



## North Sound Behavioral Health – Administrative Services Organization (North Sound BH-ASO) Technical Call

Meeting Date: 2024-11-08

### Minutes

1. Supplemental Data
  - a. No transaction updates or changes to note
2. Table Updates
  - a. No added values
3. SERI Updates
  - a. [Service Encounter Reporting Instructions \(version 2025\)](#)
    - a. Interim Guidance
      - i. H0020 Minutes to Units – see notes below or SERI interim guidance [Service Encounter Reporting Instructions \(SERI\) interim guidance \(January 1, 2025\)](#)
      - ii. POS for OTF is 58
      - iii. ET modifier for
4. Data Dictionary Clarification
  - a. Demographic
    - i. When a P1ID is not found for the client, include the patient number from your medical record (EMR) – the P1ID status doesn't matter.
5. Service Transactions
  - a. P1ID allows the automated eligibility to happen
  - b. Reply File batch level, service row accept/reject. Be sure you are review the reply files to determine that your batch was accepted. Review the response file to be sure each line of data you sent was OK or 'A' and if 'R' – rejected – then review the error message and resolve.
  - c. Fiscal Invoice – Dennis reviewed the 837p and 837i invoice information. Each provider receives the file weekly, generally Thursday. Checks sent from Skagit County will have the Invoice ID number on the check for you to match to the detail. Invoices are in the SFTP/Fiscal folder. Users that need access to pickup the files should have an individual account to do so.
  - d. Spenddown for ITA – we are working on submitting data to Provider One when a client is noted to have a spenddown liability that will be met with an ITA stay and convert the client to Medicaid. The process is new, and we are tracking it closely and have forms to communicate.



Schedule

Next Meeting

General schedule is the 2<sup>nd</sup> Friday of each month at 1pm

Send agenda items to [CIS@nsbhaso.org](mailto:CIS@nsbhaso.org)

**Notes**

- OTP Providers who have claims and encounters for dually eligible Medicaid/Medicare patients where Medicare paid as primary should utilize the CMS approved and published G-codes when submitting crossover claims to the Managed Care Organization for Medicaid reimbursement
- Mobile treatment programs should use place of service (POS) 15.
- Medical inductions for this modality may be provided prior to the completion of an ASAM biopsychosocial assessment. A full medical examination and laboratory testing must be completed prior to induction of medication.
- Individuals receiving OTP services may also receive other ASAM level of care treatment services at other treatment agencies as per ASAM treatment criteria and 42 CFR § 8.12(f)(1)
- All of the following codes could be reportable for one encounter:
  - Use code H0020 to report the actual administration or dispensing encounter. This service was previously reported as minutes. H0020 is now reported in units. Report one unit for the actual face-to-face encounter. If medication was administered and dispensed, report 2 units. (See below.)
  - Report urinalysis testing codes as described in Urinalysis Drug Screening found in the Other Services section.
  - Providers must report all service codes that represent all OTP services required under state and federal law. H0020 is only to be used to report the encounter for dosing. **Report ALL other services using the applicable SERI code and applicable place of service 15 or 58.**

**Limitations**

- **Place of Service Code '58' only (Non-residential Opioid Treatment Facility).**
- **Place of service '58' is for all services rendered in an OTP.**

PlcOfSvc	Description
15	Mobile Unit
58	Opioid Treatment Facility



57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (Effective October 1, 2023)
58	Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT) (Effective January 1, 2020)

### ET modifier guidance

- This policy is applicable to Endorsed Community Based Crisis Teams (ECBCT) and providers as defined in WAC 246-182-140 and RCW 71.24.903 as well as applicable to Endorsed Mobile Rapid Response Crisis Team (EMRRCT) providers as defined in WAC 246-341-0901 and RCW 71.24.025:
  - The modifier (ET) is to track encounters for endorsed mobile rapid response crisis teams (EMRRCT) and endorsed community-based crisis teams (ECBCT)
  - Endorsed crisis teams may consist of both adult and youth teams.
  - For EMRRCT the HA and HB modifier guidance still applies. ECBCT will not utilize the HA and HB modifiers, only the ET modifier.
  - Crisis Intervention codes H2011, H0038 and Crisis Stabilization Code H2019 must be encountered with an ET modifier when submitted by EMRRCTs and ECBCTs.