KING COUNTY BEHAVIORAL HEALTH ORGANIZATION
SUPPLEMENTAL GUIDANCE FOR THE
HCA SERVICE ENCOUNTER REPORTING INSTRUCTIONS

These instructions supplement the Washington State Health Care Authority (HCA) IMC Service Encounter Reporting Instructions (SERI) for Behavioral Health Recovery Division (BHRD) King County Integrated Care Network (KCICN)/Behavioral Health – Administrative Services Organization (BHASO). This document only applies to providers that contract with, and submit behavioral health service encounter data to, the King County Behavioral Health Organization (KCICN/BHASO).

TABLE OF CONTENTS

Tables

GENERAL ENCOUNTER REPORTING GUIDANCE (MH/SUD)

Every service encounter (including medication dosing) provided with or on behalf of a client must be documented in the clinical record. These service encounters are then reported via electronic transmission to KCICN/BHASO. For additional information about the electronic format for reporting a service encounter, please see the ISAC Manual.

Electronically incomplete and/or inaccurate transactions are rejected by KCICN/BHASO. Incomplete and/or inaccurate clinical documentation of encounters places the Contractor at risk of financial sanctioning by KCICN/BHASO.

KCICN/BHASO conducts an annual Encounter Data Validation (EDV) review for each contracted provider of behavioral health outpatient treatment. The EDV review compares the clinical file to the data elements reported to KCICN/BHASO by the Contractor. The accuracy benchmark is ≥ 95%; the unsubstantiated benchmark is ≤ 2.5%.

TABLE 1: ENCOUNTER DATA VALIDATION FINDINGS

Finding	Definition
Match	The elements in the file are identical to the elements reported to KCICN/BHASO.
No-Match	The element in the file is not identical to the element reported to KCICN/BHASO.
Unsubstantiated	An encounter is reported to KCICN/BHASO, but there is no corresponding progress note in the clinical file; the report of the encounter cannot be *substantiated* or verified.
Missing	An encounter is documented in the clinical file but is not reported to KCICN/BHASO; the encounter is *missing* from KCICN/BHASO's database.

Documentation in the clinical record must meet, at a minimum, the following general encounter reporting requirements. Each required element below can be matched to the EDV review tool to better understand EDV findings and to guide internal file reviews:

TABLE 2: GENERAL ENCOUNTER REPORTING GUIDANCE

EDV Tool	Required Element	Reporting Guidance	Clinical Guidance and Examples
1.	Date of encounter	Date of encounter should match the actual date of service. Date recorded in clinical file must match date reported to KCICN/BHASO.	An incorrect date, or a "close" match, cannot be assumed as the same service. For example, a group service dated 3/15/2016 is submitted to KCICN/BHASO, but the clinical file contains a group note dated 3/16/2016. These are two errors: an unsubstantiated service on 3/15/16 and a missing service on 3/16/2016.
2.a	Service Type: Procedure Code	The Current Procedural Terminology (CPT) code submitted to KCICN/BHASO is the same code documented in the clinical file.	Agencies may choose to use a procedure crosswalk, which is a separate document or grid that translates service modality into CPT codes. Examples: • "Individual = H0004"

EDV Tool	Required Element	Reporting Guidance	Clinical Guidance and Examples
			• "Group = 90853"
2.b	Service Type: Fidelity	The code that best describes the service provided is used. The clinical entry must include "a narrative description of the service provided as evidenced by sufficient documentation to support the service title and code number and describes therapeutic content."	See specific codes in HCA SERI to review inclusions and exclusions. Therapy sessions must include counselor intervention(s). Example: • For services reported as "Family Treatment" – the chart entry should include evidence that the "service provided (was) with family members and/or other relevant persons in attendance as active participants."
3a.	Duration of encounter	See SERI Guidelines.	Travel time cannot be included unless there is documentation of clinical activity during the travel.
3c.	Duration Aligns with the SERI Code	The duration documented in the encounter is within the allowable timeframe of the SERI Code.	Examples: • T1016 SUD Case management must be 10 minutes or more to be 1 unit • H2015 MH Comprehensive Community Support must be 10 minutes minimum to be 1 unit • H0046 MH NOS is used to report medically necessary contacts less than 10 minutes long that cannot be reported elsewhere for one unit encounter

EDV Tool	Required Element	Reporting Guidance	Clinical Guidance and Examples
4.	Service location	The service location should best describe where the service was provided. See CMS Place of Service Codes here: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html KCICN/BHASO does not prescribe specific codes for agency programs; it is up to the Contractor to determine which code matches their program(s) best. Each encounter must have a CMS location code either in the clinical note or via a cross-walk/reference sheet and this code must match what was reported to KCICN/BHASO IS system.	KCICN/BHASO recommends that whichever code(s) is/are chosen for a specific program be used consistently agency-wide for that program. Examples: • Agency A has a Mental Health and Substance Use outpatient program that provides in-office services only and selects code '53' for all MH services and '11' for all SUD services agency-wide. • Agency B has a Mental Health and Substance Use in-office outpatient program and provides school-based SUD services. Agency B selects code '11' for all MH services, '57' for all SUD services, and code '03' for all of the school-based SUD services agency-wide. • Agency C has an in-office outpatient Substance Use program and provides in-home substance use services. Agency C selects code '11' for all outpatient SUD services and '12' for all in-home SUD services except when services are provided out in the field/vehicle then code '99' is used. When in-home services are provided in the office then code '11' is used. Rule of thumb – if there isn't a location that definitively matches the service location use code '99'.
5.	Name of Service Provider	Staff name reported in clinical file must match the name reported to KCICN/BHASO. Staff name must be reported to KCICN/BHASO before service encounters can be attributed to the clinician. Clinicians will be assigned a King County Identification Number. Name changes must also be reported.	If encounter is provided by a CDPT, the service is reported under the name of the CDPT, not the co-signing supervisor.

EDV Tool	Required Element	Reporting Guidance	Clinical Guidance and Examples
6.	Staff credentials NPI Taxonomy	Staff credentials must be reported to KCICN/BHASO before service encounters can be attributed to the clinician. Credential changes must also be reported. The staff person's credentials must be included as part of the signing of service entries and staff qualifications correlate with the type of service as shown in SERI.	Credentials in clinical file must match what is reported to KCICN/BHASO. If the encounter is provided by a CDPT then it also must also include a CDP's signature and credentials. Please see "Staff Qualification and Verification" section below.
7.	Signature of Provider	All encounters must be authenticated by the author and legible. The method used can be a handwritten (requires authentication record in clinical file); electronic (unique password-protected signature is allowable; a typed signature is not); or stamped (stamped signatures are only accepted when a clinician has a disability that impedes their ability to sign. Proof of a disability must be made available to CMS upon request).	If the encounter is provided by a CDPT then it also must also include a CDP's signature and credentials.
8a.	Primary diagnosis	Providers must submit ICD-10 diagnosis codes (Fxx.xx series) on all encounters. Each encounter should have at least a primary diagnosis, which "represents the condition that requires the most time, the most decision making, and the most skill" for that encounter. Other conditions that are assessed and/or treated in the visit should also be reported as the secondary diagnoses (se 8b).	In 2019, Access to Care Standards diagnoses no longer apply. The SERI provides this guideline for reporting diagnosis codes: Mental Health: • Diagnosis codes in the ICD -10 range F01-F99 • When a diagnosis cannot be made or is unknown, use F99 – "Mental disorder, not otherwise specified" Substance Use Disorder: • Diagnosis codes in the ICD-10 range F10-F19 • When a diagnosis cannot be made or is unknown: o Z71.1 – Person with feared health complaint in whom no diagnosis is made o Z03.89 – Encounter for observation for other suspected diseases and conditions ruled out Licensed/credentialed professionals should determine the diagnosis for any encounter, within the scope of their licensure. Unlicensed staff should:

EDV Tool	Required Element	Reporting Guidance	Clinical Guidance and Examples
			• If the individual is already in services, use the best applicable diagnosis in their record that is previously documented by their provider • If there is no existing diagnosis on file, use guidance above for when a diagnosis is unknown
8b.	Secondary diagnosis	Conditions that are not the primary diagnosis for that visit (see 8a), but are assessed and/or treated during the visit, must be reported as secondary diagnoses. Not every encounter will have secondary diagnoses.	In 2019, Access to Care Standards diagnoses no longer apply. The SERI provides this guideline for reporting diagnosis codes: Mental Health: • Diagnosis codes in the ICD -10 range F01-F99 • When a diagnosis cannot be made or is unknown, use F99 – "Mental disorder, not otherwise specified" Substance Use Disorder: • Diagnosis codes in the ICD-10 range F10-F19 • When a diagnosis cannot be made or is unknown: o Z71.1 – Person with feared health complaint in whom no diagnosis is made o Z03.89 – Encounter for observation for other suspected diseases and conditions ruled out Licensed/credentialed professionals should determine the diagnosis for any encounter, within the scope of their licensure. Unlicensed staff should: • If the individual is already in services, use the best applicable diagnosis in their record that is previously documented by their provider If there is no existing diagnosis on file, use guidance above for when a diagnosis is unknown

OPIATE ENCOUNTER REPORTING GUIDANCE (OTP)

Opiate Treatment Program (OTP) medication dosing data is collected by the State with CPT code H0020 – "Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)."

CPT Code	CMS Brief Description	KCICN/BHASO Meaning	Modifier(s)
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)."	OTP Dosing	HD, HZ, U5

Use code H0020 to report the on-site administration of a medication dose, and to report the off-site ("take-home") medication dose. Only on-site administration of dosing is reported to the State. Follow the above **General Encounter Reporting Guidance (MH/SUD)**. Additional guidance for OTP medication dosing is as follows:

TABLE 3: ADDITIONAL REQUIRED ELEMENTS FOR REPORTING DOSING ENCOUNTERS (OTP)

Required Element	On-Site Administration	Take-Home Dose
Date of Service	Actual date of dose.	The date the dose is taken.
Duration of encounter	Report one unit per dose day.	1 unit per dose per day.
Location	Report location of actual encounter. For dosing that occurs at the provider clinic use code 57 (Non-residential Substance Abuse Treatment Facility); for dosing at the jail use 09 (Prison-Correctional Facility); for someone in SUD residential treatment use 55 (SUD Residential Treatment Facility).	Location is 12-home

Additional services beyond dosing are reported using the appropriate CPT code and following the above General Encounter Reporting Guidance (MH/SUD). If a dosing encounter expands into a service beyond the administration of the medication (e.g., UA, physical exam, individual counseling), providers should report the administration of the dose using H0020 as described above, and report the ancillary service separately by using the correct CPT code (e.g., 99000 for UA) and record the actual units for duration of service. Below is a list of reportable service codes for OTP contractors.

OTP Reporting Example

On Tuesday, March 29, a client received their dose from an LPN and then attended an individual therapy session by a CDP for 60 minutes (4 units).

3/29/16	H0020 for 1 unit with Provider KCID and qualifications that map to Provider Type 01 at location 57
3/29/16	96153 for 60 minutes (4 units) with Provider KCID and qualifications that map to Provider Type 20 at location 57

URINALYSIS SERVICES

To report specimen collection (UA) encounters, use CPT code 99000. This code is unique to KCICN/BHASO. The contractor must be consistent in its UA-reporting policy and UAs billed must match UAs submitted to KCICN/BHASO except for Drug Diversion Court providers. Further King County guidance is pending the new SERI addendum.

CPT Code	CMS Brief Description	Unit Reporting	NPI/Taxonomy Code
99000	Specimen Collection (Urinalysis)	Report 1 Unit for each collection	All (no exclusions)

SUD SIMULTANEOUS RESIDENTIAL AND OUTPATIENT BENEFITS

An individual may have an open SUD outpatient benefit simultaneous with an open SUD residential benefit with another provider. In these circumstances, the residential treatment provider will have the primary treatment responsibility. The following services may be submitted by the outpatient provider when the person is in residential treatment:

TABLE 4: SUD SIMULTANEOUS RESIDENTIAL & OUTPATIENT: ALLOWABLE OUTPATIENT SERVICES

CPT Code	CMS Brief Description	KCICN/BHASO Meaning	Modifier(s)
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	Case management	GT, HD, HH, HV, HZ, U5
96155	HLTH&BHV INTRVN EA 15 MIN FAM WO PT	Family therapy without patient	GT, HD, HH, HZ, U5 (U6 not allowed)
T1016	CASE MANAGEMENT EA 15 MIN	Ten minute minimum	GT, HD, HH, HZ, U5

CONCURRENT AND INTERDISCIPLINARY SERVICES

When services are provided by two different entities (e.g., a clinician attends a medical appointment with a client), if there is clear documentation of why the clinician is present and what additional services they are providing that are distinct from what the physician is providing then it would be encounterable. Psychotherapy would not be allowable in these situations but other less intensive types of counseling and therapy are.

When services are provided at the same agency but by separate programs (e.g., mental health and substance use) only case management/consultation type services can be encountered.

When consultation or specialist services are provided within the same organization (e.g., psychiatrist and mental health clinician) the clinician with ‘highest’ credential reports the encounter.

Co-therapy, when a service is provided at the same agency by two clinicians, (e.g., a client has a 1:1 with both their MH and SUD clinician) the Agency can either encounter the service sequentially (e.g., 30 minutes for MH and 30 for SUD), note that the duration of each encounter cannot equal more than the total actual service time provided to the client, OR encounter the clinical service under the primary clinician only. Effective July 1, 2019, use the "HK" modifier (which replaces the UC modifier) when there are two clinicians; the highest credentialed individual should encounter the event.

MULTIPLE SERVICES PROVIDED IN ONE SESSION

When multiple services are provided to a client in one session (e.g., an individual and case management) each service must be "significant and separately identifiable" per guidelines and documentation. Therefore, documentation must support the distinct services (time and complexity) and all eight elements for each code submitted. BHRD recommends a multi-part note, one for each submitted code, with one signature if a contractor's Electronic Health Record (E.H.R.) allows it.

DUPLICATE SERVICES ON THE SAME DAY

A service is considered an exact duplicate when the following data elements are the same: date of service, CPT code, modifier, and clinician NPI.

For a service that is an exact duplicate, add the XE modifier on the second encounter. For E&M codes use 25 modifier per current SERI Guide. (See Interim Guidance 6-21-19 document from HCA).

The following document from CMS provides guidance on appropriate modifiers to use:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1418.pdf

CLINICAL SUPERVISION

Per the HCA SERI, mental health services must be provided, or supervised, by a mental health professional, it is permissible for an individual with a credential "Below Master's Degree" to provide services under the supervision of a Mental Health Professional. . Contractors must demonstrate how this supervision is provided; this can be done via a policy and procedure.

Substance use services must be provided by a chemical dependency professional (CDP), or a chemical dependency professional trainee (CDPT) under the supervision of a CDP. Per the HCA SERI, some substance use services, such as code H0047 can be provided by a non-CDP/CDPT; however, publicly funded services, including MIDD and Medicaid, must be provided by a CDP or CDPT (page 95 of HCA IMC final.SERI 07-01-2019). Supervision of a CDPT must be demonstrated with the co-signature of a CDP.

DAY SUPPORT GUIDANCE

Unlike a clubhouse or drop-in center, day support is an intensive rehabilitative program designed to provide enrollees with a range of integrated and varied life skills training. The trainings may address health, hygiene, nutrition, money management, maintenance of living arrangement, or symptom management. Day support is meant to promote improved functioning or a restoration to a previous higher level of functioning.

Day support is billed in 1-hour units. While day support should be available for 5 hours a day, providers should bill according to the actual time spent providing services to the individual.

As with any service encounter reviewed by the KCICN/BHASO, a day support treatment progress note must meet the CMS guidelines. See General Encounter Reporting Guidance (MH/SUD) above.

There are multiple progress note formats and approaches to achieve compliance. King County encourages providers to implement the methodology that best works for their population. Two suggestions are:

- Check boxes of common activities *accompanied by a narrative* that is individualized for the client may help providers in the composition of the progress note.
- Providers could also use a "paper and pen" format that would allow clients an opportunity to provide their own narrative of the activities they participated in, to the best of their ability. Staff would ultimately be responsible for the content of the progress note and ensuring all documentation requirements are met, but this technique captures client voice as well as alleviates staff time.

If not provided by an MHP, agencies providing day support treatment must have at minimum a policy and procedure outlining the process by which an MHP provides supervision to day support treatment activities.

COMPREHENSIVE COMMUNITY SUPPORT/CASE MANAGEMENT GUIDELINES

As with any service encounter reported to the KCICN/BHASO, comprehensive community support and case management progress notes must meet SERI guidelines. In addition, these services must addresses an issue on the individual service plan (ISP), or the issue is then added to the ISP.

All case management services provided should be reported. Only for SUD enrolled clients, an outpatient CDP/CDPT may provide case management for or on behalf of a client in residential treatment, ***if*** the client has both an open residential benefit and an open outpatient benefit. Case management services provided in this scenario must be reported. **In addition to the exclusions listed in SERI, the following are non-encounterable services**:

- Paperwork and file review;
- Travel time;
- Time spent by a supervisor reviewing file notes;
- Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee) or solely providing payments to clients;
- Time spent writing treatment compliance notes and monthly progress reports to the court or for parole/probation (therapeutic courts excluded);
- Collecting urines, and/or delivering a UA sample to the lab;
- Agency time spent on internal staffing, including consulting with supervision and other internal staff, staffing of individuals as part of a standard agency clinical supervision meeting. If the agency holds both MH and SUD licenses, this would be considered a multidisciplinary staffing and is permissible as reportable CM;
- Reading, writing, or sending text messages or emails,
- 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;
- Writing reports or letters (e.g., extraordinary report writing, as defined by court reports, reports to DSHS); and
- Faxing/mailing documents.

SUPPORTED EMPLOYMENT SERVICES

The HCA SERI includes two Supported Employment service codes: H2023-Suported Employment; and H2025-Ongoing supports to maintain employment, these codes should be submitted under the client's Supported Employment Benefit and not as part of their Outpatient Benefit.

CHILD AND FAMILY TEAM MEETINGS (MH) – INCLUDING WISE

Report child and family team meetings (CFT) using CPT code H0032: “Mental health service plan development without physician.” Use modifier HT – “Multidisciplinary team.”

Although staff from multiple agencies may be present, only one individual at the agency that holds the youth/child’s outpatient benefit should report the encounter to KCICN/BHASO.

Use H0032 to report child and family team meetings with children/youth enrolled in Wraparound with Intensive Services (WISe – program code 106). The facilitator reports with an HT code. All others use U8 modifier.

Do not use this code if the child is participating in MIDD Wraparound (program code 107), Family Treatment Court Wraparound (program code 108), or if the CFT is facilitated by another system (e.g., DCFS, DDD, juvenile justice, schools, etc.).

Follow HCA SERI for additional modifier guidance.

CPT Code	CMS Brief Description	Modifier
H0032	Mental Health Service Plan development without physician	HT

PEER SUPPORT SERVICES

If peer support services are provided there should be a peer support goal included in the client’s ISP or a comment stating that the peer support service was provided ad hoc. Both mental health and SUD Peer Support services may be provided and are distinguished by Diagnosis Codes, please see comparison document.

SERVICES DURING INCARCERATION

Rehabilitative Case management, code H0023, is the only *reportable* Medicaid mental health service that can be provided to incarcerated individuals. This code is specific to mental health and cannot be used for SUD services. If the client has an SUD benefit, then use the SUD CPT codes.

MODIFIER GUIDEANCE TO KCICN/BHASO (MH/SUD)

Please reference 2019 SERI for appropriate use of modifiers. As of July 1, 2019, all Providers must add modifiers to encounters as applicable. KCICN will not be adding modifiers to encounters. Please see summary below:

TABLE 5: MODIFIERS

Modifier	CMS and HCA Definition	KCICN/BHASO Usage and Guidance
25	Significant and separately identifiable E&M This modifier is used to indicate a significant and separately identifiable E&M code by the same physician on same day of the procedure or another service was rendered and being reported.	
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.	This modifier can also be used for an assessment update done to request a continuation of an outpatient benefit.
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.	For intake evaluations that require more than one session to complete by a single clinician, code only the first session with the modifier “53” to indicate “discontinued” (incomplete). Code the final session to complete the intake as usual.
GT	This modifier is used to indicate the use of telemedicine to render the services via interactive audio and video telecommunication systems.	
H9	Court-ordered This modifier is to be used in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.	
HD	*Pregnant/parenting women’s program*	Only providers that have a PPW exhibit should use this modifier. This modifier should be used for every SUD Outpatient Benefit (S01, S02) or OST service (OST) provided to a woman who is being served in a PPW program. KCICN/BHASO will add this modifier to residential services from PPW programs.

Modifier	CMS and HCA Definition	KCICN/BHASO Usage and Guidance
HH	*Integrated mental health/substance abuse program*	See Co-Occurring Disorder (COD) for description of services. The HH modifiers appear in the Service Encounter Reporting Instructions (SERI) and can be used when reporting services for individuals (adults) who are being served by a clinician who is dually credentialed for both MH and SUD. **DO NOT** use the Co-Occurring modifier of "HH" if the clinician does not hold both credentials. The HH modifier specifically refers to the credentials of the clinician directly providing the service. For agencies using this model, continue to code using MH and SUD specific SERI coding and add the HH modifier if the clinician is dually credentialed. This means, client can be enrolled in a MH and/or SUD benefit. The HH modifier can be used regardless of benefit enrollment as long as the clinician meets the credential requirement. When using the HH modifier, documentation must reflect a COD service. For example, if the counselor talked about relapse prevention strategies that were associated with the client's mental health symptomology, the progress note narrative must indicate that linkage. Additionally, these CPT codes/modifier can be used for new or existing clients.
HK **(Replaces UC modifier)**	Specialized MH programs for high risk population This modifier is used to indicate multiple staff were required to provide the service, as needed: For safety purposes, when used in combination with H2011 or H0036; OR For WISe Services, when the service includes multiple staff and the U8 (WISe modifier) is also being used.	
HT	*Multi-disciplinary team*	Use with CPT code H0032, Child and Family Team meetings. Only the facilitator of the Child and Family Team meeting should use the HT modifier for this service. All other WISe team members who are present at the meeting should document the service using the U8 modifier.
HV	Funded by state addictions agency	

Modifier	CMS and HCA Definition	KCICN/BHASO Usage and Guidance
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 HCA defined to indicate that a crisis service was provided that met criteria as an investigation of the need for involuntary treatment.	KCICN/BHASO does not currently support state-funded mental health agencies and therefore this modifier should not be used.
HZ	*Funded by criminal justice agency* This is to be used for Criminal Justice Treatment Alternative (CJTA) program only.	This modifier should be used by contractors if the service is provided under an SUD Outpatient Benefit (S01, S02) or an Opiate Substitution Treatment authorization (OST), and the client is involved in King County Drug Diversion Court and does not have Medicaid coverage. All those conditions are required to indicate that CJTA funds are paying for the individual's treatment. This modifier should also be used for each service (encounter) for each individual served under the Transitional Recovery Program at the Regional Justice Center (program S04) who is involved in King County Drug Diversion Court (indicated by the "referral in" code for the program authorization of "1039" (King County Drug Court).
U5	*Medicaid level of care 5, as defined by each state* WA State Medicaid Plan defined modifier to describe Individual Using Intravenous Drugs	This modifier should be added by providers to indicate that an SUD service was provided to an individual who had used drugs intravenously within 30 days before the service date.
U6 **(Replaces UA modifier)**	*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.	KCICN/BHASO does not currently offer a **Level I Authorization (Brief Intervention Authorization) and therefore this modifier should not be used.**
U8	*Medicaid level of care 8, as defined by each state* WA State Medicaid Plan defined modifier used to identify services provided to Wraparound Intensive Services (WISe) participants by qualified WISe practitioners.	Starting July 1, 2019 providers should add this modifier to all services received by children/youth in the WISe program. Prior to July 2019, KC BHRD was adding this modifier themselves but will no longer be doing so.

Modifier	CMS and HCA Definition	KCICN/BHASO Usage and Guidance
U9	*Medicaid level of care 9, as defined by each state* *Rehabilitation Case Management Intake.* *This modifier is used with the Rehabilitation Case Management code to indicate when the service provided meets definition and requirements of an intake.*	
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.	**For service dates on or after 4/1/2016, KCICN/BHASO contractors may not submit this modifier.**
UD	*Medicaid level of care 13, as defined by each state* *This modifier is used to identify the delivery of service(s) 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.*	
XE	To report an encounter when that encounter was with the same provider, on the same day, for the same modality and that code is not an E&M code (Use 25 for E&M codes per current SERI Guide).	When encountering first encounter, do not use modifier. Additional encounter(s) on the same day for duplicate services will need the XE modifier.

HEALTH HOMES

These CPT codes should only be used when reporting services for individuals enrolled in the Health Homes exhibit.

TABLE 6: HEALTH HOME CPT CODES

CPT Code	Definition	Unit Reporting
G9148	Outreach	Report 1 Unit for one month of service (1 Unit can include multiple encounters)
G9149	Intensive Care Coordination	Report 1 Unit for one month of service (1 Unit can include multiple encounters)

CPT Code	Definition	Unit Reporting
G9150	Low Level Care Coordination	Report 1 Unit for one month of service (1 Unit can include multiple encounters)

WISE AND WRAPAROUND

WISe: Use of all applicable SERI codes with the U8 modifier attached.

Wraparound: Use of all applicable SERI codes, without U8 modifier attached. Do not use H0032 CFT when the child is participating in MIDD Wraparound (program code 107).

DIVERSION AND RE-ENTRY PROGRAM

All applicable SERI Codes should be used for the LEAD, Vital, LINC programs and DRS only programs can also use the following CDPT codes and Modifier:

Code	CPT/HCPS Definition	2019 King SERI Rule for Units	KCICN/BHASO Usage and Guidance
H0002	Behavioral Health Screening	1 Unit = 15 minutes, 1 or more	All IMC SERI Provider Types may provide these services. (See Staff Qualification/Verification listing below).
T2003	Non-Emergency transportation (without client)	1 Unit = 15 minutes, 1 or more	All IMC SERI Provider Types may provide these services. (See Staff Qualification/Verification listing below).
HX Modifier	This modifier in combination with a CPT/HCPCS code for legal and criminal justice advocacy. Including, but not limited to, talking to judges, court staff, lawyers, defense, prosecutors, police, sheriff, probation, and any other criminal justice or legal entity.		Funded by county/local agency.

KCICN OUTREACH AND ENGAGEMENT INITIATIVE

KCICN Outreach and Engagement Initiative began October 1, 2021. This is a pilot project – coding instructions, program eligibility and program description may change over time. Clients must have an active Mental Health or Substance Use Outpatient benefit.

The current target population will be for outpatient mental health clients with service gap of greater than 90-days OR outpatient substance abuse disorder (SUD) client with service gap of greater than 30-days.

PROVIDER TYPE	TAXONOMY CODE
RN/LPN	163W00000X, 164W00000X
PharmD	183500000X
Substance Use Disorders Professional (SUDP)	101YA0400X
Substance Use Disorders Professional Trainee (SUDPT)	390200000X
Psychiatrist/MD	2084P0800X
Licensed Psychologist	103T00000X
MA/PhD (non-licensed)	101Y00000X
ARNP	363LP0808X
PA	363A00000X
MA/PhD.	104100000X, 106H00000X, 101YM0800X, 1041C0700X
Below Masters Degree	101Y00000X
DBHR Credentialed Certified Peer Counselor	175T00000X
Bachelor Level with Exception/Waiver	101Y00000X

Agencies submitting Outreach and Engagement Initiative encounters should use the H0023 CPT code with Hx Modifier

- 15 minute = 1 Unit
- If initial "event" or O&E activity is less than 15 minutes, bill 1 unit (does not have to match rounding rules of being over 7 minutes to code to 1 unit)
- After initial 15 minutes, all additional units must be entered pursuant to rounding rules

STAFF QUALIFICATION VERIFICATION

NPI and Taxonomy

Every staff who reports services to King County must have an NPI and registered taxonomy in ProviderOne. If they do not already have one, each staff must register for an NPI with the National Plan & Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov/#/. Register with the appropriate federal taxonomy code from the crosswalk listed below.

Register each staff's NPI and taxonomy code in ProviderOne at www.hca.wa.gov/provider-enrollment. Staff must be enrolled with the appropriate taxonomy code from the below crosswalk. If a staff's qualification maps to one of the local taxonomy codes set up by HCA, register the staff with both the local and federal taxonomy codes. Please note that the HCA specifies that new applications can take up to 45 days to approve. Instructions can be found at: http://www.betterhealthtogether.org/s/HCA_18-0006-918-Instructions-to-Enroll-Individual-Behavioral-Health-Servicin.pdf.

Report the staff's NPI number to King County by completing the Staff Person NPI Data Transaction. The NPI submitted in each encounter is validated against the NPI reported to the County from this transaction. Taxonomy codes are submitted with encounter data only (837P) and the system will validate that each taxonomy is a valid taxonomy code from the crosswalk above and that is it an allowable taxonomy code for the CPT Code associated with the encounter, as determined by the SERI.

The IMC SERI recognizes the following Provider Types:

Taxonomy Code	Description
163W00000X	Registered Nurse
164W00000X	Licensed Practical Nurse
363LP0808X	Psych, Mental Health ARNP
2084P0800X	Psychiatry & Neurology
104100000X	Licensed Social Worker (Advanced or Independent Clinical License)
101YM0800X	Licensed/Certified Mental Health Counselor
106H00000X	Licensed Marriage and Family Therapist
103T00000X	Licensed Psychologist
101Y99996L	Non-Licensed MA/PHD
101Y99995L	Below Master's Degree
101Y99995L	Bachelor Level with Exception Waiver
101Y99995L	Master Level with Exception Waiver

175T00000X	DBHR Credentialed Certified Peer Counselor
175T99994L	Non-DBHR Certified Peer Counselor
183500000X	Pharmacist-D
101Y99995L	Other Clinical Staff
101Y99993L	Medical Assistant - Certified
101YA0400X	Chemical Dependency Professional (CDP)
101Y99995L	Chemical Dependency Professional Trainee (CDPT)

BHRD has developed the following crosswalk to determine which taxonomy code to register and use, based on the education and licensure of the individual. Please note, local taxonomy codes that have '99999' in the number, are not recognized at the federal level and **cannot** be used in encounters.

TABLE 7: CROSSWALK FOR STAFF QUALIFICATION/TAXONOMY CODE

BHRD Staff Specialty Code	BHRD Description	SERI Provider Type	DOH License (if applicable)	Taxonomy Code
24 32	Mental Health Professional: A registered psychiatric nurse … Non Mental Health Professional - RN/LPN…	01 RN/LPN	Registered Nurse Licensed Practical Nurse	163W00000X - Registered Nurse 164W00000X - Licensed Practical Nurse
23	Mental Health Professional: A registered psychiatric nurse licensed under chapter…	34 ARNP	ARNP	363LP0808X - Psych, Mental Health ARNP

BHRD Staff Specialty Code	BHRD Description	SERI Provider Type	DOH License (if applicable)	Taxonomy Code
20 70	Mental Health Professional: A physician assistant working with a supervising psychiatrist… Non-Mental Health Professional – Physician Assistant	35 PA	Physician Assistant	363A00000X - Physician Assistant
21 71	Mental Health Professional: A physician or osteopath licensed under chapter… Non Mental Health Professional - M.D	03 Psychiatrist/MD4	Psychiatrist (Physician)	2084P0800X - Psychiatry & Neurology
08 26	Sexual Minority Mental Health Specialist is defined as a mental health professional who… Mental Health Professional: A mental health counselor or marriage and family therapist licensed under chapter 18.225….	04 MA/PhD (licensed)	Social Worker Advance License Social Worker Independent Clinical License Marriage and Family Therapist License Mental Health Counselor License Counselor Certified Certification	104100000X - Social Worker 104100000X - Social Worker 106H00000X - Marriage and Family Therapist 101YM0800X – Mental Health Counselor 101YM0800X – Mental Health Counselor

BHRD Staff Specialty Code	BHRD Description	SERI Provider Type	DOH License (if applicable)	Taxonomy Code
22	Mental Health Professional: A psychologist licensed under chapter 18.83 RCW	32 Licensed Psychologist	Licensed Psychologist	103T00000X - Psychologist
25 72 73	Mental Health Professional: A person with at least a master's degree in counseling or one of the social services…. Non Mental Health Professional - Ph.D. Non-Mental Health Professional – Master's	33 MA/PhD (non-licensed)		101Y00000X – Counselor** ***When enrolling in ProviderOne, providers must register under both the federal taxonomy code above and local (HCA) taxonomy code 101Y99995L*
74 75 76	Non-Mental Health Professional – Bachelors Non-Mental Health Professional – Associate Non-Mental Health Professional - High School or GED	05 Below Master's Degree		101Y00000X – Counselor** ***When enrolling in ProviderOne, providers must register under both the federal taxonomy code above and local (HCA) taxonomy code 101Y99995L*
28	Certified Consumer Peer Counselor: a consumer of mental health services who has met the educational, experience and training requirements….	06 DBHR Credentialed Certified Peer Counselor		175T00000X - Peer Specialist

BHRD Staff Specialty Code	BHRD Description	SERI Provider Type	DOH License (if applicable)	Taxonomy Code
27	Mental Health Professional: A person otherwise qualified to perform the duties of a mental health professional but who does not meet the requirements listed in (a) through (e) of the WAC……	09 Bachelor Level with Exception/Waiver		101Y00000X – Counselor** ***When enrolling in ProviderOne, providers must register under both the federal taxonomy code above and local (HCA) taxonomy code 101Y99995L*
77	None of the above	12 Other (None of the above)		
29	Peer Support Specialist: A paraprofessional who is a consumer of mental health services….	14 Non-DBHR Credentialed Certified Peer Counselor		172V00000X – Community Health Worker** ***When enrolling in ProviderOne, providers must register under both the federal taxonomy code above and local (HCA) taxonomy code 175T99994L*
40	Medical Assistant – Certified	15 Medical Assistant – Certified		374700000X – Technician** ***When enrolling in ProviderOne, providers must register under both the federal taxonomy code above and local (HCA) taxonomy code 101Y99993L*
50	Doctor of Pharmacy (PharmD)	16 PharmD	Pharmacist License	183500000X - Pharmacist
80	Chemical Dependency Professional (CDP)	20 Chemical Dependency Professional	Chemical Dependency Professional Certificate	101YA0400X - Chemical Dependency Professional (CDP
81	Chemical Dependency Professional Trainee (CDPT)	21 Chemical Dependency Professional Trainee	Chemical Dependency Professional Trainee Certificate	390200000X – Student in an Organized Health Care Education/Training Program** ***When enrolling in ProviderOne, providers must register under both the federal taxonomy code above and local (HCA) taxonomy code 101Y99995L*

COVID GUIDELINES

During the time of the COVID pandemic, all services are allowable via medium of communication – telephone, texting, emails, and faxing. See the following guidelines:

The HCA has released the FAQ for *Behavioral Health Policy and Billing during the COVID-19 Pandemic*. Please note, these changes are temporary and only applicable during the COVID-19 Pandemic. This includes, but is not limited to, the following:

- Please visit the HCA website for most updated information: HCA FAQ Behavioral Health Policy and Billing during COVID-19 Pandemic Website Link
- During this crisis, you can provide any modality in SERI using **telemedicine**, even if SERI does not include the GT modifier in the modality narrative, except as described below. Always document the modality used for delivery in the health care record.
    - If your Electronic Health Record (EHR) allows you to report the encounter as described in SERI, using the "GT" modifier or the "02" place of service (POS) code, do so.
    - If your EHR doesn't allow you to use this modifier or POS code, and you cannot get your EHR modified timely to support billing in this way, report the service modality code (CPT or HCPC code) from SERI
- During this crisis, you can provide any modality in SERI using other **telehealth** methods (**e.g., telephone, FaceTime, Skype, or email),** except as described below. Always document the modality used for delivery in the health care record.
    - If your Electronic Health Record (EHR) allows you to report the encounter as described in SERI, using the "CR" modifier or the POS indicator that best describes **where the client is**, for example "12" is home; "31" is skilled nursing facility, "13" is assisted living facility, do so.
    - If your EHR doesn't allow you to use this modifier and POS codes, and you cannot get your EHR modified timely to support billing in this way, report the service modality code (CPT or HCPC code) from SERI.
- Some outpatient modalities in SERI may not be appropriate for using one of these technologies, for example **Day Support or Mental Health Clubhouse services** (See page 3 of FAQ for guidance on documentation).

King County Summary:

- There are several options available during this COVID-19 pandemic:
    - Use telemedicine per SERI guidelines; or,
    - Attach the CR modifier where applicable (see below); or,
    - Use 'place of service' where the client is located; or,
    - If your EHR does not allow you to make these changes quickly, continue to encounter for services per SERI in the interim as usual. King County advises to continue efforts to add the CR modifier in your EHR for potential future use.

- Apple Health Clinical Policy and billing for COVID-19

Apple Health (Medicaid) clinical policy and billing for COVID-19

In this time of the COVID-19 pandemic, the Health Care Authority is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA's Apple Health (Medicaid) program is trying to be as flexible as possible and is creating new policies that will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable using the guidance below.

This FAQ reinforces the agency's current policies regarding telemedicine as defined in WAC 182-531-1730 and covers the new telehealth policies that will only be in effect during this health care crisis. We will update this FAQ as necessary to respond to new information as it develops.

The FAQ below was revised after new information was released Friday, March 20, by the Centers for Medicare & Medicaid Services (CMS) in an all-state call about the use of telehealth in Medicaid. Note: Medicaid is not subject to the same policies as Medicare.

Frequently asked questions

PART I: Billing for LAB, emergency services, and facility fees

How does a lab bill for COVID-19 testing?

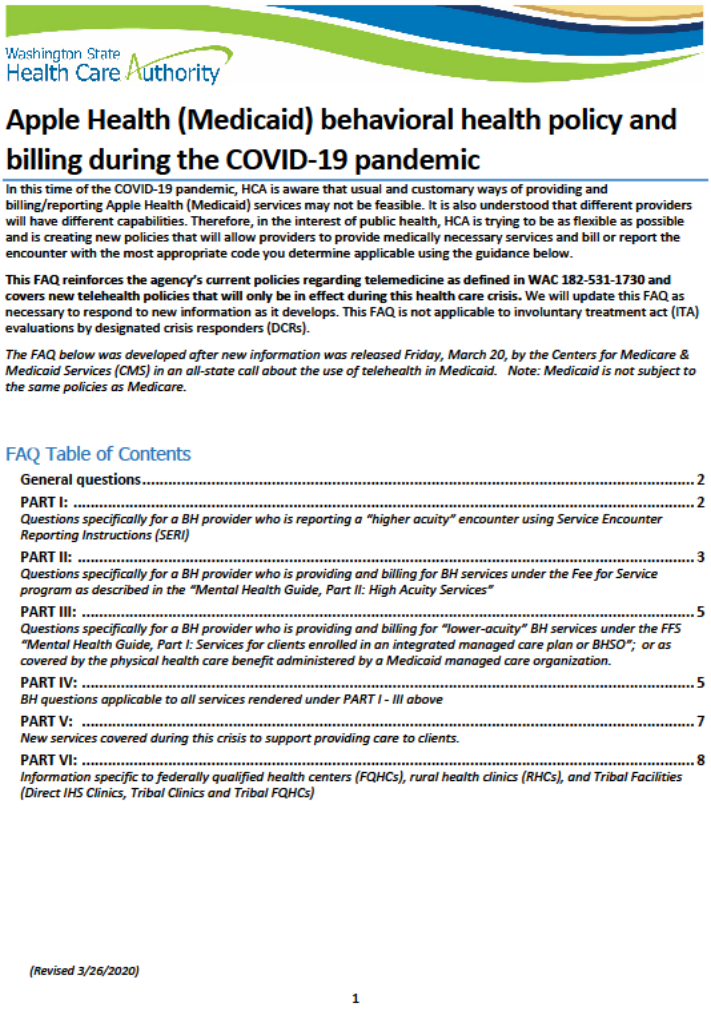
What HCPCS codes are covered?

Code	Description	Modifier
U0001	Cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	CR
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc	CR
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	CR
U0004:	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.	CR

You must include the CR modifier on the line level. The Apple Health fee-for-service (FFS) program (see COVID-19 fee schedule) and the Managed Care Organizations (MCOs) have adopted these codes.

(Revised 5/1/2020)

- HCA Behavioral Health Provider COVID-19 Information



Washington State Health Care Authority

Apple Health (Medicaid) behavioral health policy and billing during the COVID-19 pandemic

In this time of the COVID-19 pandemic, HCA is aware that usual and customary ways of providing and billing/reporting Apple Health (Medicaid) services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA is trying to be as flexible as possible and is creating new policies that will allow providers to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable using the guidance below.

This FAQ reinforces the agency's current policies regarding telemedicine as defined in WAC 182-531-1730 and covers new telehealth policies that will only be in effect during this health care crisis. We will update this FAQ as necessary to respond to new information as it develops. This FAQ is not applicable to involuntary treatment act (ITA) evaluations by designated crisis responders (DCRs).

The FAQ below was developed after new information was released Friday, March 20, by the Centers for Medicare & Medicaid Services (CMS) in an all-state call about the use of telehealth in Medicaid. Note: Medicaid is not subject to the same policies as Medicare.

FAQ Table of Contents

(Revised 3/26/2020)

1

ADDITIONAL INFORMATION

- Encounter Data Reporting Guide (EDRG) is located at: now available online
- Service Encounter Reporting Instructions is located at: https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri
- National Plan & Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov/#/
- NPI and taxonomy code in ProviderOne at www.hca.wa.gov/provider-enrollment