowable services.

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

What has changed?

Encounters will no longer be required to have an indicator for an EPSDT service because it was the result of an EPSDT referral. ~~EPSDT includes all services that are medically necessary to address health conditions for clients age 20 and younger. Any service rendered to a recipient who is 20 years of age or younger is classified as an EPSDT service.~~ A referral for the service can come from any source. ~~Providers may reference program-specific billing guides for services and equipment not covered by this guide and must follow the rules for the EPSDT program described in Chapter 182-534 WAC. Published limits for services covered under EPSDT, if any, may be exceeded based on agency review of medical necessity described in WAC 182-501-0165.~~ Under Federal requirements for EPSDT services, an individual who is 20 years of age or younger is to receive any service deemed medically necessary. A request for a service classified as "non-covered" must be reviewed for medical necessity (see definition of medically necessary above) before a denial can be issued. Visit [HCA's Early, Periodic Screening, Diagnosis, and Treatment webpage](#) for additional information about EPSDT services.

Updated language

Encounters will no longer be required to have an indicator for an EPSDT service because it was the result of an EPSDT referral. EPSDT includes all services that are medically necessary to address health conditions for clients age 20 and younger. A referral for the service can come from any source. Providers may reference program-specific billing guides for services and equipment not covered by this guide and must follow the rules for the EPSDT program described in [Chapter 182-534 WAC](#). Published limits for services

covered under EPSDT, if any, may be exceeded based on agency review of medical necessity described in [WAC 182-501-0165](#). A request for a service classified as "non-covered" must be reviewed for medical necessity (see definition of medically necessary above) before a denial can be issued. Visit [HCA's Early, Periodic Screening, Diagnosis, and Treatment webpage](#) for additional information about EPSDT services.

Why has it changed?

To provide updated information about EPSDT services and accessibility.

Family treatment

What has changed?

Psychological counseling **Family Treatment is medically necessary counseling or therapy** provided for the direct benefit of an individual **with focus on family dynamics and interpersonal relationships**. **Family Treatment services may be provided with or without the individual present and delivered to Service is provided with family members, caretakers, and/or other relevant persons who are providing emotional support to the individual on a regular basis, regardless of where they reside.** ~~in attendance as active participants~~. **Family 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 the his/her individual service plan (ISP).**

The services shall be:

- Appropriate to the culture of the individual and their family,
- Designed to help improve interactions, communications and conflict resolution,
- Aimed at reintegrating the family structure within their community,
- Focused on addressing family dynamics and building competencies,
- Intended to reduce family crises and improve overall family functioning.

Inclusions

- ~~Provided with family members and/or other relevant persons in attendance as active participants.~~
- ~~May be provided without the consumer present in the room.~~
- **Can be provided with family members, caretakers, and/or other relevant persons who provide regular emotional support to the individual without the primary individual needing to be present.**

Exclusions

- Marriage Counseling

Notes

This modality may not be provided prior to an intake.

Updated language

Family treatment is medically necessary counseling or therapy provided for the direct benefit of an individual with focus on family dynamics and interpersonal relationships. Family treatment services may be provided with or without the individual present and delivered to family members, caretakers and/or relevant persons who are providing emotional support to the individual on a regular basis, regardless of where they reside. Family treatment must be for the benefit of attaining the goals identified for the individual in the individual service plan (ISP).

The service shall be:

- Appropriate to the culture of the individual and their family,
- Designed to help improve interactions, communications, and conflict resolution,

- Aimed at reintegrating the family structure within their community,
- Focused on addressing family dynamics and building competencies,
- Intended to reduce family crises and improve overall family functioning.

Inclusions

- Can be provided with family members, caretakers and/or other relevant persons in who provide regular emotional support to the individual without the primary individual needing to be present.

Exclusions

- Marriage Counseling

Notes

This modality may not be provided prior to an intake.

Why has it changed?

Under the Family Treatment Modality added additional information with intention to enhance clarity and inclusion.