



Service Encounter Reporting Instructions (SERI)

Interim Guidance July 1, 2024

Interim Guidance

The following guidance applies to the Service Encounter Reporting Instructions (SERI) issued for July 1, 2024, unless otherwise specified below.

The Washington Health Care Authority (HCA) requests that Managed Care Organizations (MCOs) and Behavioral Health-Administrative Service Organizations (BH-ASOs) adopt the following changes immediately. These changes will be formally added to the next release of the SERI guide. Any additional changes in the next SERI release shall be implemented within 90 days of the most recent release date.

Updated topics

Updated Mental Health Care Provider Definition:

Centers for Medicare and Medicaid Services (CMS) approved 13D State Plan Amendment (SPA), an update on the mental health care provider definition, to align with 2023 1724 legislation and to account for the Department of Health (DOH) agency-affiliated counselor type. This change is **retroactive to January 1st, 2024**.

Previous definition with redline edits: Mental Health Care Provider:

- *Previous definition:* Mental Healthcare Provider is one working under an agency-affiliated counselor registration who has primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are a B.A./B.S. level in a related field, A.A. level with two years of experience in mental health or related fields.
- *New definition:* Mental Health Care Provider means an individual working in a behavioral health agency (BHA), under the supervision of a mental health professional, who has primary responsibility for implementing an individualized plan for mental health rehabilitation services. To provide services as a mental health care provider, an individual must be a registered agency-affiliated counselor and have a minimum of one year of education or experience in mental health or a related field.

This definition will be found in [Service Encounter Reporting Instructions \(SERI\)](#) in the Provider Crosswalk section currently found on pg. 135 (as of the implementation of this interim guidance).

Intensive Residential Treatment (IRT) modifier:

Changes to Intensive Residential Treatment are effective on or before October 1, 2024. See table below.

Code	Provider Type	Service Criteria
Any code in this guide except that for Day Support, High Intensity Treatment, Intensive outpatient or Partial Hospitalization, WA-PACT, WISe, New Journeys Program and Mental Health Services Provided in a Residential Setting.	As applicable to code selected from this guide.	Services are reported with applicable CPT®/HCPCS code in the SERI guide and the modifier "UC."
CPT®/HCPCS Definition		
Unit (UN) / Minutes (MJ)		
Modifiers		
UC: Medicaid level of care 12, as defined by each state. This modifier is used to identify all services provided as a part of intensive residential treatment.		

*Required modifier

See below for applicable modifier descriptions:

UC *Medicaid level of care 12, as defined by each state*

This modifier is used to identify all services provided as a part of intensive residential treatment.

Medication Management: Collection of venous blood by venipuncture

This update pertains to Code 36415 and is effective on or before October 1, 2024.

For venipuncture service code 36415, an appropriate E/M medication management code in this section must be submitted. This submission does not need to be the same date as the venipuncture service date.