

Department of Social and Health Services  
Health and Recovery Services Administration

Service Encounter  
Reporting Instructions  
for RSNs

**October, 2009**

Effective Date: 12/6/2009

**NOTE:**

**This document takes effect with the new RSN PIHP and SMHC contracts and is an attachment to them.**

**However, the changes in the reporting of units for each HCPCS or CPT code will become effective when DSHS' new ProviderOne Payment system is implemented and RSNs begin submitting encounter data directly to ProviderOne.**

**At this time, ProviderOne is scheduled to go-live December 6, 2009.**

**Introduction**

The HRSA Mental Health Service Encounter Reporting Instructions provide Regional Support Networks and their contracted Community Mental Health Agencies with information for reporting service encounters and program information for individuals served through the Washington state public mental health system. These instructions describe requirements and timelines for reporting service encounters, program information and assignment of standardized nomenclature to accurately describe data routinely used in management of the public mental health system.

These instructions, in conjunction with the HRSA CIS Data Dictionary for RSNs, describes service encounter and program reporting, coding guidelines, and the data elements required to be submitted by the Regional Support Networks to HRSA.

This manual is divided into sections describing service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, service and program descriptions. Service description pages include the definition of the service, staff qualifications, provider types, guidelines, and CPT/HCPCS code for the service description. Program pages include a brief description of the program, guidelines for inclusions, exclusions, and any additional services available for specific programs.

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Healthcare Common Procedures Code Set (HCPCS) is maintained and distributed by Center for Medicare and Medicaid Services (CMS). As stated in 42 CFR Sec. 414.40 (a) CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes.

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## Who is Eligible to Receive Public Mental Health Services?

All individuals who are within the State of Washington are eligible to receive crisis mental health, crisis stabilization and involuntary treatment services regardless of income.

**Medicaid:** Individuals who are enrolled in Medicaid are eligible for medically necessary state plan mental health services as defined in PIHP contract.

**Non-Medicaid (State-Only):** Individuals who are not eligible to receive services under a Medicaid entitlement program may be eligible for medically necessary mental health services as defined in the State Mental Health Contract.

## What Encounters to Report:

### Includes:

- State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e., IMD facilities, State-Only or Federal Block Grant).
- All services to non-Medicaid individuals who are funded in whole or part by the RSN.

### Excludes:

- Any service funded by other DSHS Administrations, such as Aging and Disability Services Administration, Children's Administration, and Health and Rehabilitative Services Administration, and Division of Alcohol and Substance Abuse.
- Services that are reimbursed in total by private insurance or other public insurance (e.g., Medicare, L&I and Victims Assistance).

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**PROGRAM: Children’s Evidence Based Practice**

<b>Description</b>	<b>GUIDELINES (INCLUSIONS/EXCLUSIONS)</b>
<p>Thurston/Mason RSN: This pilot program uses Multisystemic therapy (MST). MST is an intensive family and community based treatment that addresses the multiple determinants of anti-social behavior in juvenile offenders and mental health clients with serious behavioral issues accompanying their mental health diagnosis. The multisystem approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. Intervention strategies, therefore are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. MST is provided using home-based model of services delivery. The usual duration of MST treatment is approximately four months.</p>	<p><b><u>Inclusions:</u></b></p> <ul style="list-style-type: none"> <li>• The Contractor must have a specific contract with the Mental Health Division to report services for this program.</li> <li>• Entry criteria for this program are specified in contract.</li> <li>• For individuals in this program, the MST code (H2033) is specifically associated with MST services as defined by MST, Inc.</li> </ul> <p><b><u>Exclusions:</u></b></p> <p><b><u>Notes:</u></b></p> <ul style="list-style-type: none"> <li>• Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.</li> </ul>

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Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Engagement and Outreach	H0023	Behavioral health outreach service (planned approach to reach a targeted population)	HW	1			UD	2	HA	2	Minutes
Family Treatment	90846	Family psychotherapy (without the patient present)					UD	2	HA	2	Minutes
Family Treatment	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)					UD	2	HA	2	Minutes
Freestanding Evaluation and Treatment	NO CODE	Psychiatric health facility service, per diem. <u>NOTE: RSNs are not to use the Principal Procedure code on institutional encounters.</u>									Reported in 837I trx for institutional encounters
Group Treatment Services	90849	Multiple-family group psychotherapy					UD	2	HA	2	Minutes
	90853	Group psychotherapy (other than of a multiple-family group)					UD	2	HA	2	Minutes
	90857	Interactive group psychotherapy					UD	2	HA	2	Minutes
High Intensity Treatment	H0040	Assertive community treatment program, per diem									1
	H2022	Community-based wrap-around services, per diem									1
	H2033	Multisystemic therapy for juveniles, per 15 minutes									1 or more
	S9480	Intensive outpatient psychiatric services, per diem									1
Individual Treatment Services	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;					UD	2	HA	2	1 or more