



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

Meeting Date: 2026-01-09

### Minutes

#### 1. Supplemental Data

- a. Completeness reports from HCA are going out. Please review the data on each. Make corrections to the services or data that are pointed out in each report. Some are for On-going Services and some specifically for assessment services. The crisis reports are divided into DCR services looking at the HW modifier and the Mobile Response services looking at the UB and use of the HA/HB modifiers.
- b. Demographic transactions should contain accurate information for the Name, Date of Birth and P1ID. When no P1ID can be found please include the medical record number/pn from your system that is the same number used in each transaction. The active status of the P1ID isn't needed to be considered.
  - i. Legal name, nicknames, alternate last name concerns. You should send the legal client name. We do have the alternate last name we can receive in its own field. Nicknames should be stored in your own systems and not submitted in the demographic record. Having a different name spelling does create a new record in our system which means we end up merging the records back into one record
  - ii. If DOB is not available, submit 29991231 as the date of birth. Do not use guess dob's when the age of the client is known, eg: 20 year old dob 2000-01-01.

#### 2. Table Updates

- a. NPI – the detainment location npi does change now and then. It is kept up to date in our system and published to our website, near the data dictionary location. Most recently the Mukilteo changed to Marc Healing, but they have the same NPI number.

#### 3. SERI Updates

- a. The updates and latest SERI documents are posted to their website. If you didn't receive the email forward from me – please let me know and I'll check my distribution list.  
[Service Encounter Reporting Instructions \(SERI\) | Washington State Health Care Authority](#)

#### 4. Data Dictionary Clarification

- a. None discussed.



## 5. Service Transactions

### a. Agency License

- i. We maintain an active license list for those that we are contracted with. Should you get an AgncyLicNbr type error in your service reply files, please check that you did submit a number and that it is valid. If a number has not been submitted to us for one year, then that number is marked inactive and will be rejected the next time it is received.

### b. Rendering provider taxonomy

- i. This will be a required field starting Sunday, January 11<sup>th</sup>. All providers are now submitting the field and test files have been run to verify. If you get an error for 'tax' in your reply files please verify you are sending the data and contact us with any questions.

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.