



Wyoming  
Department  
of Health

Behavioral Health Center (BHC) Provider Manual

# **Behavioral Health Center Provider Manual Version 1.1**

**Effective July 1, 2024**

## Revision History

Revision Level	Date	Description	Change Summary
Version 1.0	7/1/2024	Initial Manual	N/A
Version 1.1	7/10/2024	Error Correction	Taxonomy code SUD Outpatient

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## Introduction

The Behavioral Health Center (BHC) Provider Manual provides information and guidance to providers, state agencies, and other interested parties on the benefit plans developed for state-funded mental health and substance use disorder (SUD) treatment services in Wyoming. The Wyoming Department of Health (Agency) is the Single State Authority (SSA) that administers funding to the public system for mental health and SUD services in Wyoming. This manual contains information on how to provide and seek reimbursement for mental health and SUD services by eligible providers.

## Background

This program was developed as a result of House Enrolled Act 56, which passed during the 2021 General Session. The legislation required the Department of Health to redesign the state-funded system by defining priority populations, establishing a tiered system for prioritizing funding, and implementing a fee-for-service reimbursement system. The intent is to provide state-funded care to individuals who may have fallen through the system gaps as part of a general access, grant-based system that has been in place.

## Rules

The Wyoming Department of Health promulgates Chapters 1-5, 7, and 8 under the Community Human Services Act W.S. 35-1-612 through 627. Chapters 5, 7, and 8 govern the BHC program and are intended to be implemented and read in conjunction with Wyoming Statutes 35-1-612 through 627 and other applicable rules, manuals, policies, and bulletins. The rules can be found at <https://rules.wyo.gov/Search.aspx?Agency=048&Program=0077>

## Eligible Providers

Organizations that have been certified as Behavioral Health Centers (BHCs) by the Behavioral Health Division are eligible to receive reimbursement for services rendered to eligible recipients. BHCs must be nationally accredited, certified by the Behavioral Health Division, and enrolled as Wyoming Medicaid Providers. As part of the enrollment process, providers must sign and submit the Provider Agreement certifying that the provider agrees to comply with applicable federal and state rules, regulations, and statutes.

BHCs must notify both Medicaid and the Behavioral Health Division in **writing thirty (30) days before** any changes to the information in the most recent enrollment application.

BHCs must renew their enrollment by completing an enrollment application, undergoing a screening process, and signing a Provider Agreement based on their BHD certification dates. BHCs shall have an NPI number for each location where services will be provided.

Organizational Provider	Taxonomy
Mental Health Outpatient	261QM0801X
SUD Outpatient	261QR0800X

Mental Health Residential	320800000X
SUD Residential	324500000X

## Provider's Role

BHCs must maintain Medicaid enrollment, Certification by the Behavioral Health Division, and national accreditation for all services delivered under the contract. Additional requirements may be included in the contract such as performance metrics, the use of the Daily Living Activities-20 instrument, and data reporting.

In order to submit claims in the system, each service will need a treating provider type in addition to the organizational provider. The following list of provider types may enroll under the applicable organizational provider taxonomy listed above:

Treating Provider	Taxonomy
Licensed Professional Counselor (LPC)	101YP2500X
Licensed Addictions Therapist (LAT)	101YA0400X
Neuropsychologist	103G00000X
Clinical Psychologist	103TC0700X
Licensed Clinical Social Worker (LCSW)	1041C0700X
Licensed Marriage & Family Therapist (LMFT)	106H00000X
Provisional Professional Counselor (PPC)	101Y00000X
Provisional Licensed Addictions Therapist (PLAT)	101YA0400X
Master of Social Worker (MSW) with Provisional License (PCSW)	1041C0700X
Provisional Marriage and Family Therapist (PMFT)	106H00000X
Registered Nurse (RN)	163W00000X
Licensed Practical Nurse (LPN)	164W00000X
Case Manager	171M00000X
Certified Peer Specialist	175T00000X
Certified Health Worker	172V00000X

BHCs may utilize mental health technicians, sponsored residents, and student interns in their facilities. To be reimbursed for the services delivered, these staff types must be supervised by a Qualified Clinical Supervisor. Claims for the services delivered by one of these staff members should be submitted using the supervisor's NPI number. Claims for services conducted by student interns should include the modifier HL.

## **Recipient Eligibility**

Individuals must meet one of the Priority Population definitions to receive state-funded mental health and SUD treatment services. Only organizations determined to be BHCs can receive reimbursement for state-funded mental health and SUD services from these benefit packages. Each individual must complete a Medicaid enrollment and a clinical assessment as part of the eligibility process. Individuals may meet eligibility criteria through an agency, school, youth crisis center, or physician (see below).

## **Priority Populations:**

The BHC-Full and Screen benefit packages have specific priority populations to receive the state funded services. The definitions that were included in the statute language are listed below:

- State-level justice-involved: persons who, within the previous six (6) months, have been released or paroled from an institution as defined by W.S. 7-13-401(a)(vi) or who are awaiting admission to evaluation from or have been evaluated by a facility as defined under W.S. 7-11-301(a)(ii) and who require continuing treatment for a mental illness or substance use disorder
- Non-state level justice involved: a) persons who, within the previous six (6) months, have been placed on probation and made subject to an intensive supervision program that includes treatment for a mental illness or a SUD; b) Persons who within the previous six (6) months have been convicted of or pled nolo contendere to a criminal offense and ordered to enroll in a treatment program for a mental illness or SUD as part of their sentence; c) Persons on probation, parole or who have been conditionally released, who within the previous six (6) months have been sanctioned under W.S. 7-13-1802(b)(iv) through (vi) and ordered to receive treatment for a mental illness or a SUD; d) Qualified offenders under W.S. 7-13-1301 through 7-13-1304 who within the previous six (6) months have been ordered to receive treatment for a SUD.
- Families at high risk: a) Children who have been discharged from an acute psychiatric facility or psychiatric residential treatment facility within the previous six (6) months and their immediate family members as defined by Department of Family Services rules; b) a child or the parent, legal guardian or another immediate family member, as defined by rule of the department of family services, referred to a behavioral health center by DFS for treatment for a mental illness or substance use disorder and the treatment, is necessary to prevent the removal of the child from the child's home or prevent the removal of the child or to reunify the child with the family; c) A child who has been referred to a BHC by a youth crisis shelter, school, primary care provider, licensed therapist or law enforcement officer for treatment for mental illness or SUD that impacts the child's life.

- Adults with Acute Mental Illness: persons who are subject to emergency detention, involuntary hospitalization order, or a directed outpatient commitment order or who were released from emergency detention or discharged from an involuntary hospitalization or directed outpatient commitment within the last six (6) months.
- Adults with Severe Mental Illness: a) persons who, based on diagnosis and history, have a substantial probability of being unable to meet their needs for food, shelter, and medical care if they do not receive regular mental health treatment or case management. b) Vulnerable adult means any person eighteen (18) years of age or older who is unable to manage and take care of himself or his money, assets, or property without assistance as a result of advanced age or physical or mental disability. W.S. 35-20-102(a)(xviii).
- Indigent clients with high needs: Persons who meet the definition of indigent general access and who have a mental illness or SUD that substantially impairs their ability to function in society.
- Indigent general access clients: persons whose total household income is not more than two hundred (200%) of the federal poverty level.

In addition to the state-funded priority populations, the Behavioral Health Division has included the priority populations as identified through the federal Community Mental Health and Substance Use Treatment, Prevention and Recovery block grants. Those meeting the federal priority population definitions meet the eligibility criteria and should receive BHC-Full benefit plan services. Mental Health Block Grant includes:

- Children and adolescents with Serious Emotional Disturbance (SED),
- Adults with Serious Mental Illness and
- Veterans.

The SUPTRS block grant includes:

- Pregnant Intravenous Drug Users
- Pregnant Women
- Intravenous Drug Users,
- Women and Parenting Women, and
- Veterans

## Fee Schedules

BHD has developed a fee schedule for the services available under the benefit plans. The procedure codes in this manual are subject to change at any time without prior notice. Providers should review the BHC Fee Schedule on the website. The fee schedule lists covered codes, applicable modifiers, and information on any limitations for each code.

## Payment Policies and Billing

BHD has developed a payment policy in accordance with W.S. 35-1-620(b)(iii). The fee schedule developed by BHD is considered to be the allowable payment for the benefit plans. As such, the BHC shall accept the allowable payment as payment in full and not balance bill the members. For additional information, please see Chapter 5, Behavioral Health Centers: Professional Standards for Personnel and Service Quality, Sections 4 & 5.

In the aforementioned rules sections, there is information regarding the billing of insurance and Third Party Liability.

<https://rules.wyo.gov/Search.aspx?Agency=048&Program=0077>

Providers will submit a professional claim (type J) for all services delivered as part of the benefit packages. For information on submitting a claim for services delivered, please refer to the CMS-1500 Provider Manual. For the most current version of the manual, use the link below:

<https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins>

## **Telehealth Services**

Telehealth services are allowable under the BHC-Full and BHC-Screen benefit plans. For the services that can be delivered via telehealth, please refer to the fee schedule list of services with the GT modifier.

Please see the Telehealth section of the [CMS-1500 Provider Manual](#) for more information on covered and non-covered services, documentation requirements, billing requirements, and consent.

## **Prior Authorizations (PA)**

Services under the BHC benefit plans do not require Prior Authorizations. If the member is dual eligible with Medicaid, and the service is covered by Medicaid, a PA is required. Please see the [CMS-1500 provider manual](#) for additional information on PAs.

## **Quality Assurance**

BHCs shall meet the Quality Assurance requirements listed in Chapter 12, Section 12.3.4 of the [CMS-1500 Provider Manual](#).

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## Covered Services

### BHC-Screen Benefit Plan

This benefit package consists of the following procedure codes and descriptions. It is intended to establish an individual's eligibility.

<b><u>Eligibility Assessment Mental Health</u></b>	<b><u>T2024 (Individual)</u></b>	<b><u>60-minute unit (4 units max per calendar year)</u></b>
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Therapist contact with an individual and collaterals as necessary to complete an evaluation of the client's mental health disorders and treatment needs. This may include administering psychometric testing instruments and functional assessment if either is indicated and establishing a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Diagnostic codes should support the diagnosis or diagnoses.

<b><u>Clinical Assessment - Substance Use Disorder</u></b>	<b><u>96125 (Individual)</u></b>	<b><u>60-minute unit (4 units max calendar year)</u></b>
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Therapist contacts with the individual or member and collaterals as necessary for completing an evaluation of the client's substance use disorders (SUD) and treatment needs, including psychometric testing and functional assessment, if either is indicated and establishing a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Clinical evaluations and determinations of the appropriate level of care shall use the current version of the American Society of Addiction Medicine (ASAM) Criteria to make a DSM diagnosis of the client. Diagnostic codes should support the diagnosis or diagnoses. The clinical assessment includes identifying and evaluating an individual's strengths, weaknesses, problems, needs, and history to determine the need for primary treatment services and the development of an individualized treatment plan. This assessment includes progress and discharge as indicated by the appropriate level of care.

<b><u>Eligibility Assessment for Justice-Involved Individuals</u></b>	<b><u>96130 (initial 60 minutes)</u> <b><u>96131 (add'l 60 minutes)</u></b> <b><i>Must bill 96130 in order to bill 96131</i></b></b>	<b><u>60-minute unit</u> <b><u>Limit 1 unit of 96130 and 3 units of 96131 per calendar year</u></b></b>
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Therapist contact with the individual or member and collaterals as necessary for completing an evaluation of the client's mental health or substance use disorders, and treatment needs. Clinical evaluations and determinations of the appropriate level of care shall use the current version of the

American Society of Addiction Medicine (ASAM) Criteria to make a DSM diagnosis of the client. Diagnostic codes should support the diagnosis or diagnoses. The clinical assessment includes identifying and evaluating an individual's strengths, weaknesses, problems, needs, and history to determine the need for primary treatment services and the development of an individualized treatment plan. This assessment includes progress and discharge as indicated by the appropriate level of care.

### **BHC-Full Benefit Plan**

The following services and procedure codes are offered as part of Medicaid's Behavioral Health services in addition to being offered as part of the BHC-Full benefit plan. Service definitions and requirements can be found in the [CMS-1500 Provider Manual](#), Chapter 12, Behavioral Health Services for more information.

Service Name	Procedure code
Ongoing Case Management < 21 years	G9012
Adult Case Management Targeted Case Management ≥ 21 years	T1017
Family Therapy	H0004
Clinical Assessment - Mental Health	H0031
Certified Peer Specialist	H0038
Group Therapy - Mental health services, not otherwise specified	H0046
Comprehensive Medication Therapy	H2010
Individual Rehabilitative Service-Skills	H2014
Psychosocial Rehabilitation Services	H2017
Agency Based Individual Therapy	H2019
Intensive Outpatient Program, Intensive outpatient psychiatric services, per diem	S9480
Office O/P New SF 15 min	99202
Office O/P New Low 30 min	99203
Office O/P New Mod 45 min	99204
Office O/P New Hi 60 min	99205
Office O/P Est SF 10 min	99212
Office O/P Est Low 20 min	99213
Office O/P Est Mod 30 min	99214
Office O/P Est Hi 40 min	99215
Telehealth originating site facility fee	Q3014

The services listed below are part of the BHC-Full benefit plan. BHC providers shall deliver the services in alignment with the service definitions and requirements.

<b><u>Ongoing Case Management ≥ 21 years</u></b>	<b><u>H0006 (Individual)</u></b> <b><u>H0006 (Group)</u></b>	<b><u>15-minute unit</u></b>
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Ongoing case management is a non-clinical service to assist individuals under the plan in gaining access to needed medical, social, educational, and other services.

The purpose of ongoing case management is to foster a member’s rehabilitation from a diagnosed mental disorder or substance use disorder by organizing needed services and supports into an integrated system of care until the member or family can assume this responsibility.

Ongoing case management activities include:

- Linkage to needed services: Working with members or service providers to secure access to needed services. This includes communication with agencies to arrange for appointments or services following the initial referral process and preparing members for the appointments. Contact with hospitalized members, hospital/institution staff, and collaterals to facilitate the member’s reentry into the community.
- Monitoring/Follow-up: Contact the Member or others to ensure that the Member is following a prescribed service plan and monitor the plan's progress and impact.
- Referrals: Arranging appointments for members with service providers or informing members of available services, addresses, and telephone numbers of agencies providing services.
- Advocacy: Advocacy on behalf of the member to access needed services. Activities may include making and receiving telephone calls and completing forms, applications, and reports that assist the Member in accessing needed services.
- Crisis Intervention: Crisis intervention and stabilization are provided in situations requiring immediate attention/resolution and would assist the member in gaining access to other needed crisis services.

<b><u>Member Engagement</u></b>	<b><u>H0023 (Individual)</u></b>	<b><u>15-minute unit</u></b>
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In-person staff contact is maintained with an individual until they can access treatment. Services include gaining the member’s informed consent to assess for a substance use-related problem and enrolling as a member of the Subrecipient. Member Engagement Services must include research-based contingency management practices. These services may also be utilized when census counts are at one hundred percent (100%) utilization at the ASAM-indicated level of care and all lower levels of care. In such cases, attempts to enroll members at an alternative facility must be made and substantiated. These services

cannot be used instead of enrolling such persons as members of the Subrecipient and do not include Driving under the Influence/Minor in Possession education.

<b><u>After Hours Emergency Line</u></b>	<b><u>H0023 (Individual)</u></b>	<b><u>15-minute unit</u></b>
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Service is available to individuals or members who need support for a mental health or substance use disorder before it escalates to a crisis. The callers do not meet the level of being a danger to themselves or others but are seeking help. Callers may receive information on local resources, an appointment with a licensed clinician or case manager, and a referral to a higher level of service. If the individual is experiencing a crisis, the After Hours staff can connect them with an on-call clinician, mobile crisis team, or other local crisis responders.

<b><u>Clinical Assessment - Substance Use Disorder</u></b>	<b><u>96125 (Individual)</u></b>	<b><u>60-minute unit (4 units max calendar year)</u></b>
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Therapist contact with the member and collaterals as necessary for completing an evaluation of the member's Substance Use Disorders (SUD) and treatment needs, including psychometric testing and functional assessment, if either is indicated and establishing a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Clinical evaluations and determinations of the appropriate level of care shall use the current version of the American Society of Addiction Medicine (ASAM) Criteria to make a DSM diagnosis of the member. Diagnostic codes should support the diagnosis or diagnoses. The clinical assessment includes identifying and evaluating an individual's strengths, weaknesses, problems, needs, and history to determine the need for primary treatment services and the development of an individualized treatment plan. This assessment includes progress and discharge as indicated by the appropriate level of care.

<b><u>Crisis Clinical Response Services</u></b>	<b><u>H2011 (Individual)</u></b>	<b><u>15-minute unit</u></b>
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Direct contact with an enrolled or unenrolled person in an urgent, sub-acute, or emergent crisis focusing on clinical interventions to prevent escalation of the crisis and into needed services. Services must be available twenty-four (24) hours a day, three hundred sixty-five (365) days a year. Processes to access crisis services may include an answering service with an on-call therapist to direct contact with the local hospital or law enforcement office with an on-call therapist as back-up. Answering services provided by law enforcement offices or hospitals do not qualify.

<b><u>Day Treatment</u></b>	<b><u>H2012 HQ (Group)</u></b>	<b><u>60-minute unit</u></b>
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Therapist contact with two (2) or more members and collaterals, as necessary, to provide a pre-planned and structured group program of community living skills training which addresses functional impairments and behavioral symptoms of a member's mental health disorder to slow deterioration, maintain or improve community integration, ensure personal well-being, and to reduce the risk of or duration of placement in a more restrictive setting including a psychiatric hospital or similar facility.

<b><u>Emergency Care Coordination and Gatekeeping Services (MH only)</u></b>	<b><u>90839 (Individual)</u></b> <b><u>90840 add on</u></b>	<b><u>60 minute (90839)</u></b> <b><u>Add'l 30 minutes (90840)</u></b>
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Activities directed to an individual presenting with an imminent psychiatric emergency pursuant to Wyoming Statute § 25-10-101 et. seq. (Title 25) that demand immediate attention to either (1) divert the individual away from involuntary psychiatric hospitalization and into comprehensive and intensive outpatient services when clinically appropriate or (2) coordinate treatment services and gatekeeping activities pursuant to Title 25 criteria.

Key indicators for coordinating treatment services and gatekeeping activities are providing guidance on issues of Title 25 emergency detention and involuntary hospitalization to courts, healthcare providers, law enforcement, and other stakeholders.

Services may include, but are not limited to: telephone contacts; initial screening; assessment; evaluation; consultation; safety planning; placement evaluation, planning, and referrals; care coordination and communication with the patient, families, hospitals, and other providers; documentation; case management; psychiatric services; and medication management.

<b><u>Comprehensive Medication Services</u></b>	<b><u>H2010</u></b>	<b><u>15-minute unit</u></b>
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This service assists Members by licensed and duly authorized medical personnel such as a licensed professional counselor, registered nurse, or licensed practical nurse, acting within the scope of their licensure, regarding the day-to-day management of the recipient's medication regime. This service may include educating Members regarding compliance with the prescribed regime, filling pill boxes, locating pharmacy services, and assisting in managing symptoms that don't require a prescriber's immediate attention. This service is separate and distinct from the medication management performed by physicians, physician's assistants, and advanced nursing practitioners who have prescriptive authority.

This service may also be used for members receiving MAT services. **It cannot be used for individuals who are receiving services under the State Opioid Response (SOR) grant.** and/or SUD as identified in the treatment plan. Services provided to family members must be for the direct benefit of the Member.

<b><u>Recreation/ Socialization</u></b>	<b><u>H2032 (Indiv or Group)</u></b>	<b><u>15-minute unit</u></b>
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Recreation outings and social activities are provided to members as part of a member's individual treatment plan. Recreation/socialization can be conducted individually or in a group setting.

<b><u>Supported Employment</u></b>	<b><u>H2023 (Group)</u></b>	<b><u>15-minute unit</u></b>
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Ongoing support to members who, because of their mental illness, need intensive ongoing support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated work setting, and in a job that meets personal and career goals.

Supported Employment services are individualized and may include vocational or job-related assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, asset development and career advancement services, and other workplace support services not specifically related to job skill training that enable the participant to be successful in integrating into the job setting. Only services not available from the Wyoming Department of Workforce Services Vocational Rehabilitation are eligible for payment.

### **Residential Services**

Mental Health Community Housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased, or operated directly by the Subrecipient or a third party, such as a governmental entity.

Community Housing is provided and designed to assist the persons served in achieving success in and satisfaction with community living. It may be temporary or long-term in nature. Community Housing enhances the independence, dignity, personal choice, and privacy of the persons served.

Therapeutic services provided to residents of community housing are billed as outpatient services and are not supported by Community Housing funding.

Members receiving Community Housing support should generally be assessed at a Daily Living Activities-20 (DLA-20) score higher than 31 (thirty-one). Based on clinical necessity, Community Housing beds are expected to turn over with the length of stay.

*Note: All Mental Health Community Housing Services rates are unbundled. Therapeutic services should be billed under outpatient services. However, Sub-Acute Crisis is a bundled rate (see definition).*

<b><u>Transitional Group Home (MH)</u></b>	<b><u>H0018</u></b>	<b><u>Daily unit (24-hour)</u></b>
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Intensive, individualized, and interim support and services, typically for six (6) months or less, for persons with SMI who are at risk of institutional placement, transitioning from institutional settings, or homeless. Staff provides on-site living support and assistance based on individual member needs and identified treatment goals. Services are focused on home and community reintegration.

<b><u>Long-term Group Home (MH)</u></b>	<b><u>H0019</u></b>	<b><u>Daily unit (24-hour)</u></b>
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Living environments that include staff-provided, on-site, and individualized support and services for persons who, because of their SMI, require activities and interventions that develop daily living skills, including self-care, meal preparation, shopping, and budgeting proficiency.

<b><u>Supervised Living (MH)</u></b>	<b><u>H0043</u></b>	<b><u>Daily unit (24-hour)</u></b>
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**Supervised Living:** Living environments supported by staff up to twenty-four (24) hours per day, which provide individualized services and support for persons with serious mental illness who have the capacity for independent living but who require activities and interventions to be successful in their independent living environment.

<b><u>Sub-Acute Crisis Residential (MH)</u></b>	<b><u>H0037</u></b>	<b><u>Daily unit (24-hour)</u></b>
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*Bundled Rate - Services not included in the bundled rate should be billed as outpatient services.*

A short-term residential service for persons experiencing a behavioral health crisis, with a focus on retaining connections to the family and community. Persons needing this level of care are in an acute psychiatric episode which, if left untreated, could lead to the placement of the person in a more intensive clinical setting including, but not limited to, inpatient hospitalization. It is recommended that persons evaluated for this service meet a DLA-20 score between 2.1 and 3.0. These services can be used as a step-down for persons with mental illness from more restrictive settings such as inpatient hospitalization or correctional settings.

Staff is designated, organized, and trained to facilitate admissions and provide face-to-face services twenty-four (24) hours a day, seven (7) days a week. Services are provided at the facility and include, but are not limited to, the following:

- Assessment conducted by a psychiatrist or APRN
- Case management
- Comprehensive psycho/social assessment
- Illness management and recovery services
- Individual therapy
- Linking to ongoing treatment
- Medication support and monitoring
- Peer support
- Skill building

**Substance Use Disorder Residential Treatment Services** are organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services twenty-four (24) hours per day, seven (7) days per week for persons with SUD, including co-occurring mental illness. Residential treatment services are organized to provide environments in which persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital.

*Funding for SUD Residential services includes room and board, therapy groups provided as part of the residential treatment program, case management, supervision, and individual therapy provided one (1) time per month. Other therapeutic services should be billed as outpatient services.*

<b><u>SUD Primary Residential Treatment</u></b>	<b><u>H0019</u></b>	<b><u>Daily unit (24-hour)</u></b>
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**Adolescent Primary Residential H0019:** Organized treatment services that feature a planned regimen of care for any individual ages thirteen (13) to eighteen (18) years. Such programs are housed in permanent facilities where adolescents can reside safely and are staffed twenty-four (24) hours per day. Adolescent Residential Treatment Services include behavioral stabilization, supervision, support, and treatment for mental illness, SUD, and co-occurring disorders. Care may include respite care, short-term crisis care, and long-term care, based on the needs of the adolescent.

**Adult Primary Residential H0019:** Residential Treatment Services for men and women may be free-standing or hospital-based. A residential treatment facility operates twenty-four (24) hours per day, seven (7) days per week, and offers evaluation and a planned regimen of treatment services including the staff-monitored administration of prescribed medication. The goal of residential treatment is to provide a protective environment that includes support and treatment for addictive and co-occurring disorders and supervision. Funding includes room and board, therapy groups provided as part of the residential treatment program, case management, and individual therapy provided one (1) time per month. Other therapeutic services should be billed as outpatient services.



Pregnant & Parenting Women Primary Residential H0010-HD: Services for Pregnant & Parenting Women may be free-standing or hospital-based, operate twenty-four (24) hours per day, seven (7) days per week, and offer evaluation and a planned regimen of treatment services, including the staff-monitored administration of prescribed medication. The goal of residential treatment is to provide a protective environment that includes support and treatment for addictive and co-occurring disorders and supervision.

<b><u>Social Detoxification</u></b>	<b><u>H0010</u></b>	<b><u>Daily unit (24-hour)</u></b>
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An organized residential service delivered by appropriately trained staff, providing twenty-four (24) hour supervision, observation, and support for members who are intoxicated or experiencing withdrawal. Services must integrate serial inebriate elements. Social Detoxification Services are characterized by their emphasis on peer and social support.

<b><u>SUD Transitional Housing</u></b>	<b><u>H0018</u></b>	<b><u>Daily unit (24-hour)</u></b>
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A clinically managed, low-intensity, peer-supported therapeutic environment. Transitional Housing does not include independent, self-operated facilities, such as Oxford Houses. Services include substance use counseling for at least five (5) hours per week, provided in-house or through a local certified program, with access to peer support through case management. Services may also include education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem-resolution counseling, housekeeping, and financial planning.

Funding includes housing and services other than counseling and case management. These services should be billed as outpatient services.

## Treating Providers

A treating provider must be identified by the NPI number listed on the claim form. The table below lists the provider types allowable for each of the services offered only on the BHC-Full plan. For the services shared with Medicaid, please refer to the table listed in the [CMS-1500 manual](#), Chapter 12, for the treating providers allowed for those services/procedure codes.

<b>Service Name</b>	<b>Procedure Code</b>	<b>Treating Providers</b>
Emergency Care Coordination & Gatekeeping (MH)	90839 90840	LPC, PPC, LCSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Adult On-going Case	H0006	LPC, PPC, LCSW, CSW, PCSW, MSW,

Management (≥ 21 years)		LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Social Detox (SUD) bundled rate	HO010	LPC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Transitional Group Home (MH)	HO018	LPC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Transitional Group Home (SUD) bundled rate	HO018	LPC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Long Term Group Home (MH)	HO019	LPC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Primary Residential (SUD) bundled rate	HO019	LPC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Member Engagement	HO023	LPC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
After Hours Emergency Line	HO030	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Sub-Acute Crisis Residential bundled rate	HO037	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)

		(Physicians)
Supervised Living (MH)	H0043	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Medication Assisted Treatment	H2010	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Crisis Clinical Response	H2011	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Day Treatment	H2012	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians) PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Supported Employment	H2023	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Recreation/Socialization	H2032	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN,

		Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Alcohol and other substance abuse treatment programs	H2035	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)
Assessment for Justice-Involved	96130 96131	PC, PPC, LCSW, CSW, PCSW, MSW, LMFT, PMFT, LAT, PLAT, CAP, Certified Mental Health Worker, Clinical Psychologist, Neuropsychologist, RN, Case Manager, Psychiatrist, APRN, Taxonomies beginning with 20 (Physicians)

**List of Modifiers**

- AT=Acute Treatment
- GT = Telehealth
- HD=Pregnant/Parenting Women's Program
- HE = Mental Health Program
- HF=Substance use program
- HG=Opioid Addiction Tx Program
- HL= Intern
- HN=Bachelor's degree level
- HO=Master's Level
- HP=Doctoral Level
- HQ = Group Setting
- UK = Services provided on behalf of the client to someone other than the client

## Resources

Medicaid Provider Manual/Fee Schedule and BHC Provider Manual/Fee Schedule

<https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins>

Behavioral Health Division (BHD) Website

<https://health.wyo.gov/behavioralhealth/mhsa/>

State of Wyoming Administrative Rules

<https://rules.wyo.gov/>

BHD Administrative Rules

<https://rules.wyo.gov/Search.aspx?Agency=048&Program=0077>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/>