

Department of Social and Health Services

Community Services Division

Social Services Manual

Revision: # 222

Category: Mental Incapacity Evaluation Services

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Summary

Updating modifiers to ensure claims can be paid.

Mental Incapacity Evaluation Services

Revised on: August 13, 2025

Reimbursement for psychological evaluations and testing is limited to the terms and conditions outlined in the Community Services Division (CSD) Mental Incapacity Evaluation (MIE) contract.

For information about this contract, visit the [CSD Mental Incapacity Evaluations](#) contract procurement page.

MIE Contractors must enroll in ProviderOne to claim reimbursement for these services. Visit the Health Care Authority's [Provider Enrollment](#) page for additional information.

For TANF or RCA related claims the contractor must contact the CSO contact for reimbursement.

Medical Evidence Fee Schedule

For a detailed service description of the clinical psychological/psychiatric evaluation, visit the [Medical Evidence Requirements and Reimbursements](#) section of the ESA Social Services Manual.

NOTE: The maximum payment for all evaluation and report services includes the cost of providing chart notes and medical records. Providers may choose to use a DSHS 13-865 Psychological / Psychiatric Evaluation form or provide a narrative report. The DSHS 13-865 must be typed in order to be eligible for payment.

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Clinical evaluation	When performed by a licensed/contracted psychologist (Taxonomy: 103T00000X)	\$180.00	96156 <u>If tests used,</u> <u>add</u> <u>M</u> modifier 25	Must be an acceptable complete report as described in Exhibit B, Statement of Work

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Clinical evaluation	When performed by a licensed/contracted psychiatrist (Taxonomy: 2084P0800X)	\$200.00	90791 If tests included, add modifier 25	Must be an acceptable complete report as described in Exhibit B, Statement of Work
Clinical evaluation	When performed by a licensed/contracted advanced registered nurse practitioner (ARNP) for impairments within their licensed scope of practice (Taxonomy: 363LP0808X)	\$180.00	96156 Modifier U1 If tests included, add modifier 25	Must be an acceptable complete report as described in Exhibit B, Statement of Work
Clinical evaluation	When performed by a licensed/contracted physician assistant (PA) for impairments within their licensed scope of practice (Taxonomy: 363A00000X)	\$180.00	96156 Modifier U2 If tests included, add modifier 25	Must be an acceptable complete report as described in Exhibit B, Statement of Work
Missed appointment	<ul style="list-style-type: none"> Client fails to appear at scheduled date and time and the Client or referring Community Services Office (CSO) did not request cancellation within twenty-four (24) hours prior to the appointment 	\$45.00	99199	This is not paid when the Contractor is providing services at a CSO and another Client is available during that appointment time

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	<ul style="list-style-type: none"> • The Client arrives more than ten (10) minutes after the scheduled start time • The Contractor observes the Client to be intoxicated • The Client is threatening or belligerent • The Client intentionally refuses to cooperate • The Contractor observes the Client to be in need of emergent medical intervention 			This fee is only paid once per referral

When testing is clinically appropriate, MIE Contractors utilize the current version of the following tests in their evaluation (whenever possible). If a Contractor does not have the current version, they notify the DSHS Contact listed on the first page of their MIE Contract to ensure the version is acceptable.

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Evaluation of	<ul style="list-style-type: none"> • MMPI: Minnesota Multiphasic 	\$50.00		No more than one (1) test from this

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
personality disorders	Personality Inventory <ul style="list-style-type: none"> PAI: Personality Assessment Inventory 	\$50.00	96130 Modifier U6 96130 Modifier U1	category per evaluation 1 May substitute the MMPI: Restructured Form provided the report documents why the substitution is necessary
Evaluation of depression	<ul style="list-style-type: none"> BDI: Beck Depression Inventory HAM-D: Hamilton Rating Scale for Depression 	\$10.00 \$10.00	96130 Modifier U7 96130 Modifier U8	No more than one (1) test from this category per evaluation
Evaluation of anxiety	<ul style="list-style-type: none"> BAI: Beck Anxiety Inventory HAM-A: Hamilton Rating Scale for Anxiety 	\$10.00 \$10.00	96130 Modifier UB 96130 Modifier UC	No more than one (1) test from this category per evaluation

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Evaluation of cognitive disorders	<ul style="list-style-type: none"> WAIS: Wechsler Adult Intelligence Scale WMS: Wechsler Memory Scale TONI: Test of Nonverbal Intelligence² TMT: Trail Making Test Parts A & B 	\$120.00 \$120.00 \$30.00 \$10.00	96130 Modifier U3 96130 Modifier U4 96130 Modifier UD 96130 Modifier U5	² The TONI evaluates individuals with limited language ability. It is reimbursed instead of and not in addition to the WAIS and WMS
Evaluation of potential memory malingering	<ul style="list-style-type: none"> Rey Fifteen-Item Memory Test TOMM: Test of Memory Malingering 	\$10.00 \$30.00	96130 Modifier U9 96130 Modifier U2	No more than one (1) test from this category per evaluation
Evaluation of potential psychiatric illness malingering	<ul style="list-style-type: none"> M-FAST: Miller Forensic Assessment of Symptoms Test SIRS: Structured Interview of 	\$20.00 \$10.00	96130 Modifier UA 96136 Modifier U1	No more than one (1) test from this category per evaluation

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	Reported Symptoms			