

Crisis services

Modality definition

Evaluation and treatment of mental health crisis for all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis Services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis Services may be provided prior to completion of an intake evaluation.

Inclusions

- Services may be provided prior to intake evaluation.
- Services do not have to be provided face-to-face.

Exclusions

- Community debriefing that occurs after a community disaster or crisis.

Notes

- The modifier (HK) is added to the service code when services provided involve multiple staff for safety purposes.
- **New:** The modifier (HA) is added to track encounters for Child and Youth Mobile Crisis Response teams.
- **New:** The modifier (HB) is added to track encounters for Adult Mobile Crisis Response teams.
- This modality may be provided prior to an intake.
- Crisis Services are not specific to mental health only. Crisis Services may be provided to both mental health and substance use clients.
- Mobile outreach crisis providers contracted with the ASO should continue to report all H2011 encounters to the BH-ASO, per their contract.

Code	CPT®/HCPCS Definition	Unit (UN) / Minutes (MJ)	Modifier(s)	Provider Type	Service Criteria
H2011	Crisis interven srvc, per 15 mins	UN (1=15 mins; 1 or more)	HH HK UD U8 XE HA HB HT FQ	164W00000X - Licensed Practical Nurse 163W00000X - Registered Nurse 363LP0808X - ARNP Psych, MH 363A00000X - Physician Assistant 2084P0800X - Psychiatrist/MD 104100000X - Lic. Social Worker 106H00000X - Lic. Marriage and Family Therapist 101YM0800X - Lic. or Cert. MH Counselor 103T00000X - Lic. Psychologist 101Y99996L - MA/PHD (non-licensed) 101Y99995L - Below Master's Degree 101Y99995L - Bachelor Level w/ Exception Waiver 101Y99995L - Master Level w/ Exception Waiver 101Y99995L - Other (Clinical Staff) 183500000X - Pharmacist - D	First unit for this service may be reported for 1-22 minutes. Units; thereafter follow standard rounding rules.

Freestanding evaluation and treatment services

Modality definition

Services provided in freestanding inpatient residential (non-hospital/non-IMD for Medicaid and non-hospital for non-Medicaid) facilities licensed or certified by the Department of Health to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission criteria. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/7 days per week availability.
- Nursing care.
- Treatment modalities such as individual and family therapy, milieu therapy, psycho-educational groups, and pharmacology.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
 - Rehabilitation Case Management
 - Peer Support

Exclusions

- Evaluation and Treatment (E&T) the 837I HIPAA transaction as an episode of care. HCA/DBHR will recode for service utilization reports.
- HCA/DBHR will report E&T services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.
- Can use Place of Service code "56 - Psychiatric Residential Treatment Center."
- Report Provider Type using facility's Billing Provider NPI and taxonomy, not at individual level.

Notes

- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

Limitations

- None

Code	Provider Type	Service Criteria
REVENUE CODE: 1001 or 01X4	Billing Provider NPI and Taxonomy	
CPT®/HCPCS Definition		
Psychiatric health facility service, per diem.		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
None		

Code	Provider Type	Service Criteria
REVENUE CODE: 1001 or 01X4 HCPCS CODE: H2013	Billing Provider NPI and Taxonomy	Optional – To be used if provider contract specifies specialty beds.
CPT®/HCPCS Definition		
Psychiatric health facility service, per diem.		
Unit (UN) / Minutes (MJ)		
UN (1=a day; 1 or more)		
Modifiers		
HI		

Stabilization services

Modality definition

Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a facility licensed and certified by Department of Health as either Crisis Stabilization Units or Crisis Triage Facilities. Stabilization Services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional Stabilization Services. Stabilization Services may be provided prior to an intake evaluation for mental health services.

Inclusions

- 24 hours per day/7 days per week availability.
- Services may be provided prior to intake evaluation.
- Services provided in:
 - The person's own home or another home-like setting, which may include a "living room" model in a crisis stabilization setting; or
 - A facility licensed by Department of Health and certified by DBHR as either Crisis Stabilization Units or Crisis Triage Facilities.
- Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.
- Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services.
- Additional mental health, or SUD services, may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.

Exclusions

- None

Notes

- This modality may be provided prior to an intake.
- Report Provider Type as Billing Provider NPI and taxonomy for per diem code.

Code	Provider Type	Service Criteria
S9484	164W00000X - Licensed Practical Nurse	<p>Services provided in person's own home or other home like setting, which may include a "living room" model within a crisis stabilization setting.</p> <p>55 mins minimum for the first hour, standard halfway service rounding rules apply thereafter. Services reported may be discontinuous but must be reported on the date of service where they occur. This service may last from 55 minutes to 24:00 hours per date of service and must be provided by staff specifically assigned to this program.</p>
CPT®/HCPCS Definition	163W00000X - Registered Nurse	
Crisis intervention, per hour	363LP0808X - ARNP Psych, MH	
Unit (UN) / Minutes (MJ)	363A00000X - Physician Assistant	
UN	2084P0800X - Psychiatrist/MD	
(1=1 hour; 1 or more)	104100000X - Lic. Social Worker	
Modifiers	106H00000X - Lic. Marriage and Family Therapist	
HH HK HT UD U8 FQ XE	101YM0800X - Lic. or Cert. MH Counselor	
	103T00000X - Lic. Psychologist	
	101Y99996L - MA/PHD (non-licensed)	
	101Y99995L - Below Master's Degree	
	101Y99995L - Bachelor Level w Exception Waiver	
	101Y99995L - Master Level w Exception Waiver	

Code	Provider Type	Service Criteria
S9485	Billing Provider NPI and Taxonomy	Stabilization Services provided in a facility licensed and certified by Department of Health as Crisis Stabilization Unit, Crisis Triage, or Evaluation and Treatment Facilities. A client may be admitted and discharged within the same day.
CPT®/HCPCS Definition		
Crisis intrvntn mh, per diem		
Unit (UN) / Minutes (MJ)		
UN (1= a day; 1 or more)		
Modifiers		
UD		

Withdrawal management

Modality definition

Medically Monitored (Acute): Withdrawal Management services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Medically Monitored Withdrawal management provides medical care and physician supervision for withdrawal from alcohol or other drugs.

Clinically Managed (Sub-Acute): Withdrawal Management services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Clinically Managed is nonmedical withdrawal management or patient self-administration of withdrawal medications ordered by a physician.

Inclusions

- None

Exclusions

- None

Notes

- This modality may be provided prior to an assessment.
- Report Provider Type as facility Billing Provider NPI and taxonomy for these per diem services.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions.

Limitations

- Place of Service code '55' only (Residential Substance Abuse Treatment Facility).

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0010	Alcohol/drug services; subacute detox in Free Standing E&T facility, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Clinically Managed Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0010	Alcohol/drug services; subacute detox in hospital setting, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Clinically Managed Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0011	Alcohol/drug services; acute detox in Free Standing E&T facility, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Medically Monitored Withdrawal Management.
REVENUE CODE: 1002 or 01x6 HCPCS CODE: H0011	Alcohol/drug services; acute detox in hospital setting, per diem (inpatient residential addition program)	UN (1) (1= a day; 1 or more)	HD HZ U5	Billing Provider NPI and Taxonomy	Use this code for Medically Monitored Withdrawal Management.

Secure withdrawal management

Modality definition

Services provided in a secure withdrawal management facility certified to provide evaluation and assessment by SUDPs, withdrawal management treatment, treatment as tolerated, discharge assistance, and has security measures sufficient to protect patients, staff, and community. Treatment provided is for individuals who meet Involuntary Treatment Act (ITA) criteria due to a substance use disorder (RCW 71.05).

Inclusions

- Services may be provided prior to intake when admission criteria are met.
- 24 hours per day/7 days per week availability.
- Nursing care.
- The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
 - Rehabilitation Case Management

Exclusions

- None

Notes

- Report Provider Type as the facility Billing Provider NPI and taxonomy for these services per diem services.
- Secure withdrawal management services in a facility meeting the definition of an IMD are funded by non-Medicaid resources. This includes services provided to individuals with Medicaid as the pay source.
- Secure withdrawal management services will continue to be reported through the 837I HIPAA transaction as an episode of care.
- When submitting encounters via 837I use revenue codes with HCPCS code included in coding instructions below.
- HCA will report secure withdrawal management services delivered in an IMD as non-Medicaid services.
- This modality may be provided prior to an intake.

Limitations

- None

Code	CPT®/HCPCS Definition	UN / MJ	Mod	Provider Type	Service Criteria
REVENUE CODE: 1002 or 01X6 HCPCS CODE: H0017	Withdrawal management facility service in a Free Standing E&T, per diem.	UN (1= a day; 1 or more)	None	Billing provider NPI and taxonomy	
REVENUE CODE: 1002 or 01X6 HCPCS CODE: H0017	Withdrawal management facility service in a hospital setting, per diem.	UN (1= a day; 1 or more)	None	Billing provider NPI and taxonomy	

