Providers of children’s mental health services must include evidence based practice (EBP) codes when submitting claims; this is in addition to provider type codes.

Beginning April 1, 2018, system edits will be implemented to reject/deny encounters/claims with incorrect EBP codes. If the claim is not submitted with the correct EBP code(s), CHPW will deny the claim using message code CDEBP: EBP CODE SUBMITTED IS INVALID OR NOT IN THE CORRECT FORMAT.

Please make sure to follow these guidelines:

- Report one EBP code per encounter in the 2300 REF02 field of the 837 claim.
- The EBP number must be reported as a nine-digit number beginning with 860. The next three digits must represent the appropriate EBP code as outlined in the Washington State Department of Social and Health Services Reporting Guides for Research and Evidence-Based Practice in Children's Mental Health, [https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/evidence-based-and-research-based-practices](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/evidence-based-and-research-based-practices). The last three digits must be reported as 000.

**Example**

860XXX000 (with XXX representing the three-digit EBP code)

See also the appropriate HCA Provider Guide for billing questions ([http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides](http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides)).

**Electronic claims**

- EBP = 837P transaction – loop 2300, REF02 field

  **Example**

  REF*G1*860XXX000  
  G1 is the REF01, which is the Reference Identification Qualifier. 860XXX000 is the REF02.

- Provider Type = 837HC_2400_CTE_352_Description

**Paper claims (CMS 1500 claim form)**

- **Provider type** in field 24.A in the shaded area
- **EBP code** (EPA code) in box 23