

Provider Guidelines for Integrated Managed Care and Behavioral Health

Evidence Based Practice (EBP) Codes

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>. 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>).

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**

										23. PRIOR AUTHORIZATION NUMBER			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-9-CM PROC. CODE	I. ICD-9-CM QUAL.	J. RENDERING PROVIDER ID. #	
From	To			CPT/HCPCS	MODIFIER								
MM	DD	YY	MM	DD	YY								
1											NPI		
2											NPI		