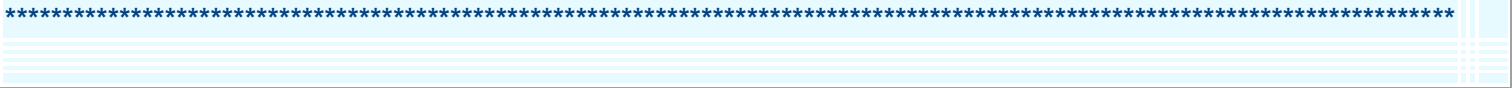


Department of Social and Health Services  
Community Services Division  
**Social Services Manual**

Revision: # 153  
Category: **Mental Incapacity Evaluation Services**  
Issued: January 24, 2019  
Revision Author: Nicholas Swiatkowski  
Division: CSD  
Mail Stop: 45440  
Phone: 360-725-4638  
Email: [nicholas.swiatkowski@dshs.wa.gov](mailto:nicholas.swiatkowski@dshs.wa.gov)

**Summary**

Updated the Mental Incapacity Evaluation (MIE) Services Fee Schedule to be consistent with the CSD MIE Contract and ProviderOne billing.



## Mental Incapacity Evaluation Services

[Revised on: January 24, 2019](#)

### ~~Medical Evidence Fee Schedule~~

#### ~~*Mental Incapacity Evaluation Services*~~

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, ~~ing with DSHS please~~ visit the [CSD Mental Incapacity Evaluations contracts procurement](#) page.

CSD-MIE Contractors must ~~be~~ enrolled in ProviderOne to claim reimbursement for these services. ~~Please~~ visit the Health Care Authority's [New-Provider Enrollments](#) page for [additional information](#) ~~about ProviderOne enrollment.~~

**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 DSHS form 13-865 or provide a narrative report. The psychological evaluation form 13-865 must be typed in order to be eligible for payment.~~

## Medical Evidence Fee Schedule

[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
Clinical <del>e</del> Evaluation <sup>1</sup>	When performed by a licensed/contracted <b>psychologist</b>  (Taxonomy: 103T00000X)	\$150.00	96150 Modifier 25	Must be an acceptable <del>written</del> <a href="#">complete</a> report as described in Exhibit B, Statement of Work.
Clinical <del>e</del> Evaluation <sup>1</sup>	When performed by a licensed/contracted <b>psychiatrist</b>  (Taxonomy: 2084P0800X)	\$170.00	90791	Must be an acceptable <del>complete</del> <a href="#">written</a> report as described in Exhibit B, Statement of Work.
<a href="#">Clinical evaluation</a> <sup>1</sup>	<a href="#">When performed by a licensed/contracted <b>advanced registered nurse practitioner (ARNP)</b> for impairments within their licensed scope of practice</a>  (Taxonomy: 363LP0808X)	<a href="#">\$150.00</a>	<a href="#">96150</a> <a href="#">Modifier U1</a>	<a href="#">Must be an acceptable complete report as described in Exhibit B, Statement of Work</a>

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
<a href="#">Clinical evaluation<sup>1</sup></a>	<p><a href="#">When performed by a licensed/contracted <b>physician assistant</b> (PA) for impairments within their licensed scope of practice</a></p> <p><a href="#">(Taxonomy: 363A00000X)</a></p>	\$150.00	<p><a href="#">96150</a></p> <p><a href="#">Modifier U2</a></p>	<p><a href="#">Must be an acceptable complete report as described in Exhibit B, Statement of Work</a></p>
<p>Evaluation of <del>general mental</del><a href="#">personality</a> disorders</p>	<ul style="list-style-type: none"> <li>MMPI-<del>2</del>: Minnesota Multiphasic Personality Inventory<sup>2*</sup></li> <li>PAI-<del>H</del>: Personality Assessment Inventory</li> </ul>	<p>\$50.00</p> <p>\$50.00</p>	<p><del>96101</del><a href="#">96130</a></p> <p>Modifier U6</p> <p><del>96101</del><a href="#">96130</a></p> <p>Modifier U1</p>	<p>No more than one (1) test from this category per evaluation</p> <p><sup>2*</sup>May substitute the MMPI-<del>2</del>: Restructured Form <b>provided</b> the report documents why the substitution is necessary-</p>
<p>Evaluation of depression</p>	<ul style="list-style-type: none"> <li>BDI-<del>H</del>: Beck Depression Inventory</li> <li>HAM-D: Hamilton Rating Scale for Depression</li> </ul>	<p>\$10.00</p> <p>\$10.00</p>	<p><del>96101</del><a href="#">96130</a></p> <p>Modifier U7</p> <p><del>96101</del><a href="#">96130</a></p> <p>Modifier U8</p>	<p>No more than one (1) test from this category per evaluation-</p>

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Evaluation of anxiety	<ul style="list-style-type: none"> <li>BAI: Beck Anxiety Inventory</li> </ul>	\$10.00	<del>9610196130</del> Modifier UB	No more than one (1) test from this category per evaluation-
	<ul style="list-style-type: none"> <li>HAM-A: Hamilton Rating Scale for Anxiety</li> </ul>	\$10.00	<del>9610196130</del> Modifier UC	
Evaluation of cognitive disorders	<ul style="list-style-type: none"> <li><del>WAIS-III or WAIS-IV</del>: Wechsler Adult Intelligence Scale</li> </ul>	\$120.00	<del>9610196130</del> Modifier U3	<sup>3</sup> The TONI is used to evaluate individuals with limited language ability. -It is reimbursed instead of -and not in addition to the WAIS and WMS-.
	<ul style="list-style-type: none"> <li>WMS-III: Wechsler Memory Scale</li> </ul>	\$120.00	<del>9611896130</del> Modifier U4	
	<ul style="list-style-type: none"> <li><u>TONI</u>: Test of Nonverbal Intelligence<sup>3</sup>, <del>Fourth Edition (TONI-4)</del></li> </ul>	\$30.00	<del>9610196130</del> Modifier <u>UD4</u>	
	<ul style="list-style-type: none"> <li><del>TMT: Trails-</del> Trail Making Test Parts A &amp; B</li> </ul>	\$10.00	<del>9611896130</del> Modifier U5	
Evaluation of potential memory malingering	<ul style="list-style-type: none"> <li>Rey Fifteen-Item Memory Test</li> </ul>	\$10.00	<del>9610196130</del> Modifier U9	No more than one (1) test from this category per evaluation-
		\$30.00	<del>9610196130</del>	

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	<ul style="list-style-type: none"> <li>TOMM: Test of Memory Malingering</li> </ul>		Modifier U2	
Evaluation of potential psychiatric illness malingering	<ul style="list-style-type: none"> <li>M-FASTast: Miller Forensic Assessment of Symptoms Test</li> <li>SIRS: Structured Interview of Reported Symptoms</li> </ul>	<p>\$20.00</p> <p>\$10.00</p>	<p><del>9610196130</del></p> <p>Modifier UA</p> <p><del>9610196136</del></p> <p>Modifier U15</p>	No more than one (1) test from this category per evaluation.
Missed appointment	<ul style="list-style-type: none"> <li><del>DSHS</del> Client fails to appear at scheduled date and time and the <del>DSHS</del> Client or referring <del>CSO</del> <u>Community Services Office (CSO)</u> did not request cancellation within twenty-four (24) hours prior to the appointment, <del>unless the conditions in the Additional Limitations column apply.</del></li> <li><del>_____</del></li> <li><del>_____</del></li> <li>The <del>DSHS</del> Client arrives more than ten (10) minutes after the scheduled start time <del>unless the conditions in the Additional</del></li> </ul>	\$30.00	99199	<p>This is not paid when the Contractor is providing services at a CSO and another <del>DSHS</del> Client is available <u>during that appointment time.</u></p> <p>This fee is only paid once per referral.</p>

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	<p><u>Limitations column apply.</u></p> <ul style="list-style-type: none"> <li>• <u>_____</u></li> <li>• <u>_____</u></li> <li>• <u>The Contractor observes the <del>DSHS</del> Client to be intoxicated.</u></li> <li>• <u>The Client is threatening or belligerent</u></li> <li>• <u>The Client intentionally refuses to cooperate</u></li> <li>• <u>The Contractor observes the Client to be in need of emergent medical intervention</u></li> </ul>			

<sup>1</sup>This section details Aged, Blind, or Disabled (ABD) program medical evidence reimbursement rates. For a detailed service description of the clinical psychological/psychiatric evaluation,s 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.](#)