Billing: In regard to the codes provided in the SERI document. For more information see https://www.hca.wa.gov/assets/billers-and-providers/seri-v2023.pdf.

1. What Place of Service (POS) codes are used for each of the services listed in the attached spreadsheet?   <<Please add to the new column in SERI spreadsheet>>. Place of Service Codes listed below.   CMS POS: Place of Service Code Set | CMS

    - H0017 - Behavioral health; residential (**hospital residential treatment program**), or just "***Alcohol and/or drug services***" without room and board, per diem What Place of Service (POS) will the provider bill for both substance and behavioral services.

    - **H2036** - Alcohol and/or other drug treatment program, per diem. What Place of Service (POS) will the provider bill for both substance and behavioral services.

    <mark>HCA response</mark>: A Place of Service column has been added to the "BH codes for crisis services" spreadsheet.

2. Can an example be provided of a claim submitted for each of the CPT service codes?

    <mark>HCA response</mark>: This would pose challenging. At the HCA ProviderOne level, we would have encounter data submitted to us by the MCOs. HCA does not process the actual "claims", but rather digests the encounter data submitted by the MCOs.

    The claims submitted to the MCOs use HIPPA compliant 837 professional or 837 institutional formats. The Service Encounter Reporting Instructions (SERI) guide is the main guidance document used.   https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri

    Action Item: MCOs representatives of the Work Group and Respondent Group will be asked to provide an example 837P encounter with PHI removed.

3. H2011 – will the same code be used for a) mobile crisis agency support, b) telehealth, c) provider using their private car?

    <mark>HCA response</mark>: For Telehealth, our providers submits service encounters using the same service codes as an in person visit. The difference is Place of Service.

    For telehealth, audio visual:

    > POS 02: "service provided via telemedicine and client was not in their home"

    > POS 10: "patient is located in their home and received health care services through telemedicine"

    For audio-only (phone for established crisis), the same place of service applies (02 or 10), plus the FQ/93 modifier.

    Telehealth policies can be found under the Telehealth Section, https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules

Use of private vehicle is not included in the claims data or billing.

4. H2011- is a code that is billed to identify "Crisis intervention services". If the BH-ASOs intends to bill mobile crisis with the code H2011, additional guidance is needed as that code represents 15 mins of care. Will reimbursement be expected as a "case" or "per unit" rate. Will multiple units be billed for each 15 mins of care provided?

   HCA response: H2011 is used for crisis intervention services provided by the mobile crisis response team. H2011 = 1 unit = 15 minutes and is submitted using multiple units, depending upon the duration of the services. For example, H2011 at 4 units = 1 hours of service. Reimbursement will need to be negotiated with either the provider or BH-ASO.

5. 90839/90840 should be reviewed as well; see the CMS article above.

   HCA response: The 90839 and 90840 CPT codes would be for fully licensed therapists or psychologists to use. For crisis teams, their workforce is more diverse and will be combination of licensed counselors, non-licensed mental health professionals, and agency affiliated counselors. Thus, we use H2011 for these rehabilitative services.

   Level 1 HCPCS are CPT codes. Level II HCPCS codes have specific groups, one of which is " H-codes: Rehabilitative Services."

   The CPT codes from the AMA tend to be medical model based. Meaning they are used in SERI for services rendered by our fully licensed professionals (MDs, psychologists, master's level, and licensed therapists, etc.) This is the world that private payors are accustomed to. CPT codes fit best for "conventional" prescriber and/or therapy services provided by fully licensed folks.

   In contrast, many other services provided by our licensed BHAs, inclusive of our crisis teams, are under a specific part of our state plan called "rehabilitative services". This is what you see in the Medicaid sections of the SERI guide. HCPCS codes, specifically the H codes, are designed and thus intentionally used for many of these services because they are the most appropriate for the service rendered and the level of credential for the provider doing the service. CPT codes would not fit or work, and if used would likely violate coding rules.

   For our facility bases services, you will notice in SERI:

   - E&Ts use 837 institutional (837i) format, leading with a revenue code
   - Detox uses 837i format, leading w/ revenue and adding HCPCS to identify level of withdrawal management
   - Crisis stabilization uses S code