Department of Social and Health Services

Division of Behavioral Health and Recovery

Service Encounter Reporting Instructions for RSNs

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Introduction

The Division of Behavioral Health and Recovery (DBHR) Mental Health Service Encounter Reporting Instructions (SERI) provide Regional Support Networks (RSN) and their contracted Community Mental Health Agencies (CMHA) 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 DBHR Computer Information System (CIS) Data Dictionary for RSNs, describes service encounter and program reporting, coding guidelines, and the data elements required to be submitted by the RSNs to DBHR.

This manual is divided into sections describing service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, service and program descriptions. Service description pages include the definition of the service, staff qualifications, provider types, guidelines, and Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT™/HCPCS) code for the service description. Program pages include a brief description of the program, guidelines for inclusions, exclusions, and any additional services available for specific programs.

For guidance on providing elements of employment supports under the Washington State Rehabilitation Option of Medicaid 1915(b) Waiver for people with serious mental illness, please refer to the "Guide to Support an Individual's Employment Goals" http://www.dshs.wa.gov/dbhr/mhbestpracticeguides.shtml

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HCPCS is maintained and distributed by Center for Medicare and Medicaid Services (CMS). As stated in 42 CFR Sec. 414.40 (a) CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes.

Mandated Code Updates

CPT and HCPCS are updated at least annually. These changes will be reflected in subsequent revisions to this document.

Who is Eligible to Receive Public Mental Health Services?

All individuals who are within the State of Washington are eligible to receive Crisis Mental Health, Stabilization Services, and Involuntary Treatment Services regardless of income.

Medicaid: Individuals who are enrolled in Medicaid are eligible for medically necessary state plan 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.

Service Encounter Reporting Instructions Updates

This SERI and future revisions to the Service Encounter Reporting Instructions can be found online at:
http://www.dshs.wa.gov/dbhr/sericptinformation.shtml

Introduction

What Encounters to Report

Includes

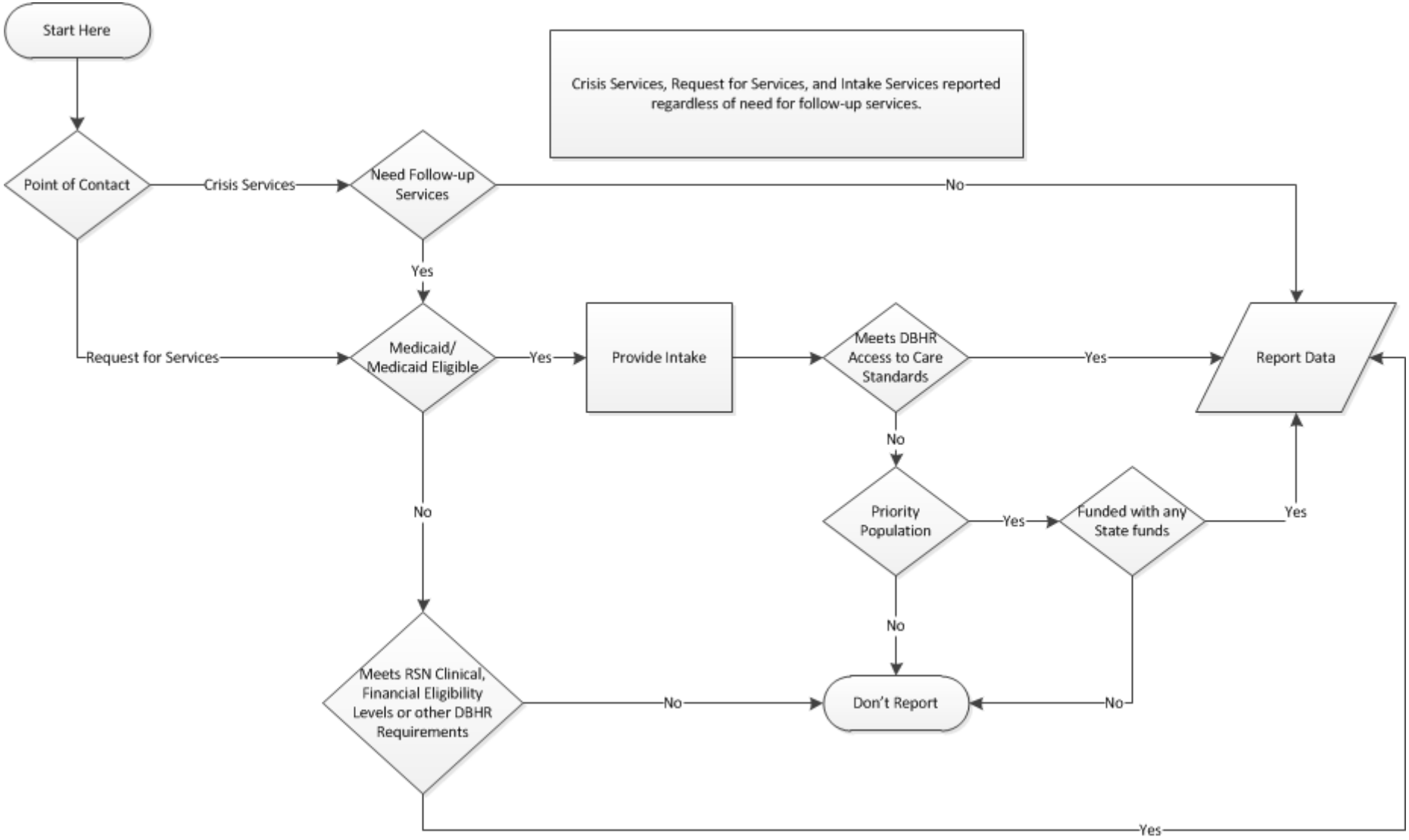
- State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e., IMD facilities, State-Only or Federal Block Grant).
- All services to non-Medicaid individuals who are funded in whole or part by the RSN.

Excludes

- Any service entirely funded by other DSHS Administrations, Divisions or Sections.
- Services that are reimbursed in total by any other funding source.

Introduction

When to Report Encounters to DBHR



Introduction

General Encounter Reporting Instructions

1. DBHR accepts service encounters reported using the service and program descriptions in these instructions. The CPT/HCPCS codes utilized may not necessarily be the same codes required by other payors. DBHR applies coding principles and guidelines for the assignment of codes to the extent possible and acknowledges there may be circumstances where a code used by mental health has been re-codified from the code submitted to another payor.
2. Use of standardized coding nomenclature, i.e., CPT/HCPCS is required for reporting encounters to DBHR.
3. Encounters are reported based on services provided to the individual client and not based on clinical staff hours. See exceptions noted in number 4d below.

   For all encounter reporting, the intention of these instructions is to align coding practice with national coding standards and to provide comparability of RSN encounter data with other medical encounters and claims for clients whose care is paid for by the state. There may be situations where the length of time spent with a client is not sufficient to meet the fidelity of the service description. Those encounters may still be clinically relevant and provide effective treatment to the client. However, there may be other codes that can be used to report the service.

   For example, a clinician may start to meet with a client for a half-hour appointment to provide individual psychotherapy. This may be coded as a 90832 (Psychotherapy, 30 min with patient and/or family member). If the client gets up and leaves after 10 minutes, coding 90832 for that service would not meet the fidelity of the code. That is, it would not only be difficult to contend that insight-oriented, behavior modifying or supportive psychotherapy had been provided during such a short time and CPT guidelines specifically require a minimum of 16 minutes for the use of this code. However, a service was provided to the client and it could be coded and reported using, for example, H0046, "Mental Health Services Not Otherwise Specified," which can be reported in minutes. See Individual Treatment services modality for H0046 usage limitations.

   CPT/HCPCS code definitions generally specify various methods to code units of service. DBHR is applying CMS' guidelines for reporting units of services for certain HCPCS codes. (See http://www.cms.gov/Transmittals/Downloads/R1951CP.pdf, Section 20.2C). This guideline describes a "half-way" methodology for determining how to convert the number of minutes spent providing a service into units. The following rules should be used to determine how to report the units of service for encounters;

   a. For CPT/HCPCS codes with a fixed amount of time as a unit of service (e.g. per 15 minutes, per 20 minutes, per hour), report the first unit of service when any service is provided within 5 minutes of the defined unit of service unless otherwise specified in the current CPT or HCPCS Manual. See examples:
   b. Supported employment (H2023, per 15 minutes) was provided for 10 minutes. Since at least 10 minutes of treatment were provided, and that is within 5 minutes of the defined unit of service, to the encounter can be reported via the H2023 code.
   c. In some cases the actual time spent providing the service may be more than the fixed unit of time defined by the code. For example, when the actual service was 23 minutes and the appropriate code has a fixed amount of 15 minutes. In these cases follow the "half-way" methodology. Since the service was provided for at least 15 minutes + 8 minutes (half-way to 15 minutes), report 2 units, since 15 minutes = 1 reportable unit and 8 minutes is at least half of 15 minutes.
4. Exceptions
   a. This does not apply to per-diem services; services provided for less than a day must be coded with non-per-diem codes.

b. Given the need to report crisis services to funders as well as the need to have accurate encounters for all clients, some of whom may only get a crisis service, report 1 unit of service for crisis services coded H2011 when any service is provided for any amount of time from 1 to 22 minutes. For each unit thereafter, use half-way unit rounding methodology thereafter.
c. For all other codes that do not specify a unit of service, report actual minutes provided. See examples:
    i. If H0033 (Oral medication admin, direct observation) is provided for 5 minutes, report 5 minutes.
    ii. If H0046 (Mental health services, not otherwise specified) is provided for 9 minutes, report 9 minutes.
d. Report multiple encounters occurring on the same day for the same consumer when the encounters occur at different times. With the exceptions noted below, do not roll up multiple encounters. Each service encounter must have a progress note that meets all CMS requirements.

    Exception: If the same service is provided discontinuously to a particular consumer on a particular day by the same provider and was provided for less than the minimum time defined by the procedure/service code, the provider can roll-up the minutes to a single service and report that number of units. Documentation in the client record must record these separate events and meet documentation requirements noted below. See examples:
    i. 90832 (Psychotherapy 30 minutes) was only provided for 10 minutes in the morning but again for the same client by the same clinician for 15 minutes in the afternoon of the same day, code 1 unit for that day which equates to 25 minutes of service. The service must be reasonably considered as a single therapeutic intervention and supported by documentation.
    ii. A clinician meets with their client in the morning for 8 minutes (which is not reportable) and then has another meeting in the afternoon for 11 minutes, they may report 1 unit of H2015, Comprehensive Community Support Services, per 15 minutes.

5. Reporting multiple encounters occurring on the same day for the same consumer at the same time in the following conditions only;
    a. Interpreter services on behalf of a client during an encounter. These can be delivered concurrent with other services.
    b. Child and Family Team Meetings are reported by all attendees. See Other Services Section for specific reporting instructions.
6. Add-on codes (+90785, +90833, +90836, +90838) must be provided and reported at the same time (though not necessarily on the same claim) as the primary service. Concurrent/auxiliary services provided with a per diem service. Some per diem codes allow additional concurrent / auxiliary encounters to be reported in the same day a per diem encounter is reported. See specific service descriptions for additional information regarding reporting of concurrent or auxiliary encounters with per diem encounters. When an encounter is provided on the same day at the same time for the same consumer when provided by two different staff and one encounter does not require the client to be present. One example is when the primary mental health provider is providing Family Treatment without the client present and at the same time the client is participating in a group provided by another mental health clinician.
7. 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 MHP should document the service in the clinical record and report the encounter.
8. Staff qualifications correlate with the Provider Types listed at the end of this document and are included with each service description. When there is an exception to provider type, the specific information is included under the note section of the service description page.
9. Documentation in clinical records must meet, at a minimum, the general encounter reporting requirements listed below. At a minimum, the following information is required for reporting a service to a consumer and documenting that encounter in a progress note;
    a. Be of sufficient duration to accomplish the therapeutic intent;
    b. The record must be legible to someone other than the writer;

c. Each printed page (front and back if two-sided) of the record must contain the consumer's name and agency record number;
d. Clinical entries must include the:
    i. Author identification, which may be a handwritten signature or unique electronic identifier;
    ii. Date of the service;
    iii. Location of the service;
    iv. Provider credentials (which must be appropriate to the service; e.g., medication management can only be done by a prescriber);
    v. Length of time; and
    vi. Narrative description of the service provided as evidenced by sufficient documentation that can be translated to a service description title or code number (this may be standard CPT/HCPCS or local nomenclature with a RSN approved crosswalk) and describes therapeutic content.
e. The service addresses an issue on the care plan or issue addressed is added to care plan
f. The service is specific to the consumer; e.g. group therapy progress note is specific to the consumer.

10. Time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service (i.e., time spent on history, examination and medical decision making when used for the E/M service is not psychotherapy time). Time shall be the controlling factor used for the selection of the level of E/M service only when counseling or coordination of care dominates the encounter more than 50% except when done in conjunction with a psychotherapy visit when discussing with the patient or family any of the following:
    a. Prognosis
    b. Test Results
    c. Compliance/Adherence
    d. Education
    e. Risk Reduction
    f. Instructions

Reporting the "EPSDT Referral" Indicator

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

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

Introduction

Reporting Diagnosis with Encounters

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

1. For all services that fall in the Crisis Services modality use '7999'.
2. For all services that are available to be done prior to an intake where a client's diagnosis is not known, use '7999'.
3. For all Intake Evaluation modality encounters that are not complete where the client's diagnosis is not known, use '7999'.
4. For all Intake Evaluation modality encounters that are complete and a diagnosis has been determined, report that diagnosis.
5. For all encounters that occur after an intake has been completed and authorized for continuing outpatient services has been approved, use the approved/authorized diagnosis in the HI01-2 field in the 837P HIPAA transaction.
6. The Department will only use the HI01-2 field when looking at diagnosis for clients served in the Public Mental Health System. Other diagnosis codes reported in other fields in the 837P HIPAA transaction will not be reported on. Therefore, per the Implementation Guide for the 837P HIPAA transaction, other diagnosis codes do not need to be sent.

Introduction

Interactive Complexity Reporting Guidelines

Definition

Interactive complexity refers to specific communication factors that complicate the delivery of a primary psychiatric procedure. This component is reported using CPT add-on code 90785. Add-on codes may be reported in conjunction with specified "primary" procedure codes. **Add-on codes may never be reported alone.**

Replaces

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

Typical Patients

Those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.

These factors are typically present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other their parties, such as child welfare agencies, parole or probation officers, or schools.

Report 90785 When

At least one of the following is present:

1. The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional (QHCP) and a patient who:
    a. Is not fluent in the same language as the physician or other QHCP, or
    b. Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other QHCP if he/she were to use typical language for communication.

Use in Conjunction With

The following psychiatric "primary" procedure codes:

- Psychiatric diagnostic evaluation, 90791, 90792.
- Psychotherapy, 90832, 90834, 90837.
- Psychotherapy add-on codes, 90833, 90836, 90838 WHEN reported with E/M.
- Group psychotherapy, 90853

Introduction

May Not Report With

- Evaluation and Management (E/M) alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service as interactive complexity is not a factor for E/M service code selection except as it directly affects key components as defined in the E/M services guidelines (i.e. history, examination, and medical decision making).
- Family psychotherapy (90846, 90847, 90849).

Time Reporting Rule

When provided in conjunction with the primary psychotherapy services (90832-90838), the amount of time spent by a physician or other QHCP providing interactive complexity services should be reflected in the timed service code for psychotherapy service and not in the interactive service code. Report as 1 unit only.

Services

Brief Intervention Treatment, 13

Crisis Services, 14

Day Support, 16

Family Treatment, 17

Freestanding Evaluation and Treatment Services, 19

Group Treatment Services, 20

High Intensity Treatment, 22

Individual Treatment Services, 24

Intake Evaluation, 30

Medication Management, 38

Medication Monitoring, 48

Mental Health Services Provided in a Residential Setting, 50

Peer Support, 52

Psychological Assessment, 54

Rehabilitation Case Management, 58

Special Population Evaluation, 60

Stabilization Services, 61

Therapeutic Psychoeducation, 63

Modality:

Brief Intervention Treatment Services

Modality Definition

Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral models of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/ monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care.

Inclusions

The following medically necessary state plan services that are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions.

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

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

Exclusions

None

Notes

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:

- Access to Care Standards (ACS) Level I-Brief Intervention refers to a subset of modalities being offered from the State plan and a shorter duration for the authorization.
- State plan modality Brief Intervention Treatment is one clinical intervention that can be used when there is a Level I authorization and has specific expected outcomes.
- **This modality is designated by the use of modifier "UA" – WA State Medicaid Plan.**
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

Modality:

Crisis Services

Modality Definition

Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.

Inclusions

- Services may be provided prior to intake evaluation.
- Services do not have to be provided face to face.
- Crisis Hotline services (H0030)

Exclusions

- Community debriefing that occurs after a community disaster or crisis

Notes

- The modifier (UC) is added to the service code when services provided involve multiple staff for safety purposes.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
- This modality may be provided prior to an intake.

Modality:

Crisis Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0030	Behavioral health hotline service	MJ	UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/M 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	
H2011	Crisis intervention service, per 15 minutes	UN (1 or more)	UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	First unit for this service may be reported for 1-22 minutes. Units thereafter follow standard rounding rules.

Modality:

Day Support

Modality Definition

An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living (See notes). This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

Inclusions

- Service available at least 5 hours per day, 5 days per week.
- Service available in easily accessible locations (e.g., community mental health agencies, clubhouses, community centers).

Exclusions

- Programs with less service availability.

Notes

- Instrumental activities of daily living are defined by CMS as activities related to independent living. This includes, but not limited to preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone.
- All services provided during a Day Support "day" by that program staff can be recorded by a single staff. The "day" can be documented in a single note but should not include any service (description or duration) provided during the day that is by non-Day program staff, which should be recorded and encountered separately.
- This modality may not be provided prior to an intake.

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

Modality:

Family Treatment

Modality Definition

Psychological counseling provided for the direct benefit of an individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in his/her individual service plan.

Inclusions

- Provided with family members and/or other relevant persons in attendance as active participants.
- May be provided without the consumer present in the room.

Exclusions

- Marriage Counseling

Notes

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

Modality:

Family Treatment

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

Modality:

Freestanding Evaluation and Treatment Services

Modality Definition

Services provided in freestanding inpatient residential (non-hospital/non-IMD for Medicaid and non-hospital for Non-Medicaid) facilities licensed by the Department of Health and certified by the DBHR to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/ 7 days per week availability.
- Nursing care.
- Treatment modalities such as individual and family therapy, milieu therapy, psycho educational groups and pharmacology.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
    - Rehabilitation Case Management
    - Peer Support

Exclusions:

- Evaluation and treatment services provided within a hospital.

Notes

- Report N/A for Provider Type when service encounter is a per diem code.
- Freestanding E&T services in a facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes E&T services provided to individuals with Medicaid as the pay source.
- E&T services will continue to be reported through the 837I HIPAA transaction as an episode of care. DBHR will recode for service utilization reports.
- DBHR will report E&T services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.

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

Modality:

Group Treatment Services

Modality Definition

Services provided to individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/ psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of others' right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

Inclusions

- Service provided to a minimum of two enrollees and a maximum of twenty-four enrollees at the same time.

Exclusions

- Services conducted over speakerphone

Notes

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

Modality:

Group Treatment Services

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

Modality:

High Intensity Treatment

Modality Definition

Intensive levels of service otherwise furnished under this State plan amendment that is provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.

The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.

Inclusions

- Access to a multidisciplinary team is available 24 hours per day/7 days per week.
- Concurrent or auxiliary services may be provided by staff who are not part of the team to include:
  - Medication management
  - Day support
  - Psychological assessment
  - Special population evaluation
  - Therapeutic psychoeducation
  - Crisis

Exclusions

- None

Notes

- Report N/A for Provider Type when service encounter is a per diem code.
- DBHR acknowledges that due to the nature of this program, quantity and duration of services may vary widely depending on client needs.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- The per diem codes should not be used for anyone in the Wraparound with Intensive Services (WISe) program.
- This modality may not be provided prior to an intake.

Modality:

High Intensity Treatment

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

Modality:

Individual Treatment Services

Modality Definition

A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.

Inclusions

- Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS).
- Educational support services (i.e., school coaching, school readiness, support counseling)
- Services are offered at the location preferred by the enrollee.
- Specialist consultation between the specialist and the clinician.
- Advocacy during court proceeding (does not include testimony during ITA hearing).
- Testimony during court proceeding (does not include testimony during ITA hearing)
- Representative payee services that involve money management training directly with the person.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the Introduction section of this document.

Exclusions

- Calling in refills to pharmacies and filling out medication packs without the client present.
- Time spent completing normally required documentation
- Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee)
- Testimony during an ITA hearing
- Non-therapeutic phone calls or messages, listening to voice mails, e-mails

Modality:

Individual Treatment Services

Notes

- Documentation for Evaluation and Management service encounters (99xxx series) must meet CPT requirements.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
- To report both E/M and psychotherapy, the two services must be significant and separately identifiable.
- The type and level of E/M service is selected first based upon the key components of history, examination, and medical decision making.
- This modality may not be provided prior to an intake.

Modality:

Individual Treatment Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90832	Psychotherapy, 30 minutes with patient and/or family member	UN (1) 16-37 minutes	GT UA UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785) Patient must be present for all or some of the service. NOTE: GT modifier for this code may be used by MD, ARNP, PA, Clinical Psychologists and Clinical Social Worker only.
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 16-37 minutes	GT UA UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E/M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes.
90834	Psychotherapy, 45 minutes with patient and/or family member	UN (1) 38-52 minutes	GT UA UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785) NOTE: GT modifier for this code may be used by MD, ARNP, PA, Clinical Psychologists and Clinical Social Worker only.
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 38-52 minutes	GT UA UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E&M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes.

Modality:

Individual Treatment Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90837	Psychotherapy, 60 minutes with patient and/or family member.	UN (1) 53-68 minutes	GT UA UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785) NOTE: GT modifier for this code may be used by MD, ARNP, PA, Clinical Psychologists and Clinical Social Worker only.
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 53-68 minutes	GT UA UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E/M service. May be billed with interactive complexity (90785). Do not report time providing pharmacologic management with time allocated to psychotherapy service codes
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers.	MJ	UA UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
H0004	Behavioral health counseling and therapy, per 15 minutes	UN (1 or more)	UA UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit

Modality:

Individual Treatment Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	UN (1 or more)	UA UC UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit
H0046	Mental health services not otherwise specified	MJ	UA UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	Direct communications with the client and/or collaterals designed to help an enrolled individual attain goals as prescribed in his/her individual service plan. Usage is limited to medically necessary contacts less than 10 minutes that cannot otherwise be reported elsewhere. (Excludes: reminder(non-therapeutic) phone calls, listening to voice mails, e-mails)
H2014	Skills training and development, per 15 minutes	UN (1 or more)	UA UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit

Modality:

Individual Treatment Services

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

Modality:

Intake Evaluation

Modality Definition

An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

"Mental health professional" Defined in RCW; 71.05 and 71.34. Waiver criteria in RCW; 71.24.260. Exception to minimum requirements in WAC; 388-865-0265

Inclusions

- Minimum service benefit for persons with Medicaid.

Exclusions

- Intake evaluations done by a non-Mental Health Professional.

Notes

- An intake must be initiated prior to provision of mental health services except for:
  - Crisis (including investigations and hearings);
  - Stabilization Services;
  - Free Standing E & T Services
  - Rehabilitation Case Management
  - Request for Services
  - Engagement & Outreach
  - Testimony for Involuntary Treatment Services
- When two clinicians (i.e., psychiatrist and MHP) conduct separate intakes, both encounters are reported

Notes (cont.)

- Intake evaluations requiring more than one session to complete by a single clinician are coded with the applicable intake code and the modifier “53” to indicate the service was not completed. The final session to complete the intake is coded with applicable intake code without a modifier.
- A new intake evaluation is not required if an intake was completed in the 12 months prior to the current request and medical necessity was established. The previously completed intake may be used to authorize care (06-07 Contract).
  - An update or addendum to the intake that addresses all pertinent areas is completed, and modifier “52” added to appropriate CPT/HCPCS code to report the encounter.
- Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
- A new modifier (U9-Rehab Case Management-Intake Service) has been added to use when providing a Rehabilitation Case Management service (H0023) to indicate the service provided meets the requirements and definition of an intake service. This addition was made to facilitate the transition of a client to an outpatient setting and to allow for better tracking/monitoring of the intake service.
- This modality may not be provided prior to an intake.

Modality:

Intake Evaluation

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90791	Psychiatric diagnostic evaluation	MJ	52 53 GT UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	Do not report in conjunction with E/M codes (99XXX series) codes, or psychotherapy services on same day by same staff. May be billed with interactive complexity (90785). NOTE: GT modifier for this code may be used by MD, ARNP, PA, Clinical Psychologists and Clinical Social Worker only.
90792	Psychiatric diagnostic evaluation with medical services	MJ	52 53 GT UD U8	02-ARNP/PA 03-Psychiatrist/MD	Do not report in conjunction with E/M codes (99XXX series) codes, or psychotherapy services on same day by same staff. May be billed with interactive complexity (90785).
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	UN (1)	52 53 GT UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate

Modality:

Intake Evaluation

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

Modality:

Intake Evaluation

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

Modality:

Intake Evaluation

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

Modality:

Intake Evaluation

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

Modality:

Intake Evaluation

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

Modality:

Intake Evaluation

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components; A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with other patient and/or family.	UN (1)	52 53 UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate.
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components; A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with other patient and/or family.	UN (1)	52 53 UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an Evaluation and Management code (E/M). May or may not be billed with indicated Psychotherapy codes as appropriate.
H0031	Mental health assessment, by non-physician	MJ	52 53 UD U8	01-RN/LPN 02-ARNP/PA, 04-MA/Ph.D. 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	Service must be provided by a Mental Health Professional.

Modality:

Medication Management

Modality Definition

The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

Inclusions

- Service rendered face-to-face by a person licensed to perform such services.
- Consultation with collaterals, primary therapists, and/or case managers.
- Minimal psychotherapy services may be provided.

Exclusions

- None

Notes

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

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

Modality:

Medication Management

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. **The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.** Typically, 60 minutes are spent face-to-face with the patient and/or family.	UN (1)	UD U8	02-ARNP/PA 03-Psychiatrist/MD	
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	MJ	UD U8	02-ARNP/PA 03-Psychiatrist/MD	
T1001	Nursing assessment/evaluation	MJ	UD U8	01- RN/LPN 02-ARNP/PA	

Modality:

Medication Monitoring

Modality Definition

Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.

Inclusions

- Face-to-face, one on one cueing and observing client's taking prescribed medications.
- Reporting back to persons licensed to perform medication management services.
- Service provided at any location for as long as deemed clinically necessary.

Exclusions

- When medical staff puts together a medication pack for a person and leaves it at the front desk with no face-to-face contact.
- Calling in prescriptions

Notes

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

Modality:

Medication Monitoring

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0033	Oral medication administration, direct observation	MJ	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	
H0034	Medication training and support, per 15 minutes	UN (1 or more)	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	10 Minutes minimum for first unit

Modality:

Mental Health Services Provided in a Residential Setting

Modality Definition

A specialized form of rehabilitation service (non-hospital/non IMD) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

Inclusions

- Mental Health Care Provider (MHCP) is located on-site a minimum of 8 hours per day, 7 days a week.
- The resident must be present in the facility for a minimum of 8 hours for each per diem reported
- Services can be provided in an apartment complex or cluster housing, boarding home or adult family home.
- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility.

Exclusions

- Room and board
- Holding a bed for a person
- Temporary shelter services less than 2 weeks (see Stabilization Services instead)
- Custodial care
- Medical services (i.e., physical health care or skilled nursing)

Notes

- Report N/A for Provider Type when service encounter is a per diem code.
- Mental health services in a residential facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes mental health services provided to individuals with Medicaid as the pay source.
- DBHR will report mental health services provided in a residential setting delivered in an IMD as non-Medicaid services.
- This modality may not be provided prior to an intake.
- The service is defined as: The client receiving a face-to-face encounter provided by a MHP (or under the supervision of a MHP) each day that the client is in the facility which is documented in the clinical record.
- All clinical services provided by staff assigned to the residential facility are included in the residential per diem, and should not be encountered as a separate individual service.
- MHP staff must be available and the client must be in the facility for 8 hours.

Modality:

Mental Health Services Provided in a Residential Setting

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

Modality:

Peer Support

Modality Definition

Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the individual's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved.

Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.

Peer support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20

Inclusions

- Service availability is up to 4 hours per day.
- Scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Active participation by enrollees in decision-making and the operation of programmatic supports.
- Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness.

Inclusions (cont.)

- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the Introduction section of this document.

Exclusions

- None

Notes

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

Modality:

Peer Support

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

Modality:

Psychological Assessment

Modality Definition

All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to an n individual's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

Inclusions

- None

Exclusions

- Psychological assessments not completed by, or under the supervision of a licensed psychologist.

Notes

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

Modality:

Psychological Assessment

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	UN (1 or more)	UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	UN (1 or more)	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report	MJ	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	MJ	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	

Modality:

Psychological Assessment

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	MJ	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	UN (1 or more)	GT UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	UN (1 or more)	UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	UN (1 or more)	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	

Modality:

Psychological Assessment

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	MJ	UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	

Modality:

Rehabilitation Case Management

Modality Definition

A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of an individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual.

Inclusions

- Liaison work between community mental health agency and a facility that provides 24-hour care.
- Clinical staff going to the facility and functioning as liaison in evaluating individuals for admission outpatient services and monitoring progress towards discharge
- Available prior to provision of an intake evaluation
- Assessment for admission to community mental health care (may be counted as an intake when the service meets the intake definition). Modifier U9 (Rehabilitation Case Management Intake) has been added to designate when this service has been provided to allow for better tracking of an intake service provided in this setting.

Exclusions

- None

Notes

- RCM is the only service to be encountered when a client is in Jail/Prison, Juvenile Detention Facility, CLIP Facility, Evaluation & Treatment Facility, Medical or Psychiatric Inpatient Facility for the purposes of discharge planning and coordination of care. Services provided in a Skilled Nursing Facility are not covered in this modality but can be reported in other modalities as appropriate.
- 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.
- DBHR will report rehabilitation case management services delivered in an IMD as non-Medicaid services.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- Link to RCM matrix: http://www.dshs.wa.gov/pdf/dbhr/mh/sericptRCMfundingsourcematrix.pdf
- This modality may be provided prior to an intake.

Modality:

Rehabilitation Case Management

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

Modality:

Special Population Evaluation

Modality Definition

Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another 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.

Inclusions:

- Performed after the initiation of an intake evaluation.
- Special population evaluation must be provided face-to-face.

Exclusions

- MH specialist conducting an intake evaluation.
- Consultation call where the specialist never directly evaluates the person.
- Consultation between the specialist and the clinician (See Individual Treatment Services modality).

Notes

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

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

Modality:

Stabilization Services

Modality Definition

Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.

Inclusions

- 24 hours per day/ 7 days per week availability.
- Services may be provided prior to intake evaluation.
- Service provided in the person's own home or another home-like setting, or a setting that provides for safety of the person and the mental health professional.
- Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.
- Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services

Inclusions (cont.)

- The following additional services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.
  - Intake Evaluation
  - Involuntary Treatment Investigation
  - Services after Intake:
    - Family Treatment
    - Medication Management
    - Peer Support
    - Psychological Assessment
    - Therapeutic Psychoeducation
- In addition, in order to provide continuity of care in support of established client/therapist relationships and best practices; Individual Treatment Services may also be provided when provided by the client's primary clinician.

Exclusions

- None

Notes

- This modality may be provided prior to an intake.

Modality:

Stabilization Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
S9484	Crisis Intervention mental health services, per hour	UN	UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D., 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	55 minutes minimum for the first hour, standard halfway service rounding rules apply thereafter. Services reported may be discontinuous, but must be reported on the date of service where they occur. This service may last from 55 minutes to 24:00 hours per date of service and must be provided by staff specifically assigned to this program.

Modality:

Therapeutic Psychoeducation

Modality Definition

Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.

Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service

Inclusions

- Information, education and training to assist enrollees, family members and others identified by the enrollee in the management of psychiatric conditions, increased knowledge of mental illness and understanding importance of the enrollee's individual service plan.
- Services provided at locations easily accessible and convenient to the enrollee.
- Services may be provided in groups or individually.
- For information regarding documentation and reporting services related to supporting an individual's employment goals, please refer to the link provided in the Introduction section of this document.

Exclusions

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

Notes

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

Modality:

Therapeutic Psychoeducation

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

Modality:

Therapeutic Psychoeducation

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

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Other Services:

Care Coordination Services

Other Services Description

Activities are provided for clients, and/or their family through a process that provides individualized services. The following activities are included in Care Coordination Services:

- Outreach and engagement
- Formation of the child (youth) and family team
- Cross system coordination
- Development and implementation of individualized plans focusing on the strengths and needs of the child and family
- Coordination with medical home
- Coordination with other active treatment components
- Non-clinical meetings with natural supports (i.e., friends, extended family, neighbors, co-workers, faith communities members schools)

Inclusions

- None

Exclusions

- Child and Family Team Meetings
- Services where child and/or family are present
- Limited to clients who are <21 years old.

Notes

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

Other Services:

Care Coordination Services

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

Other Services:

Child and Family Team Meeting

Other Services Description

Purpose: Child & Family Team (CFT) Meetings are for the development, evaluation or modification of a cross system care plan In accordance with WA Children's Mental Health System Principles, care planning is family driven, youth guided and focused on strengths and needs. The CFT facilitates cross system coordination to support outcomes in the restoration of a higher level of functioning for the youth and family. The cross-system care plan is maintained in the official mental health provider client record and each participating member receives a copy. The cross-system care plan includes 1. A statement of treatment and service goals, 2. Clinical interventions, 3. Supports designed to achieve those goals and 4. An evaluation of progress.

Population Served: This service is designed for children and youth who have complex emotional, behavioral and social issues who typically require care coordination across two or more systems.

Membership on the CFT is determined by the family and youth in collaboration with service providers and includes natural supports that the family / youth designate as well as representatives of involved providers and systems.

Facilitation: The CFT is facilitated by a member identified by the team that is able to maintain a consistent presence, guide the team process, coordinate planning efforts, and be responsible for sign-in sheets and meeting minutes that document efforts, agreements and progress.

Frequency: The team meets with sufficient regularity to assess progress and maintain clear and coordinated communication in order to carry out the Plan.

Inclusions

- See description. All meetings where the family and other members of an established CFT are participating as part of the care plan.

Exclusions

- Meetings without the youth or family present (i.e. one or the other or both must be present).
- Meetings for a primarily clinical purpose such as Individual or family treatment services that do not involve other CFT members.

Notes

- Information on this page is intended as an overview. Refer to the PIHP contract, WA State Children's Mental Health System Principles and WA State Children's Mental Health Child and Family Team Practice Expectations.
- This service is designated by the use of modifier "HT" – Multidisciplinary Team. This service should only be reported by one of the mental health clinicians in attendance at the team meeting by using the HT modifier. All other mental health attendees submit without the HT modifier.
- If services are reported per diem High Intensity, those members do not code Child & Family Team Meetings separately.
- This modality may not be provided prior to an intake.

Other Services:

Child and Family Team Meeting

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0032	Mental Health Service Plan Development by Non-Physician	MJ	HT U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	This code should be used with "team" provided services. Mental Health lead should submit with the HT modifier. All other mental health providers in attendance submit only H0032 without the HT modifier.

Other Services:

Co-Occurring Treatment Services

Other Services Description (ESB5763)

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.

Inclusions

- None

Exclusions

- None

Notes

- This service is designated by the use of modifier "HH" – Integrated Mental health/substance abuse program.
- Co-occurring treatment services are state funded services.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

Other Services:

Co-Occurring Treatment Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90832	Psychotherapy, 30 minutes with patient and/or family member.	UN (1) 16-37 minutes	GT HH (R) UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785).
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 16-37 minutes	GT HH (R) UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E/M service. May be billed with interactive complexity (90785)
90834	Psychotherapy, 45 minutes with patient and/or family member.	UN (1) 38-52 minutes	GT HH (R) UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785)
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 38-52 minutes	GT HH (R) UD U8	02-ARNP/PA, 03-Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E&M service. May be billed with interactive complexity (90785)
90837	Psychotherapy, 60 minutes with patient and/or family member.	UN (1) 53-68 minutes	GT HH (R) UD U8	02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785)
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	UN (1) 53-68 minutes	GT HH (R) UD U8	02-ARNP/PA 03-Psychiatrist/MD	This is an add-on code that cannot be billed alone. Use in conjunction with E/M code when Psychotherapy is performed in addition to E/M service. May be billed with interactive complexity (90785)

Other Services:

Co-Occurring Treatment Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90846	Family psychotherapy (without the patient present)	MJ	HH (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	Interactive complexity (90785) is not billable for this service.
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	MJ	HH (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	Interactive complexity (90785) is not billable for this service.
90849	Multiple-family group psychotherapy	MJ	HH (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	Interactive complexity (90785) is not billable for this service.

Other Services:

Co-Occurring Treatment Services

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
90853	Group psychotherapy (other than of a multiple-family group)	MJ	HH (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	May be billed with interactive complexity (90785)
H0004	Behavioral health counseling and therapy, per 15 minutes	UN (1 or more)	HH (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	10 Minutes minimum for first unit
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	UN (1)	HH (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver	

Other Services:

Engagement and Outreach

Other Services Description

Engagement is a strategic set of activities that are implemented to develop an alliance with an individual for the purpose of bringing them into or keeping them in ongoing treatment. The activities occur primarily in the field rather the worker's office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the workers office seeking assistance or by referral.

Inclusions

- None

Exclusions

- Routine mental health services.

Notes

- This service is designated by the use of modifier HW – Funded by state mental health agency.
- Engagement and outreach is a state funded service.
- These services may be provided prior to Intake.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA"
- This Service Type may be provided prior to an intake.
- If there are multiple Engagement and Outreach events – more than three in a 90-day period to the same person – and an intake has not been provided, a note must be included in the chart indicating why consumer has not received an intake.

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	MJ	HW (R) UD	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 06-DBHR Credentialed Certified Peer Counselor 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

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Other Services:

Housing and Recovery through Peer Services (HARPS)

Other Services Description

A service provided with State only or local funding. Supportive Housing Services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive Housing Services include activities that assist a homeless or unstably housed individual to live with maximum independence in community integrated housing. Activities are intended to assure successful community living through utilization of skills training, cuing and/or supervision as identified by the person-centered assessment. Supportive housing services such as identifying housing options, contacting prospective landlords, scheduling interviews, assisting with housing applications, and assisting with subsidy applications and supporting the individual once housed in collaboration are not done for the individual, but rather they are delivered through training, cueing, and supervision to help the participant become more independent in doing these tasks. Services may include outreach, mediating landlord- tenant, roommate, and neighbor issues as a collateral service as long as a minimum of 15 minutes of face to face service with the individual occurs. Rehabilitation skills training on interpersonal relations and landlord tenant rights/laws. These services should be client-specific and may be located in scattered-site, clustered/integrated or single-site housing as long as the tenant holds a lease.

Inclusions

- Assistance in obtaining integrated housing focusing on choice and preferences, to collect appropriate documentation for the housing of their choice, to complete housing applications, and complete applications and re-certifications for housing subsidies, etc.
- Assisting the individual to self-advocate with landlords, lease negotiations, roommate agreements, acquiring furnishings, to purchase cleaning supplies, dishes, linens, etc., the individual to move and acquire housing if first or second housing situation does not work out.
- Educating the individual on tenancy rights and responsibilities, eviction prevention (paying rent on time, conflict resolution, lease behavior agreements, utilities management).

Exclusions

- Educating the individual on landlord relationship maintenance.
- Educating the individual on subsidy provider relationship maintenance.
- HARPS plan development.
- Assisting the individual to apply for entitlements.
- Independent living skills coaching such as meal planning/preparation, household cleaning, personal hygiene, reminders for medications, monitoring symptoms and side effects, community resource access and utilization, crisis coping skills, shopping, recovery management skills and education, financial management, and developing social and interpersonal skills.
- Linkages to education, job skills training, and employment.

Notes

- Report N/A for Provider Type when service encounter is a per diem code.
- This Service Type may be provided prior to an intake.
- Only applicable for Grays Harbor, North Sound, and Spokane RSNs.
- 60 minutes minimum spent on behalf of an individual required to report this per diem as long as a minimum of 15 minutes of face to face service with the individual occurs.

Other Services:

Housing and Recovery through Peer Services (HARPS)

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

Other Services:

Interpreter Services

Other Services Description

Sign language, oral interpretative services necessary to ensure the provision of services for individual with sensory impairments or in the primary language of non-English speaking individuals.

Inclusions

- Interpretation/translation provided by staff not employed by the CMHA.
- 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.
- Interpreter services can be reported concurrently with another clinical service including Interactive Complexity (90785) when Interactive complexity is reported as an add-on service.

Exclusions

- Services provided by a mental health care provider who is bilingual and does not require a separate interpreter or translator.

Notes

- Documentation by the clinician to include, at a minimum, notation that interpretative services were utilized during the session and the name of the interpreter,
- Documentation from the interpreter is not required in the clinical file.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

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

Other Services:

Involuntary Treatment Investigation

Other Services Description

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. 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 (December 2011 Protocols for Designated Mental Health Professionals - http://www.dshs.wa.gov/pdf/dbhr/mh/dmhpprotocolsreport2011.pdf)

Inclusions

- Involuntary Treatment Investigation service is available to all individuals, regardless of eligibility for any program or insurance coverage.
- Services may be provided prior to intake.

Exclusions

- 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.

Notes

- This service is designated by the addition of the "HW- Funded by state mental health agency" modifier.
- This Service Type may be provided prior to an intake.

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

Other Services:

Mental Health Clubhouse

Other Services Description

A service provided with State only or local funding. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use International Center for Clubhouse Development (ICCD) standards as guidelines. Services include the following:

- Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community;
- Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness;
- Assistance with employment opportunities: housing, transportation, education and benefits planning.
- Operate at least ten hours a week after 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and
- Opportunities for socialization activities

Inclusions

- Operate at least ten hours a week that occurs either after 5:30 p.m. Monday through Friday or during any hours on Saturday or Sunday.
- Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the mental health clubhouse

Exclusions

- None

Notes

- Report N/A for Provider Type when service encounter is a per diem code.
- This modality may not be provided prior to an intake.

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

Other Services:

Request for Services

Other Services Description

A request for mental health services occurs when services are sought or applied for through a telephone call, walk-in, or written request from the individual or those defined as family or upon the receipt of a written EPSDT referral. This service is provided to all individuals seeking non-crisis mental health services.

Inclusions

- These services are provided prior to intake.

Exclusions

- None

Notes

- Use provider type "N/A" when the individual providing service is a nonclinical staff.
- Documentation of the request must be made in the consumer's medical record but a formal progress note is not needed if administrative staff took the initial request.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- Service may be provided prior to intake.
- This Service Type may be provided prior to an intake.

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

Other Services:

Respite Care Services

Other Services Description

A service provided with State only or local funding to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional.

Inclusions

- Observation, direct support, and monitoring to meet needs of an enrollee by someone other than the primary caregivers.
- Service may be provided on a planned or an emergent basis.
- Service provided in a variety of settings such as the person's or caregiver's home, an organization's facilities, or in a respite worker's home.
- Service provided in a manner necessary to provide relief for the person or caregivers
- Concurrent or auxiliary services may be provided by staff who are not assigned to provide respite care.

Exclusions

- Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration)

Notes

- Respite care up to 8 hours is reported as T1005. Respite care of 8 hours or longer is reported as a per diem.
- Report N/A for Provider Type when service encounter is a per diem code.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
- This modality may not be provided prior to an intake.

Other Services:

Respite Care Services

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

Other Services:

Supported Employment

Other Services Description

A service provided with State only or local funding. Services will include:

- An assessment of work history, skills, training, education, and personal career goals.
- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
- Involvement with consumers served in creating and revising individualized job and career development plans that include;
- Consumer strengths
- Consumer abilities
- Consumer preferences
- Consumer's desired outcomes
- Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.

Services are provided by or under the supervision of a mental health professional.

Inclusions

- Assessment of work history, skills, training, education, and personal career goals.
- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
- Involvement with consumers served in creating and revising individualized job and career development plans that include;
    - Consumer strengths
    - Consumer abilities
    - Consumer preferences
    - Consumer's desired outcomes

Inclusions (cont.)

- Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required

Exclusions

- None

Notes

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

Other Services:

Supported Employment

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

Other Services:

Telehealth

Other Services Description

A method of delivering a covered service using interactive real-time audio and video telecommunications to an individual at a site other than the site where the provider is located. The service provided must be within the healthcare provider's scope of practice. The individual must be present and participate in the telehealth visit.

Using telehealth when it is medically necessary enables the health care provider and the individual to interact in real-time communication as if they were having a face-to-face session. Telehealth allows individuals, particularly those in medically underserved areas of the state, improved access to essential health care services that may not otherwise be available without traveling long distances.

Provision of Telehealth services must meet all HIPPA regulations regarding PHI

- Office or other outpatient visits (CPT 99201-99205 and 99211-99215) by MD, ARNP, or PA only.
- Psychiatric intake and assessment (CPT code 90791, 90792) See Notes below.
- Individual psychotherapy (CPT codes 90832-90838) See Notes below.

Inclusions

- None

Exclusions

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

Notes

- PLEASE SEE OTHER SECTIONS. THIS SERVICE IS DESIGNATED BY THE USE OF THE "GT" MODIFIER ONLY WITH THE PROCEDURE CODES LISTED ABOVE. STAFF QUALIFICATIONS INCLUDE PROVIDER TYPES 02-ARNP/PA, 03-Psychiatrist/MD for any 99XXX (E/M) service and for 90792, 90833, 90836 and 90838.
- In addition, Clinical Nurse Specialists, Clinical Psychologists and Clinical Social Workers may provide telehealth services reporting under CPT codes 90791, 90832, 90834 and 90836 only.
- Encounters provided by Telehealth will be accepted for dates of service 1/1/2009 and later.
- This modality may not be provided prior to an intake.

Other Services:

Testimony for Involuntary Treatment Services

Other Services Description

Court testimony provided about an individual who has been investigated and detained by a Designated Mental Health Professional.

Inclusions

- LRA revocation.
- Service by staff employed by the Mental Health system
- May be provided prior to intake evaluation.

Exclusions

- Staff accompanying an individual to court proceedings that are not related to ITA activity (i.e., providing advocacy) is reported under individual treatment services.
- Emergency room physician / staff not employed by the Community Mental Health Agency/RSN).

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

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
99075	Medical testimony	MJ	H9 (R) UD U8	01-RN/LPN 02-ARNP/PA 03-Psychiatrist/MD 04-MA/Ph.D. 05-Below Masters Degree 09-Bachelors Level w/Exception Waiver 10-Master Level w/Exception Waiver 12-Other (Clinical Staff)	

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Jail Services/Community Transition, 92

Offender Re-Entry Community Safety Program (ORCSP), 94

WA-PACT, 96

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Programs:

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 DBHR CIS.
4. A referral source may be required by some programs. See specific program descriptions for additional information.
5. Additional services may be available in some programs for enrolled participants. Program descriptions provide detail information for types of services, available codes and modifiers.
6. Criteria for discharge or exit from a program are as defined by the contract. At time of discharge or exit from a program, a program end date is reported for each program participant.
7. When generating data reports for special programs, to get a full picture of all services provided to a client, be sure to include all the encounters – regardless of Special Program Reporting identifiers – that occurred within the time range of the specific program as identified as a part of the Program Episode Identifier transaction.
   For example: To get a full picture of the services that have been provided to program participants, both types of encounters must be captured. To identify program-only encounters, only look at those with the Special Program Reporting identifiers.

Programs:

Evidence Based Practice – Children's Mental Health

Program Description

This is a new reporting expectation in response to the passage of E2SHB 2536. It is in addition to previous pilot programs in this area.

Activities to be reported using this process are related to services delivered to children. The programs associated with this effort are listed below. Definitions and reference material on these programs can be accessed through the Washington State Institute for Public Policy (WSIPP) website at http://www.wsipp.wa.gov/. Clinicians must have completed some formal training in the Evidence Based Practice reported. Reporting these practices require some foundation in the evidence and research based practices.

The procedure to be used in reporting these services is to include within the 837 Health Encounter submission to the Provider One system the specific code, from the list on the next pages, that describes the E/RBP associated with the service being reported. This code is to be reported in the 2400 loop of the standard 837 transaction format in the field set aside for the Procedure Description. In the 837P transaction this is field SV101 – 7.

If it is necessary to separate these codes from other data in this field or to submit more than a single E/RBP code for an encounter, the code should be separated from other data or codes using a pipe (|) character to delineate the start and end of the specific code.

Inclusions

- The clinical record must support the services as reported

Exclusions

- None

Notes

- Information on this page is to provide an overview for reporting Refer to the specific program manual and/or curriculum for complete program requirements.

Programs:

Evidence Based Practice – Children's Mental Health

Programs	ADSA/DBHR Code
Adolescent Assertive Continuing Care	002
Barkley Model	003
Behavioral Parent Training (BPT) for Children with ADHD	004
Adolescent Community Reinforcement Approach	005
Behavioral Parent Training (BPT) for Children with Disruptive Behavior Disorder	007
Brief Strategic Family Therapy (BSFT)	010
Child-Parent Psychotherapy	011
Classroom Based Intervention for war-exposed children	013
Cognitive Behavioral Intervention for Trauma in Schools	016
Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	019
Cognitive Behavioral Therapy (CBT) for Anxious Children (group, individual, or remote)	020
Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	022
Cool Kids	032
Coping Cat	035
Coping Cat/Koala	036
Coping with Depression – Adolescents	038
Enhancing Resiliency Among Students Experiencing Stress (ERASE-Stress)	040
Eye Movement Desensitization and Reprocessing (EMDR) for Child Trauma	043
Families And Schools Together (FAST)	046
Full Fidelity Wraparound for youth with Serious Emotional Disturbance (SED)	061
Incredible Years Parent Training	073
Incredible Years Parent Training + Child Training	076
KID-NET Narrative Exposure Therapy for Children	079
Life Skills Training	082

Programs	ADSA/DBHR Code
Modular Approaches to Treatment of Anxiety, Depression and Behavior (MATCH)	085
Multimodal Therapy (MMT) for Children with ADHD	091
Multisystemic Therapy (MST) for youth with Serious Emotional Disturbances (SED)	094
New Forest Parenting Programme	095
Multidimensional Family therapy for substance abusing juvenile offenders	096
Other Behavioral Parent Training	098
Other Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	099
Other Cognitive Behavioral Therapy (CBT) - Based Models for Child Trauma	100
Multisystemic Therapy (MST) for substance-abusing juvenile offenders	101
Parent-Child Interaction Therapy (PCIT)	109
Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Problems	112
Parent Cognitive Behavioral Therapy (CBT) for Anxious Children	113
Project ALERT	117
Project STAR	118
Teen Marijuana Check-Up	134
Therapeutic communities for substance abusing juvenile offenders	135
Trauma Focused CBT for Children	136
Trauma Grief Component Therapy	137
Triple-P Level 4, Group	139
Triple-P Level 4, Individual	140

Programs:

Jail Services/Community Transition

Program Description

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.

For Jail Services, 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).

Inclusions

- This service is program specific and is only available for persons in the Jail Services Program (see separate program description page)
- Criteria for entry into this program are specified in the contract.

Exclusions

- None

Notes

- Community transition is a state funded service. Please refer to your contract regarding specific requirements or services to be reported.
- Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.
- Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA"

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Programs:

Jail Services/Community Transition

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

Programs:

Offender Re-entry Community Safety Program (ORCSP)

Program Description

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

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

Inclusions

- The RSN or provider must have an ORCSP contract with the DBHR to report services for this program.
- Entry criteria for the program are assignment of an individual to the contractor by DBHR ORCSP Program Administrator.
- Referral source for this program is "Corrections". Participants are initially identified by Department of Corrections and then screened for acceptance by the Statewide Multi-system Review Committee.

Inclusions (cont.)

- Additional services allowed for participants in this program include:
  - Case Management (T1016-HW) – Coordination of mental health services, assistance with unfunded medical expenses, obtaining chemical dependency treatment, housing, employment services, education or vocational training, independent living skills, parenting education, anger management services; and other such services as deemed necessary (RCW 71.24470).
  - Sex offender treatment (H2028) – Services to reduce reoffending behavior by teaching skills to identified sexual offenders as an effort to prevent relapse.

Exclusions

- None

Notes

- Information on this page is intended as an overview. Refer to the contract for complete program requirements.

Programs:

Offender Re-entry Community Safety Program (ORCSP)

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

Programs:

WA-PACT

Program Description

The Washington Program for Assertive Community Treatment (WA-PACT) is a client-centered recovery-oriented mental health service delivery model that supports facilitating community living, psychosocial rehabilitation, and recovery for individuals who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

WA-PACT services are delivered by a group of multi-disciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. The team is directed by a team leader and psychiatric prescriber and a sufficient number of staff from the core mental health disciplines to cover 24 hours per day, seven days a week and provide intensive services based on the individual's need and mutually agreed upon plan. WA-PACT teams are mobile and deliver services in community locations.

Inclusions

- The RSN must have a WA-PACT contract with DBHR to report services for this program.
- Criteria for entry to this program are specified in the DBHR PACT standards.
- Services provided by staff who are members of a WA-PACT team are reported with the applicable CPT/HCPCS code and the modifier "UD".

Exclusions

- The following services are excluded from the WA-PACT program:
  - Day Support
  - High Intensity Treatment

Notes

- Information on this page is intended as an overview. Refer to the contract and Washington State PACT standards for complete program requirements.
- Services for the WA-PACT program are state funded.
- Exceptions to Provider Types:
  - Peer Specialists who are not certified may serve on a PACT team. Provider type "Certified Peer Counselor" should be used to report all Peer Counselor Services.
  - The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN services.
  - Provider type "CD Specialist" may be reported for this program.

Programs:

WA-PACT

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
			UD		WA State DBHR defined modifier "UD" to identify delivery of service by WA-PACT team members to individuals enrolled in the WA-PACT program. This modifier may be used in combination with any CPT/HCPCS code available for use with the WA-PACT program.

Programs:

Wraparound with Intensive Services (WISe)

Program Description

Wraparound with Intensive Services (WISe) is a Medicaid funded range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school or peers requiring:

- The coordination of services and support across multiple domains (i.e., mental health system, juvenile justice, child protection/welfare, special education, developmental disabilities),
- Intensive care collaboration, and
- Ongoing intervention to stabilize the child and family in order to prevent more restrictive or institutional placement.

WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home and community based services and mobile crisis outreach services based on the individual's need and the cross system care plan* developed by the Child and Family Team. Care is integrated in a way that ensures that youth are served in the most natural, least restrictive environment.

*Cross-System Care Plan: An individualized comprehensive plan created by a Child/Family Team that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement the official individual service plan that each system maintains in the client record.

Inclusions

- Criteria for entry to this program are specified in the DBHR WISe manual.
- The RSN must have a WISe Contract with DBHR to report services for this program.
- Agencies must be qualified by DBHR to provide these services.
- Individual encounters must be reported by WISe certified staff using the U8 modifier.

Exclusions

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

Notes

- Information on this page is intended as an overview. Refer to the PIHP contract and Wraparound with Intensive Services Program manual for complete requirements.

Wraparound with Intensive Services (WISe)

Code	CPT/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
			U8		WA State DBHR defined modifier "U8" to identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners. Do not use the "U8" modifier to identify services to WISe participants by non-WISe child and family team members.

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Procedure Modifiers

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

Modifier	Definition	Modalities/Programs
52	*Reduced services* 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.	Intake Evaluation, 30 Rehabilitation Case Management, 58
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.	Intake Evaluation, 30 Rehabilitation Case Management, 58
GT	*Via interactive audio and video telecommunication systems.*	Co-Occurring Treatment Services, 71 Individual Treatment Services, 24 Intake Evaluation, 30 Medication Management, 38 Psychological Assessment, 54 Telehealth, 86
H9	*Court-ordered* Modifier in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.	Testimony for Involuntary Treatment Services, 87
HE	*Mental health program*	Special Population Evaluation, 60
HH	*Integrated mental health/substance abuse program*	Co-Occurring Treatment Services, 71
HT	*Multi-disciplinary team*	Child and Family Team Meeting, 69
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. This modifier in combination with H0023 identifies the service as state funded engagement and outreach. Washington State DBHR defined to indicate that a crisis service was provided that met criteria as an investigation of the need for involuntary treatment.	Engagement and Outreach, 75 Involuntary Treatment Investigation, 79 Offender Re-entry Community Safety Program (ORCSP), 94

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Procedure Modifiers

Modifier	Definition	Modalities/Programs
U8	*Medicaid level of care 8, as defined by each state* Used to identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners. Do not use the 'U8' modifier to identify services to WISe participants by non-WISe child and family team members. The use of the 'U8' modifier is only allowed for those agencies that have been qualified to provide the WISe program. Prior to 01 July 2014, the use of the 'U8' modifier is optional for WISe demonstration sites. Effective 01 July 2014, all agencies who have been qualified to provide the WISe program will be required to use the 'U8' modifier for all services provided to WISe participants.	Care Coordination Services, 67 Child and Family Team Meeting, 69 Co-Occurring Treatment Services, 71 Crisis Services, 14 Family Treatment, 17 Group Treatment Services, 20 High Intensity Treatment, 22 Individual Treatment Services, 24 Intake Evaluation, 30 Interpreter Services, 76 Medication Management, 38 Medication Monitoring, 48 Peer Support, 52 Psychological Assessment, 54 Rehabilitation Case Management, 58 Request for Services, 81 Special Population Evaluation, 60 Testimony for Involuntary Treatment Services, 87 Therapeutic Psychoeducation, 63 Wraparound with Intensive Services (WISe), 98
U9	*Medicaid level of care 9, as defined by each state* Rehabilitation Case Management Intake. To be used with the Rehabilitation Case Management code when service provided meets definition and requirements of an intake.	Intake Evaluation, 30 Rehabilitation Case Management, 58
UA	*Medicaid level of care 10, as defined by each state* WA State Medicaid Plan defined modifier to describe brief intervention treatment when added to the following identified CPT/HCPCS codes.	Family Treatment, 17 Group Treatment Services, 20 Individual Treatment Services, 24
UB	*Medicaid level of care 11, as defined by each state* WA State MHD defined modifier in combination with H0046 to describe request for mental health services.	Request for Services, 81
UC	*Medicaid level of care 12, as defined by each state* WA State DBHR defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with H2011 or H0036.	Crisis Services, 14 Individual Treatment Services, 24 Involuntary Treatment Investigation, 79

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Procedure Modifiers

Modifier	Definition	Modalities/Programs
UD	*Medicaid level of care 13, as defined by each state* WA State DBHR defined modifier to identify delivery of service by WA-PACT team members to individuals enrolled in the WA-PACT program. This modifier may be used in combination with any CPT/HCPCS code available for use with the WA-PACT program.	Co-Occurring Treatment Services, 71 Crisis Services, 14 Engagement and Outreach, 75 Family Treatment, 17 Group Treatment Services, 20 Individual Treatment Services, 24 Intake Evaluation, 30 Interpreter Services, 76 Involuntary Treatment Investigation, 79 Jail Services/Community Transition, 92 Medication Management, 38 Medication Monitoring, 48 Mental Health Clubhouse, 80 Mental Health Services Provided in a Residential Setting, 50 Peer Support, 52 Psychological Assessment, 54 Rehabilitation Case Management, 58 Request for Services, 81 Respite Care Services, 82 Special Population Evaluation, 60 Stabilization Services, 61 Supported Employment, 84 Testimony for Involuntary Treatment Services, 87 Therapeutic Psychoeducation, 63 WA-PACT, 96

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Provider Types

Definition

Identifies the professional level of a specific outpatient service provider. A mental health practitioner may provide services within their scope of practice in accordance with their Department of Health credentials and granted by rule.

Maximum character length: 2

Code	Definition
01	RN/LPN
02	ARNP/PA
03	Psychiatrist/MD
04	MA/PhD.
05	Below Masters Degree
06	DBHR Credentialed Certified Peer Counselor
08	Not Applicable
09	Bachelor Level with Exception/Waiver
10	Master Level with Exception/Waiver
12	Other (Clinical Staff)
14	Non-DBHR Credentialed Certified Peer Counselor