

State of Washington
Service Encounter Reporting Instructions
(SERI)
for
Behavioral Health Organizations
(BHOs)
April 2016

DBHR WEBPAGE- SERI/CPT INFORMATION

- For the current SERI and other useful information please visit:
<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/seri-cpt-information>
- You may also submit SERI or CPT related questions to:
CPT-SERLinquires@dshs.wa.gov
- **All questions received will be reviewed and addressed as quickly as possible.**

INTRODUCTION TO SERI

- Service Eligibility
- Updates to SERI
- Encounter Reporting and Process
- General Instructions
- Reporting Diagnosis with Encounters
- Reporting Guidelines
- External Quality Review Organization (EQRO)

Service Eligibility

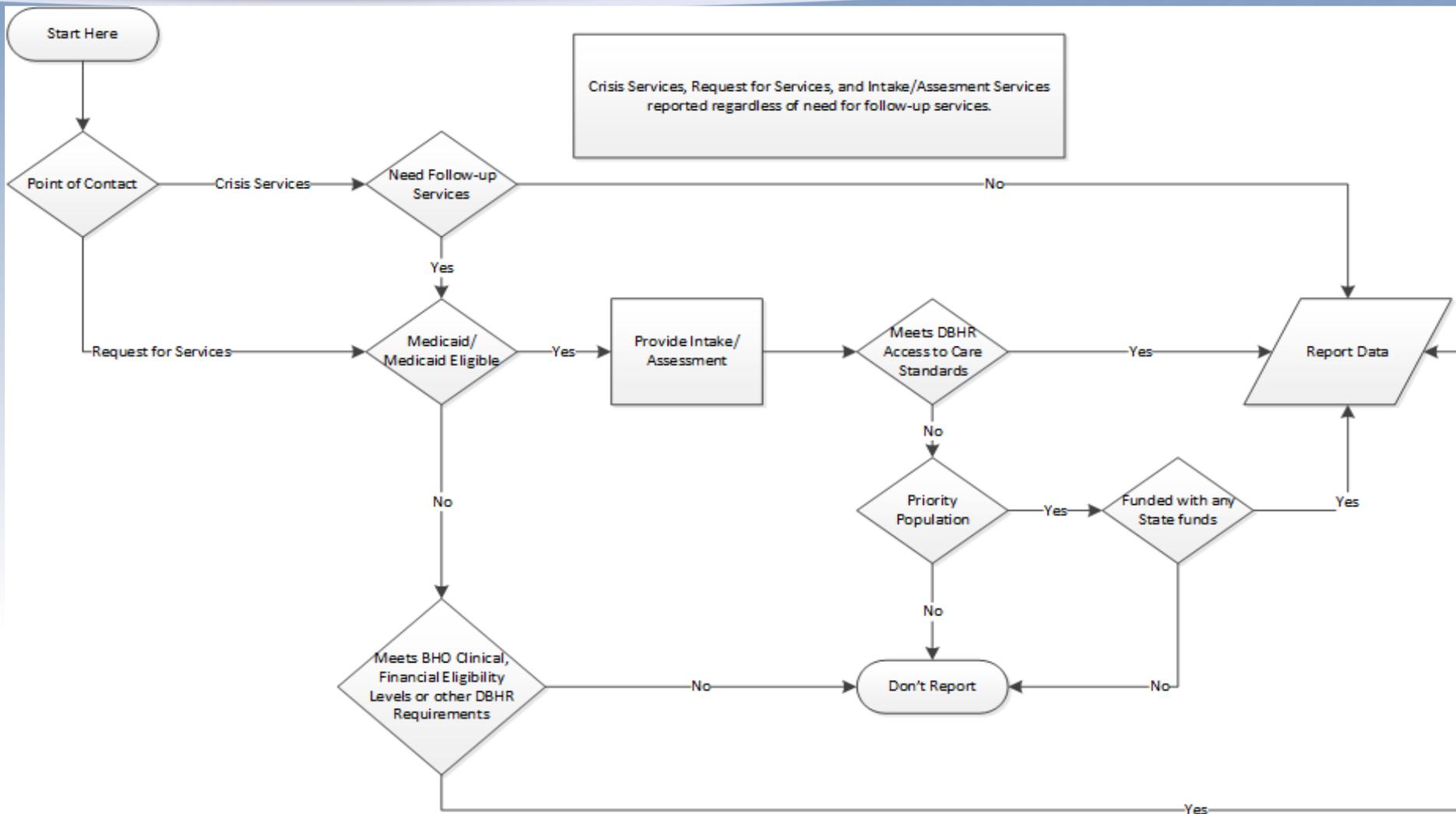
- Eligibility for public behavioral health services
- Type of Services
- Eligible Medicaid Enrollees
- Non- Medicaid Eligible

Updates to SERI

- Current Procedural Terminology (CPT) Codes
- Healthcare Common Procedure Coding System (HCPCS) Codes
- Code Updates
- SERI Updates
- Current SERI
- Link to SERI webpage:
[https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/seri-cpt information](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/seri-cpt-information)

Encounter Reporting and Process

- What is an encounter?
- When to report an encounter
- When not to report an encounter
- National Coding Standards
- Encounter Instructions
- Encounter Examples



General Encounter Reporting Instructions

- What is Fidelity?
- Rounding Rules
- Multiple Encounters
- Clinical Documentation – Federal Requirements

Encounter Reporting

✓ FIDELITY:

- A clinician may start to meet with a individual 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 individual 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 individual 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.

Encounter Reporting – Cont.

Transforming
Lives

- 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.
- ✓ **Rounding:**
 - 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.
 - 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.

Encounter Reporting – Cont.

✓ **Exceptions:**

- Generally this does not apply to per-diem services; services provided for less than a day must be coded with non-per-diem codes.

Examples:

- Given the need to report crisis services to funders as well as the need to have accurate encounters for all individuals, 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.
- **For all other codes that do not specify a unit of service, report actual minutes provided.**

Encounter Reporting – Cont.

Transforming
Lives

Examples:

- If **H0033** (Oral medication admin, direct observation) is provided for 5 minutes, report 5 minutes.
- If **H0046** (Mental health services, not otherwise specified) is provided for 9 minutes, report 9 minutes.
- Report multiple encounters occurring on the same day for the same individual 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 individual 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 individual record must record these separate events and meet documentation requirements (noted on the next slide).

Encounter Reporting - Cont.

Example:

- **90832** (Psychotherapy 30 minutes) was only provided for 10 minutes in the morning but again for the same individual 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.
- A clinician meets with their individual 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 H0004, Behavioral Health Counseling and Therapy, per 15 minutes.
- ✓ **Report only one encounter for an individual when more than one staff (i.e., co-therapy) is involved in the delivery of the service.**
- ✓ The **primary clinician** should document the service in the clinical record and report the encounter.

Encounter Reporting - Cont.

- **Reporting multiple encounters occurring on the same day for the same individual at the same time in the following conditions only;**
 - ✓ Interpreter services on behalf of a individual during an encounter. These can be delivered concurrent with other services.
 - ✓ Child and Family Team Meetings are reported by all attendees. See Other Services Section for specific reporting instructions.
 - ✓ 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.

Encounter Reporting - Cont.

- When an encounter is provided on the same day at the same time for the same individual when provided by two different staff and one encounter does not require the individual to be present multiple encounters are reported.

Example:

When the primary clinician is providing Family Treatment without the individual present and at the same time the individual is participating in a group provided by another clinician.

Clinical Documentation

- Service Reporting Requirements
- Clinical Entries
- Documentation of Time

Clinical Documentation

At a minimum, the following information is required for reporting a service to an individual and documenting that encounter in a progress note;

- Be of sufficient duration to accomplish the therapeutic intent;
- The record must be legible to someone other than the writer;
- Each printed page (front and back if two-sided) of the record must contain the individual's name and agency record number;

Clinical entries must include the:

- ✓ Author identification, which may be a handwritten signature or unique electronic identifier;
- ✓ Date of the service;
- ✓ Location of the service;
- ✓ Provider credentials (which must be appropriate to the service; e.g., medication management can only be done by a prescriber);
- ✓ Length of time; and
- ✓ **Narrative** description of the service provided as **evidenced by sufficient documentation** that can be **translated to a service description** title or **code number** (this may be standard CPT/HCPCS or local nomenclature with a RSN approved crosswalk) and describes therapeutic content.

Clinical Documentation - Cont.

- The service addresses an issue on the care plan or issue addressed is added to care plan.
- The service is specific to the individual ; e.g. group therapy progress note is specific to the individual.

TIME:

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:

- ✓ Prognosis
- ✓ Test Results
- ✓ Compliance/Adherence
 - ✓ Education
- ✓ Risk Reduction
- ✓ Instructions

Clinical Documentation - Cont.

Ancillary Services:

Time associated with ancillary or additional services are to not to be included in the service reporting of hourly services such as Day Support or Stabilization Services.

The ancillary or additional services should be recorded and encountered separately.

Example; if an individual is receiving Stabilization Services for a 24 hour time period in a day, and during that day they have an hour long Individual Treatment service with their primary clinician, there would be no more than 23 units of Stabilization Services reported and the Individual Treatment services would be reported separately for that day.

Reporting Diagnosis with Encounters

- How to report a diagnosis
- Examples
- BHDS Data Dictionary:
<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/contractors-and-providers>

Reporting Guidelines

- Interactive complexity
- Add on codes
- Primary Procedure Codes
- Evaluation and Management Service Reporting

External Quality Review (EQR)

- Purpose
- Components of an EQR review
- Encounter Data Validation
- Encounter Reporting Standards

External Quality Review

- **Purpose:**
- ✓ Review of compliance with Federal regulatory & contractual standards
- ✓ Performance Improvement Project (PIP) validation
- ✓ Performance measure validation
- ✓ Information Systems Capabilities Assessment (ISCA)
- ✓ Encounter Data Validation (EDV)

External Quality Review

➤ **Encounter Data Validation:**

Qualis Health's (EQRO) methodology includes a review of:

- ✓ SERI in effect during the range of dates for reviewed encounters
- ✓ Consumer Information System Data Dictionary
- ✓ HCA's Data Reporting Guide for MCOs & BHOs
- ✓ 837 Encounter Data Companion Guide ANSI ASC X12N (Version 5010) Professional & Institutional
- ✓ Prior Year's EQR report results & recommendations

External Quality Review

➤ **Specific Tasks for EDV Include:**

- ✓ Basic integrity check on encounter data files
(determination of whether expected data exist, if they fit with expectations and if they are of sufficient quality to proceed with more complex analysis)
- ✓ Application of consistency checks
(verification that critical fields contain values in the correct format and are consistent across fields)
- ✓ Inspection of data fields for general validity
- ✓ Analyzing and interpreting data on submitted fields, the volume and consistency of encounter data utilization rates

External Quality Review

➤ **EDV Standards:**

- ✓ Sampling procedure – conducted using an appropriate random selection process and of adequate size
- ✓ Review and analysis of tools for appropriateness and are used correctly
- ✓ Analytical and scoring methodologies are sound
- ✓ Full review of encounter data submitted to the state indicates no (or minimal) logic problems, or out-of-range values
- ✓ Data is substantiated through audit of patient charts at individual provider locations

MENTAL HEALTH SERVICE MODALITIES

- Encountering Mental Health Services
- Clinical Case Scenarios

Behavioral Health Encounter Clinical Case Scenario 1 (2 slides)

Individual Services/Psychotherapy

- An MA level clinician has a therapy session with an individual with a diagnosis of major depression. The service is encountered as Individual Treatment **(90834), 50 minutes/1 unit.**
- In the note, the clinician documents which treatment plan item is being addressed (depressed mood) and describes the treatment provided (cognitive behavioral therapy), documents the individual's response to treatment, and plans for future sessions.

Behavioral Health Encounter Clinical Case Scenario 1 - Cont.

Individual Services/Psychotherapy - Conclusions

- ✓ Sufficient duration to accomplish therapeutic intent: Yes
- ✓ Provider meets requirements: Yes
- ✓ Documentation supports the associated service item: Yes
- ✓ Describes therapeutic content: Yes
- ✓ The service addresses an issue on the care plan: Yes
- ✓ Notes are specific to the individual: Yes

Behavioral Health Encounter Clinical Case Scenario 2 (2 slides)

Individual Services/ Community Psychiatric Supportive Treatment

- An MSW meets with an individual at a community mental health center. The service is encountered as Individual Treatment/Community Psychiatric Supportive Treatment (**H0036**), **20 minutes/1 unit**.
- The clinical note is limited to an explanation of the individual's functioning. Symptoms are listed along with a description of the individual's behavior. The clinician notes the individual's plans to go to day treatment later in the afternoon. No treatment is described in the note. There is no reference to which treatment plan item is being addressed.

Behavioral Health Encounter Clinical Case Scenario 2 – Cont.

Individual Services/ Community Psychiatric Supportive Treatment - Conclusions

- ✓ Sufficient duration to accomplish therapeutic intent: Yes
- ✓ Provider meets requirements: Yes
- ✓ Documentation supports the associated service item: No
- ✓ Describes therapeutic content: No
- ✓ The service addresses an issue on the care plan: No
- ✓ Notes are specific to the individual: Yes

Behavioral Health Encounter Clinical Case Scenario 3 (2 slides)

Group Treatment

- A behavioral health agency holds a weekly group that focuses on symptom management. The session is encountered as Group Treatment (**90853**), **50 minutes**. The group usually has about 15 members. In order to meet the group ratio requirement (1:12 staffing ratio), two clinicians facilitate the group.
- When a facilitator documents in a group member's chart, they include information on the therapeutic content of the group session. They also specifically describe the individual's involvement in and response to the group. If a new member joins the group, the facilitator makes sure group treatment is added to the individual's treatment plan. The group is facilitated by one BA and one MA level clinician.

Behavioral Health Encounter Clinical Case Scenario 3 – Cont.

Group Treatment - Conclusions

- ✓ Sufficient duration to accomplish therapeutic intent: Yes
- ✓ Provider meets requirements: Yes
- ✓ Documentation supports the associated service item: Yes
- ✓ Describes therapeutic content: Yes
- ✓ The service addresses an issue on the care plan: Yes
- ✓ Notes are specific to the individual: Yes

Behavioral Health Encounter Clinical Case Scenario 4 (2 slides)

Crisis Services

- An individual with a diagnosis of schizophrenia requires medication monitoring on a daily basis, as indicated on her treatment plan. The agency created a system where BA or MA level crisis team members deliver medications and perform medication monitoring on a daily basis.
- The crisis team member delivers the medications and makes the following note: “Delivered medications, observed individual take medications.” The service is encountered as a **crisis intervention (H2011) for 10 minutes/1 unit.**

Behavioral Health Encounter Clinical Case Scenario 4 – Cont.

Crisis Services - Conclusions

- ✓ Sufficient duration to accomplish therapeutic intent: Yes
- ✓ Provider meets requirements: Yes
- ✓ Documentation supports the associated service item: No
- ✓ Describes therapeutic content: No
- ✓ The service addresses an issue on the care plan: Yes
- ✓ Notes are specific to the individual: Yes

Substance Use Disorder (SUD) Service Modalities

- Encountering Substance Use Disorder Services
- Clinical Case Scenarios

Substance Use Disorder - Service Modalities

- Assessments
- Outpatient Treatment
- Residential Treatment
- Withdrawal Management
- Substance Use Other Services

Substance Use Disorder - Overview

- American Society of Addiction Medicine (**ASAM**) Definition
- Guidelines for: placement, continued stay, and transfer/discharge
- ASAM Levels of Care within SERI:
Outpatient, Residential, Withdrawal Management

Outpatient ASAM - Levels of Care

➤ **Level 1- Outpatient Services-**

Less than 9 hours of services per week for adults and 6 hours per week for adolescents for recovery or motivational enhancement therapies/strategies.

➤ **Level 2.1 - Intensive Outpatient Services-**

9 or more hours of service per week for adults or 6 or more hours per week for adolescents to treat multidimensional instability not requiring 24 hour care.

Residential Levels of Care – Cont.

- **Level 3.5 - Clinically Managed Medium-Intensity Residential Services, Clinically Managed High Intensity Residential Services.** 24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community.

Residential Levels of Care – Cont.

➤ **Level 3.3 (long-term residential)**

Clinically Managed Population Specific High Intensity Residential Services. 24 hour care with trained counselors to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community

➤ **Level 3.1-Clinically Managed Low Intensity Residential Services-(Recovery House)**

Clinically Managed Low-Intensity Residential Services, 24 hour structure with available trained personnel; at least 5 hours of clinical service/week

Withdrawal Management - Levels of Care

➤ **Level 3.7 Withdrawal Management**

Medically Monitored Inpatient Withdrawal Management. Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring

➤ **Level 3.2 Withdrawal Management**

Clinically Managed Residential Withdrawal Management-Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery

Substance Use Disorder (SUD) Encounter Reporting

Example:

- Individual is a 45 year old male with a 22 year history of increasing alcohol use. Comes in for an assessment-**H0001**
- He reports being told that he has liver damage by his doctor and also states that he gets very shaky if he doesn't drink every day.

Referred to Acute-Detox-H0011

- He reports “my family is tired of me” and is threatening to “kick me out”, unsuccessful attempts to cut down/control use, recurrent use resulting in failure to fulfill major roll obligations (lost his job), and continued use despite persistent or recurrent physical or psychological problems exacerbated by continued alcohol use.

Referred to residential after completing detox-H0018HF

APPENDICES

- CPT-HCPCS Index
- Procedure Modifier Index
- Provider Types
- Summary of Changes

Please submit your questions to:

CPT-SERIINQUIRES@DSHS.WA.GOV

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