

Department of Social and Health Services

Olympia, Washington

**EAZ Manual**

Revision #192

Category Aged, Blind or Disabled (ABD) Cash

Issued 5/29/2024

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Division CSD

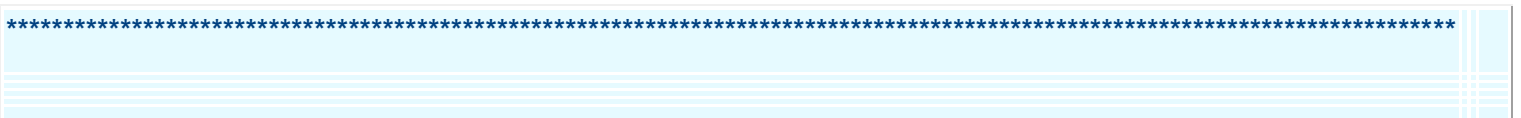
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**Summary**

Updated MMPI testing.



Revised on: ~~January 1, 2023~~ May 29, 2024

Reimbursement for psychological evaluations and testing is limited to the terms and conditions outlined in the Community Services Division (CSD) Mental Incapacity Evaluation (MIE) contract.

For information about this contract, visit the [CSD Mental Incapacity Evaluations](#) contract procurement page.

MIE Contractors must enroll in ProviderOne to claim reimbursement for these services. Visit the Health Care Authority's [Provider Enrollment](#) page for additional information.

For TANF or RCA related claims the contractor must contact the CSO contact for reimbursement.

## Medical Evidence Fee Schedule

For a detailed service description of the clinical psychological/psychiatric evaluation, visit the [Medical Evidence Requirements and Reimbursements](#) section of the ESA Social Services Manual.

**NOTE:** The maximum payment for all evaluation and report services includes the cost of providing chart notes and medical records. Providers may choose to use a DSHS 13-865 Psychological / Psychiatric Evaluation form or provide a narrative report. The DSHS 13-865 must be typed in order to be eligible for payment.

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Clinical evaluation	When performed by a licensed/contracted <b>psychologist</b> ( <b>Taxonomy: 103T00000X</b> )	\$180.00	96156 Modifier 25	Must be an acceptable complete report as described in Exhibit B, Statement of Work
Clinical evaluation	When performed by a licensed/contracted <b>psychiatrist</b> ( <b>Taxonomy: 2084P0800X</b> )	\$200.00	90791	Must be an acceptable complete report as described in Exhibit B, Statement of Work
Clinical evaluation	When performed by a licensed/contracted <b>advanced registered nurse practitioner</b> (ARNP) for impairments within their licensed scope of practice	\$180.00	96156 Modifier U1	Must be an acceptable complete report as described in Exhibit B, Statement of Work

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	<b>(Taxonomy: 363LP0808X)</b>			
Clinical evaluation	<p>When performed by a licensed/contracted <b>physician assistant</b> (PA) for impairments within their licensed scope of practice</p> <p><b>(Taxonomy: 363A00000X)</b></p>	\$180.00	96156 Modifier U2	Must be an acceptable complete report as described in Exhibit B, Statement of Work
Missed appointment	<ul style="list-style-type: none"> <li>• Client fails to appear at scheduled date and time and the Client or referring Community Services Office (CSO) did not request cancellation within twenty-four (24) hours prior to the appointment</li> <li>• The Client arrives more than ten (10) minutes after the scheduled start time</li> <li>• The Contractor observes the Client to be intoxicated</li> <li>• The Client is threatening or belligerent</li> <li>• The Client intentionally refuses to cooperate</li> </ul>	\$45.00	99199	<p><b>This is not paid when the Contractor is providing services at a CSO and another Client is available during that appointment time</b></p> <p>This fee is only paid once per referral</p>

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	<ul style="list-style-type: none"> <li>The Contractor observes the Client to be in need of emergent medical intervention</li> </ul>			

When testing is clinically appropriate, MIE Contractors utilize the current version of the following tests in their evaluation (whenever possible). If a Contractor does not have the current version, they notify the DSHS Contact listed on the first page of their MIE Contract to ensure the version is acceptable.

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Evaluation of personality disorders	<ul style="list-style-type: none"> <li>MMPI: Minnesota Multiphasic Personality Inventory<sup>±</sup></li> </ul>	\$50.00	96130 Modifier U6	No more than one (1) test from this category per evaluation
	<ul style="list-style-type: none"> <li>PAI: Personality Assessment Inventory</li> </ul>	\$50.00	96130 Modifier U1	1May substitute the MMPI: Restructured Form <b>provided</b> the report documents why the substitution is necessary
Evaluation of depression	<ul style="list-style-type: none"> <li>BDI: Beck Depression Inventory</li> </ul>	\$10.00	96130 Modifier U7	No more than one (1) test from this category per evaluation
		\$10.00	96130 Modifier U8	

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
	<ul style="list-style-type: none"> <li>HAM-D: Hamilton Rating Scale for Depression</li> </ul>			
Evaluation of anxiety	<ul style="list-style-type: none"> <li>BAI: Beck Anxiety Inventory</li> </ul>	\$10.00	96130 Modifier UB	No more than one (1) test from this category per evaluation
	<ul style="list-style-type: none"> <li>HAM-A: Hamilton Rating Scale for Anxiety</li> </ul>	\$10.00	96130 Modifier UC	
Evaluation of cognitive disorders	<ul style="list-style-type: none"> <li>WAIS: Wechsler Adult Intelligence Scale</li> </ul>	\$120.00	96130 Modifier U3	2The TONI evaluates individuals with limited language ability. It is reimbursed instead of and not in addition to the WAIS and WMS
	<ul style="list-style-type: none"> <li>WMS: Wechsler Memory Scale</li> </ul>	\$120.00	96130 Modifier U4	
	<ul style="list-style-type: none"> <li>TONI: Test of Nonverbal Intelligence<sup>2</sup></li> </ul>	\$30.00	96130 Modifier UD	
	<ul style="list-style-type: none"> <li>TMT: Trail Making Test Parts A &amp; B</li> </ul>	\$10.00	96130 Modifier U5	
Evaluation of potential memory malingering	<ul style="list-style-type: none"> <li>Rey Fifteen-Item Memory Test</li> </ul>	\$10.00	96130 Modifier U9	No more than one (1) test from this category per evaluation
	<ul style="list-style-type: none"> <li>TOMM: Test of Memory Malingering</li> </ul>	\$30.00	96130 Modifier U2	

Service Type	Service Description	Reimbursement Fee	ProviderOne Service Code	Additional Conditions
Evaluation of potential psychiatric illness malingering	<ul style="list-style-type: none"> <li data-bbox="440 348 691 495">• M-FAST: Miller Forensic Assessment of Symptoms Test</li> </ul>	\$20.00  \$10.00	96130 Modifier UA	No more than one (1) test from this category per evaluation
	<ul style="list-style-type: none"> <li data-bbox="440 600 704 747">• SIRS: Structured Interview of Reported Symptoms</li> </ul>		96136 Modifier U1	