Washington State Health Care Authority

IMC Service Encounter Reporting Instructions (SERI)

For use by behavioral health providers to assist in the transition to Integrated Managed Care (IMC).

The Health Care Authority is publishing an updated Integrated Managed Care Service Encounter Reporting Instructions (IMC SERI) guide that is compliant with the Health Insurance Portability and Accountability Act (HIPAA), to be used by managed care organizations (MCOs) and behavioral health administrative service organizations (BH-ASOs) in integrated managed care regions.

Changes to SERI to ensure HIPAA and other Regulation Compliance

Why does the SERI guide need to change?

In order to receive federal match for Medicaid services, the Health Care Authority is required under CFR 438.818 to ensure that all encounter data complies with HIPAA security and privacy standards. CFR also requires HCA, as a health care payer, to require providers to accurately prepare claims using applicable coding rules and guidelines. HCA must also ensure that encounter data is validated for accuracy and completeness. The changes HCA is implementing in the IMC SERI guide will ensure that all encounter data is HIPAA compliant and compliant with applicable regulations

When will the new IMC SERI codes go into effect?

The updated IMC SERI guide is being published with an effective date of 1/1/19.

What can we expect will change in the IMC SERI Guide?

Several key changes will be included in the IMC SERI Guide. These are: 1) all encounter time must be reported in units; 2) several modifiers are being removed or revised; 3) billing providers must assure enrollment of all servicing-only providers by National Provider Identifier (NPI) with HCA; 4) the servicing provider's NPI must be reported on encounters, 5) the servicing provider's assigned taxonomy number must be reported on all encounters; 5) the primary diagnosis must be reported on all encounters.

Which codes will be changed from minutes to units?

The following codes are currently reported by behavioral health providers in minutes. These codes will transition to unit reporting as defined by CPT/HCPC guidelines.

- H0001
- H0016
- H0020
- H0023
- H0025
- H0026
- H0030
- H0031
- H0032

- H0033
- H0046
- H0047
- T1001
- 90791
- 90792
- 90846
- 90847
- 90849
- 90853
- 96372
- 96103
- 96110
- 96111
- 96120
- 99075

Which modifiers are being removed?

The following modifiers are being removed from the IMC SERI:

- HM
- TD
- HN
- HX (will remain in use for the American Indian/Alaska Native fee-for-service program)
- HQ
- HA
- HE
- HF

Which modifiers are changing?

The current UC modifier will change to HK, but will continue to be used in the same manner as today.

The current UA modifier will change to U6, but will continue to be used in the same manner as today.

In addition, we are reinstating the Modifier 25.

See the attached modifier document for the modifiers that will be applicable in the IMC SERI.

Why do providers need to enroll the servicing-only NPI and how does a provider do this?

The Centers for Medicare and Medicaid Services (CMS) requires all health care providers serving Medicaid clients to have their NPIs registered with their state Medicaid agency. HCA is requiring all servicing providers to be reported on an encounter by NPI.

For more information, see the attached Integrated Managed Care NPI Fact Sheet.

What is the servicing provider's taxonomy number?

HCA has created a crosswalk of the 2-digit SERI provider identification codes to the HIPAA compliant required 9-digit taxonomy codes. The servicing provider's taxonomy number must be reported on the

encounter in the designated field. See attached taxonomy crosswalk for the new taxonomy numbers applicable in the IMC SERI.

What do providers need to include in the diagnosis field? Why?

Providers need to use the ICD-10 diagnosis code that best represents the primary diagnosis the client is presenting with and for which the service(s) is rendered. This should be based on the client's presentation, the provider's assessment, and the provider's treatment. In short, the selected primary diagnosis code represents the diagnosis that is the most serious and/or resource-intensive during the encounter.

Use the following guidelines when reporting the primary diagnosis code:

- For MH services, use a diagnosis code that falls in these ranges: F01-F09, F20-F99.
  - When no specific diagnosis can be made, use F99 ("Mental disorder, not otherwise specified").

- For SUD services, use a diagnosis code that falls in this range: F10-F19.
  - When no specific diagnosis can be made, use Z7141 ("Alcohol abuse counseling and surveillance, of alcoholic") or Z7151 ("Drug abuse counseling and surveillance, of drug abuser").

Guidelines for who should determine a diagnosis:

- Licensed/credentialed professionals should determine the diagnosis for any encounter, within the scope of their licensure.

- Unlicensed staff should:
  - Use the best applicable diagnosis in the client's file that is previously documented by their provider, if they are already in services;
  - Use a more general diagnosis, F99 for MH services and Z7141 ("Alcohol abuse counseling and surveillance, of alcoholic") or Z7151 ("Drug abuse counseling and surveillance, of drug abuser") if the client has no existing diagnosis on file.

Where can I get more information?

- For more information about NPI enrollment, email: providerenrollment@hca.wa.gov or call 1-800-562-3022 (extension 16137). You may also visit: www.hca.wa.gov/enroll-as-a-provider

- For questions or comments about the IMC SERI guide please email: hcaintegratedmcquestions@hca.wa.gov