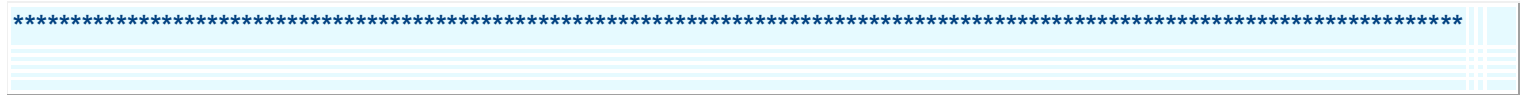


Department of Social and Health Services
Community Services Division
Social Services Manual

Revision: # 155
Category: **Mental Incapacity Evaluation Services**
Issued: December 31, 2019
Revision Author: Nicholas Swiatkowski
Division: CSD
Mail Stop: 45440
Phone: 360-725-4638
Email: nicholas.swiatkowski@dshs.wa.gov

Summary

Updated ProviderOne service code information. Effective 01/01/2020, service code 96150 is no longer active with the Centers for Medicare and Medicaid Services (CMS).



Mental Incapacity Evaluation Services

Revised on: ~~January 24~~December 31, 2019

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.

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) | \$150.00 | 9615 60 Modifier 25 | Must be an acceptable complete report as described in Exhibit B, Statement of Work |
| Clinical evaluation | When performed by a licensed/contracted psychiatrist (Taxonomy: 2084P0800X) | \$170.00 | 90791 | 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) | \$150.00 | 9615 60 Modifier U1 | 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) | \$150.00 | 9615 60 Modifier U2 | 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 | \$30.00 | 99199 | This is not paid when the Contractor is providing services |

| Service Type | Service Description | Reimbursement Fee | ProviderOne Service Code | Additional Conditions |
|--------------|---|-------------------|--------------------------|--|
| | <p data-bbox="485 323 781 525">Services Office (CSO) did not request cancellation within twenty-four (24) hours prior to the appointment</p> <ul data-bbox="440 648 784 1692" style="list-style-type: none"> <li data-bbox="440 648 784 804">• The Client arrives more than ten (10) minutes after the scheduled start time <li data-bbox="440 932 784 1045">• The Contractor observes the Client to be intoxicated <li data-bbox="440 1155 784 1230">• The Client is threatening or belligerent <li data-bbox="440 1339 784 1415">• The Client intentionally refuses to cooperate <li data-bbox="440 1535 784 1692">• The Contractor observes the Client to be in need of emergent medical intervention | | | <p data-bbox="1227 323 1450 520">at a CSO and another Client is available during that appointment time</p> <p data-bbox="1227 615 1463 690">This fee is only paid once per referral</p> |

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 personality disorders | <ul style="list-style-type: none"> • MMPI: Minnesota Multiphasic Personality Inventory¹ • PAI: Personality Assessment Inventory | <p>\$50.00</p> <p>\$50.00</p> | <p>96130 Modifier U6</p> <p>96130 Modifier U1</p> | <p>No more than one (1) test from this category per evaluation</p> <p>¹May substitute the MMPI: Restructured Form provided the report documents why the substitution is necessary</p> |
| Evaluation of depression | <ul style="list-style-type: none"> • BDI: Beck Depression Inventory • HAM-D: Hamilton Rating Scale for Depression | <p>\$10.00</p> <p>\$10.00</p> | <p>96130 Modifier U7</p> <p>96130 Modifier U8</p> | <p>No more than one (1) test from this category per evaluation</p> |
| Evaluation of anxiety | <ul style="list-style-type: none"> • BAI: Beck Anxiety Inventory • HAM-A: Hamilton Rating Scale for Anxiety | <p>\$10.00</p> <p>\$10.00</p> | <p>96130 Modifier UB</p> <p>96130</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 |
|---|---|---|---|--|
| | | | Modifier UC | |
| 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 | <p>\$120.00</p> <p>\$120.00</p> <p>\$30.00</p> <p>\$10.00</p> | <p>96130 Modifier U3</p> <p>96130 Modifier U4</p> <p>96130 Modifier UD</p> <p>96130 Modifier U5</p> | 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 | <p>\$10.00</p> <p>\$30.00</p> | <p>96130 Modifier U9</p> <p>96130 Modifier U2</p> | 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 Reported Symptoms | <p>\$20.00</p> <p>\$10.00</p> | <p>96130 Modifier UA</p> <p>96136 Modifier U1</p> | No more than one (1) test from this category per evaluation |