



Wyoming
Department
of Health

**Behavioral Health Center Benefit Plans
Provider Manual**



**Version 2.1
October 2025**

Revision History

Revision	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
Version 2.0	7/2/2025	Full Release	Updates for Fiscal Year 2026
Version 2.1	10/17/2025	Corrections & Updates	Correcting Errors/typos; adding clarifying language

This version supersedes all prior versions.

**This manual is meant to be used in conjunction with the
Wyoming BMS CMS-1500 Provider Manual.**

Introduction

The Behavioral Health Center (BHC) Benefit Plans Provider Manual provides information and guidance to BHC providers, state agencies, and other interested parties regarding the benefit plans developed for state-funded mental health (MH) and substance use disorder (SUD) treatment services in Wyoming. The Behavioral Health Division (BHD) of the Wyoming Department of Health administers these benefit plans.

During the 2021 Legislative General Session, a bill was passed requiring the Wyoming 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, without treatment, may end up in an institutional setting in the previous, general-access, grant-based care system. The benefit plans developed as part of the Legislation went into effect on July 1, 2024. The benefit plans are not included in the Wyoming Medicaid system, and enrollment of providers is restricted to specific providers contracted with the BHD.

Authority

The Wyoming Department of Health, Behavioral Health Division, is the Single State Authority (SSA) that administers funding to the public system for MH and SUD services in Wyoming. This manual contains information on providing and seeking reimbursement for MH and SUD services by eligible providers.

This manual is intended to guide providers in identifying priority populations, meeting service delivery expectations, and submitting claims for services rendered. It is designed to be read and interpreted with federal regulations, state statutes, and administrative procedures. This manual does not supersede federal laws, state statutes, or administrative procedures.

Administrative Rules

The Wyoming Department of Health promulgated Chapters 7 and 8 for the benefit plans under the authority given by the Community Human Services Act, W.S. §35-1-612 through 627.

Chapters 5, 7, and 8 govern the BHC benefit plans and are intended to be implemented and read in conjunction with W.S. §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>.

Persons Served Eligibility

Individuals wishing to receive state-funded MH and SUD treatment services must meet one (1) of the priority population definitions. The eligibility determination is completed in multiple steps.

- Each individual must complete a Medicaid application to determine financial eligibility, which is set at or below 200% of the Federal Poverty Level (FPL). If under 200% of FPL, the individual is automatically assigned the BHC-Full benefit plan.
 - The individual must also meet the Medicaid citizenship and residency requirements. Information regarding non-citizen status can be found at: <https://ecom.wyo.gov/tables/table6>.
- An individual can qualify for state-funded services by meeting one of the priority population definitions below, even if they have a household income over 200% FPL

Priority Population Definitions

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; or

d) Qualified offenders defined by 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; or

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 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:

Adults with severe mental illness" means 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. For purposes of this paragraph, the presence of advanced age or a physical or mental disability shall not solely establish a presumption of severe mental illness.

Until June 30, 2026, "Adults with severe mental illness" shall include vulnerable adults as defined by W.S. 35-20-102(a)(xviii).

Indigent clients with high needs:

Persons who meet the definition of indigent general access (below) **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 less than or equal to two hundred (200%) FPL.

Note: This determination is established through the required Medicaid application.

Additionally, the Behavioral Health Division has included the priority populations identified by the federal Community Mental Health and Substance Use Treatment, Prevention, and Recovery (SUBG) block grants. Those meeting the federal priority population definitions are considered eligible and should receive BHC-Full benefit plan services.

Community Mental Health Block Grant (MHBG) priority populations include:

- Children and adolescents with Serious Emotional Disturbance (SED): defined as someone under the age of 18 having a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
- Adults with Serious Mental Illness (SMI): defined as someone over 18 having a diagnosable mental, behavioral, or emotional disorder that substantially interferes with a person's life and ability to function. SMIs include, but are not limited to, conditions like bipolar disorder, major depressive disorder, and schizophrenia.

The SUBG block grant priority populations include:

- Pregnant Women and Women with Dependent Children
- Injection Drug Users (also known as Persons Who Inject Drugs)

BHD also recognizes veterans as a priority population. Veterans are defined as follows: A legal veteran is a person who served in the active military, naval, air, or Space Force and was discharged or released under conditions other than dishonorable. Definition primarily outlined in 38 U.S.C. § 101(2).

The Customer Service Center (CSC) can assist clients with questions regarding Medicaid applications, financial eligibility, benefit packages, and service verification. The CSC is at 3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001. The website is located at <https://www.wesystem.wyo.gov>, and you can reach them at (855) 294-2127. The CSC is open Monday through Friday from 7 a.m. to 6 p.m. Mountain Time.

It is important to ask clients if they are already receiving Medicaid benefits or check the Medicaid Provider Portal, as existing benefits may impact the timeframe in which a person is eligible for BHC benefit plans.

CSC staff will only speak with the applicant/client (also referred to as a member) unless they have indicated on the application that it is approved to discuss the application and its status with a designated person.

Clients eligible for one of the BHC benefit plans will not receive a Medicaid card unless they also qualify for one of the Medicaid benefit plans.

All priority population categories except Indigent General Access are determined by a clinical diagnosis or referral from one of the partner State agencies. This information is captured in the Management Information System (MIS) form, which is part of the Behavioral Health Management System (BHMS). The MIS form should be completed as early in the intake process as possible. The fields below identify clients eligible for the BHC-Full benefit plan if their household income exceeds 200% of the federal poverty level. BHCs can select multiple eligibility categories and are encouraged to do so.

Financial eligibility is completed through a separate process and system from clinical eligibility or referrals. There will be a small delay between the time the financial eligibility is completed and the priority population indicator shows in the Medicaid Provider portal.

8 Eligibility

Eligibility Not Applicable	Eligibility Pending
Eligibility State Level Justice Involved	Eligibility Nonstate Level Justice Involved
Eligibility Adults With Serious Mental Illness	Eligibility Adults With Acute Mental Illness
Eligibility Families At High Risk	Eligibility Indigent Client With High Needs
Eligibility Indigent General Access Clients	Eligibility Vulnerable Adult DFS
Eligibility Veteran	Eligibility Persons Who Inject Drugs
Eligibility Children With Serious Emotional Disturbance	Eligibility Pregnant Women And Women With Dependent Children



Indigent General Access eligibility is determined using the financial information obtained in the Medicaid application only. Choosing this priority population in BHMS does not guarantee that they will receive the BHC-Full benefit plan.

If the client is marked as "Eligibility Pending" only, the system will not assign BHC-Full unless the household income is less than or equal to 200% FPL.

Eligible clients will receive notices from the Medicaid Customer Service Center to renew their financial eligibility. BHCs will not be included in that notification process. Therefore, BHCs are encouraged to inform their clients on the importance of responding to the renewal process. Failure to complete any part of the process can result in loss of benefits. BHCs are also encouraged to request periodic updates from the client to ensure the information is shared with the Customer Service Center.

Eligible Providers

The Community Human Services Act (W.S. §35-1-612 through 27) allows the Wyoming Department of Health to enter into cooperative contracts with Behavioral Health Centers (BHCs) to deliver treatment services to priority populations. The statutes also give the authority to prioritize existing BHCs as the providers of state-funded services.

To be certified as a Behavioral Health Center, an organization must be "a nationally accredited organization authorized to conduct business in the state of Wyoming and provide a comprehensive range of services for the treatment and management of mental

illness and substance use disorders for priority populations.”

The comprehensive range of services required (locally or through a formal written agreement with another entity) includes:

- Case Management
- Clinical Assessments
- Crisis Response and Acute Crisis and Diversion Services
- Jail-Based Assessment, Treatment, and Re-Entry Services
- Recovery Services
- Medication Management Services
- Therapy Services ~ individual, family, and group
- Services specific to adults with Serious Mental Illness or children/adolescents with Serious Emotional Disturbance
- Emergency Services 24/7

BHD issues a Request for Application annually, in which BHCs submit documentation as to how they will deliver the required range of services, either directly or through a formal agreement with another provider. BHCs with contracts are given priority over those without a current contract with the BHD. Should a provider be found not in compliance with the professional standards put in place, BHD may select the most appropriate provider to deliver the service.

BHCs must enroll as Wyoming Medicaid providers and have a National Provider Identification (NPI) number for **each location (physical address) where services are provided**. Each provider location shall be enrolled using the assigned NPI number under one of the billing provider taxonomy codes shown below.

Billing Provider Taxonomy Codes for contracted BHCs

Mental Health Outpatient.....	261QM0801X
SUD Outpatient.....	261QR0800X
Mental Health Residential.....	320800000X
SUD Residential	324500000X

More information on registering as a Medicaid provider and associated rendering providers can be found at: <https://health.wyo.gov/healthcarefin/mcicaid/for-healthcare-providers/>

Fee Schedule

BHD has developed a fee schedule for the services available for each plan. The BHC Fee Schedule can be found at <https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins>.

The [Medicaid Fee Schedule](#) is an online, searchable list. The list can be searched by procedure code or modifier.

The BHC benefit plan fee schedule lists covered procedure codes, applicable modifiers, and rate information for each code. The BHC-Full benefit plan shares several outpatient behavioral health procedure codes with Medicaid, which have the same rendering provider limits and restrictions.



The procedure codes in this manual may change without prior notice. Please refer to the Fee Schedule for the current list of procedure codes.

Payment Policies

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

The BHC-Full benefit plan may reimburse client copays/deductibles, with the proper documentation. For information on billing, including when to resubmit claims versus adjusting or voiding a claim, please see Chapter 6 of the [Medicaid Provider Manual](#). For details regarding third-party billing, please see Chapter 7.

Claims Submission

BHCs must submit claims electronically using a professional (known as CMS-1500 or claim type J) claim for all services provided as part of the BHC benefit packages. Paper claims are not accepted. The claims system requires taxonomy codes for billing and rendering providers to be included in all claim submissions.

Please refer to the CMS-1500 Provider Manual for information on submitting a claim for services rendered, including those denied by other payers (such as insurance, Medicare, or Medicaid). Details on submitting claims using 837 transactions can be found in the Wyoming Medicaid EDI Companion Guide. These resources are available on the Wyoming Medicaid website at:

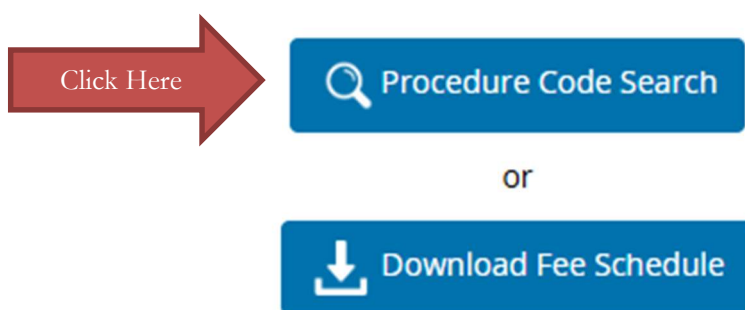
<https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins>

Treating (or Rendering) Providers

A treating or rendering provider must be identified by the NPI number listed on the claim form. A list of approved rendering providers, organized by procedure code, can be found in Appendix B.

Providers should ensure that the rendering provider type has been approved to deliver the service. For example, a client assessment (procedure code 96130) can be conducted by a psychiatrist (2084P0808X) or an LCSW (1041C0700X), but not by a case manager (171M00000X).

Providers can find this information using either the list in Appendix B or the online fee schedule on the Medicaid website at <https://www.wyomingmedicaid.com/portal/fee-schedules>, using the Procedure Code Search. (See screenshots)



Enter the code and then click the link in the code list:

Code Management Toolkit

Fee Schedule

Search Codes
Type the codes to search and view their rates and properties.

Procedure Code Search

Search by: ☒ Procedure Code/Description ☐ Modifier Code

Enter the code or part of the description: 96130

Code Category: Code Categories

(The code must be the exact code, but the description may be any part of the description. For example searching on "nose" will return all procedures with "nose" in any part of the description. Searching by description may take longer for results to return because of the number of words in every description that must be searched.)

Search

Code List

Code	Type	Description
96130	HCPCS/CPT Codes	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA

A new window will show associated benefit plans, modifiers, taxonomies, modifier pricing, and taxonomy pricing.

Associated Modifiers

Claim Type	Modifier Code	Modifier Description	Include/Exclude	Start Date	End Date
0-All	HE	MENTAL HEALTH PROGRAM	Include	07/01/2024	12/31/2999
0-All	HF	SUBSTANCE ABUSE PROGRAM	Include	07/01/2024	12/31/2999

Modifier Pricing

No records to view

Associated Taxonomy

Taxonomy	Start Date	End Date	Effective Date
106H00000X	07/01/2020	12/31/2999	07/19/2022
101YA0400X	01/01/2016	12/31/2999	01/01/2016
207RE0101X	01/01/2016	12/31/2999	01/01/2016
207RG0300X	01/01/2016	12/31/2999	01/01/2016
207RP1001X	01/01/2016	12/31/2999	01/01/2016

Taxonomy Pricing

No records to view

NOTE - If Benefit Plan is blank then rate is base rate or the modifier mentioned is allowed across Benefit Plans

Modifier and taxonomy pricing are adjustments to the established procedure code rates based on either the modifier used or the type of rendering provider. An example of modifier pricing is the group modifier HQ. That modifier will adjust the rate to pay out 56.462586% of the rate. Taxonomy pricing is an adjustment based on the rendering provider's taxonomy. The screenshot below shows the table of taxonomy pricing for procedure code 90832.

Taxonomy Pricing				
Taxonomy	Taxonomy Percentage	Start Date	End Date	Effective Date
101Y00000X	75%	01/01/1964	12/31/2999	01/01/1964
101YA0400X	75%	01/01/1964	12/31/2999	01/01/1964
1041C0700X	75%	01/01/1964	12/31/2999	01/01/1964
101YP2500X	75%	01/01/1964	12/31/2999	01/01/1964
106H00000X	75%	01/01/1964	12/31/2999	01/01/1964
363L00000X	90%	01/01/1964	12/31/2999	01/01/1964



For claims to be paid, rendering providers must be associated with each applicable provider location. This is done through the provider enrollment vendor, HTG Technology Group.

BHCs may utilize mental health technicians, sponsored residents, and student interns in their facilities. Any non-licensed professional who provides billable services must operate under the clinical supervision of a licensed professional, and the name and NPI of that professional must be included on the claim as the rendering provider. Claims for services provided by student interns should use the modifier HL, following the fee schedule. The claim will be denied if a rendering provider is not affiliated with the locations where services will be delivered.

Claims

Claim submissions for services under the BHC benefit plans are processed electronically through the Medicaid automated claims adjudication system. The system can identify and deny some errors, but not all. Thus, a paid claim does not guarantee that the claim was submitted or paid correctly. Periodic post-payment audits will be performed, and may result in payment recovery.

The claims are also loaded into BHMS as an Event Service Record (ESR) for each enrolled client. BHC staff can review the claims information to assist in identifying claims paid by the BHC benefit plans from Medicaid claims. There are times when the claim cannot be converted into an ESR for various reasons. When this occurs, the claims will populate a list called a Tickler. There are two lists: Failed Claim ESRs and Claims Needing Correction. The provider must fix the errors that caused the conversion to fail. If the BHC has questions regarding the lists, they can email the BHD Data team at wdh-bhd-datasystem-helpdesk@wyo.gov.

For assistance with claims inquiries and submission issues, please contact Provider Services at (888) WYO-MCAD (888) 996-6223 from 7 a.m. to 6 p.m. Mountain Time, Monday through Friday. You can also send an email to WYProviderOutreach@acentra.com.

Telehealth Services

Telehealth services are allowable under the BHC benefit plans. When services are provided, clients must be able to see and interact with the practitioner. All interactions, including the transmission process, must comply with HIPAA patient privacy regulations at the patient and provider locations.

Telehealth does not include transmission. Additionally, not all services are eligible for telehealth delivery. Please consult the BHC Fee Schedule to ensure that the service can be delivered this way.

Please refer to the Telehealth section of the CMS-1500 Provider Manual (Chapter 6, page 134) for more information on covered and non-covered services, documentation requirements, billing requirements, and consent procedures.

Prior Authorizations (PA)

Services under the BHC benefit plans **do not** require Prior Authorizations. However, a PA **may be needed if the client is dual eligible with Medicaid** and the service is covered by Medicaid. Please see the [CMS-1500 provider manual](#) for additional information on which Medicaid services require prior authorization, obtaining PAs, and thresholds.

Documentation

BHC providers must document all services rendered in accordance with the CMS-1500 Provider Manual, the Provider Agreement, and contractual requirements. Documentation must contain the following information:

- Client Name (must be listed on each page of the record)
- All entries must be signed and dated by a qualified treating provider
 - Shall not sign prior to service delivery
- Preliminary working diagnosis and the elements of history and mental status examination on which the diagnosis is based
- Treatment plan
- Consent for treatment
- Services provided and procedure code
- Date, start and stop times (in standard or military format), and location of service(s)
- Persons involved
- Description of services rendered and progress towards plan/identified goals

Additional documentation requirements can be found in Chapter 12.9.3.1 (page 233).

Assessments

WDH had previously designated the Addiction Severity Index (ASI) in earlier versions of the rules governing the delivery of substance use disorder treatment services. This designation was removed in 2020. Although the use of the ASI as the primary assessment instrument by the BHCs and other agencies continued, there has not been a “State Approved” assessment instrument since 2020.

BHCs may select evidence-based and validated instruments for mental health and substance use disorder clients to improve care, standardize approaches, and enhance outcomes. When a BHC changes the assessment instrument, it is their responsibility to collaborate with stakeholders (such as private providers, law enforcement, courts, etc.) to inform them of the change and provide guidance on interpreting the results.

BHC Full Benefit Plan Services

The following services and definitions are available on the BHC Full Benefit Plan. For information on units and rates, please refer to the Fee Schedule.

NOTE: The list is in alpha-numerical order unless grouped with other procedure codes that have the same or similar service definitions

Outpatient Services (Billing Taxonomies 261QM0801X and 261QR0800X)

Psychiatric Diagnostic Evaluation (90791)

Comprehensive diagnostic evaluation, including gathering information about the individual's history, mental status exam, determining diagnosis, and formulating a treatment plan. The session is primarily focused on the evaluation, but not medication management or other medical services. Portions of the evaluation may be administered by non-licensed staff and should be documented in the client's file, signed off by the treating provider, and maintained accordingly. If the service is spread out over multiple days, the claim will be submitted for the day the assessment was completed.

Psychotherapy with client and/or family, 30 minutes (90832)

Psychotherapy with client and/or family, 45 minutes (90834)

Psychotherapy with client and/or family, 60 minutes (90837)

Group Therapy (90853)

Contact with the client and/or family members as necessary to implement the individual's treatment plan. This service is targeted at reducing or eliminating specific symptoms or behaviors related to the individual's mental health and/or substance abuse disorder(s) as identified in the treatment plan.

Acute Crisis and Diversion Services (90839 & 90840)

(Formerly known as Emergency Care Coordination and Gatekeeping Services)

Activities directed to an individual presenting with an imminent psychiatric emergency under 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 under Title 25 criteria.

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

Services may include: 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.

NOTE: Procedure codes 90839/90840 cannot be billed in addition to a procedure code for psychotherapy by the same rendering provider. Procedure code 90840 is an add-on code and cannot be billed separately.

Family Psychotherapy (90847)

Session with the client and family member(s) to improve communication, resolve conflicts, and strengthen relationships within the family system. The documentation should include the goals of therapy and progress made by the client within the family context.

Clinical Assessment SUD (96125)

Contact with the individual and collaterals as necessary to complete a clinical assessment of the client's substance use disorders (SUD) and treatment needs, including psychometric testing and functional assessment, if either is indicated, and establish a diagnosis. Portions of the assessment may be administered by non-licensed staff and should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted on the day the assessment is completed.

Eligibility Assessment for Justice-Involved Individuals (96130 and 96131)

Contact with the individual and collaterals as necessary for completing an evaluation of the client's mental health or substance use disorders and treatment needs. Assessment includes identifying and evaluating an individual's strengths, weaknesses, problems, needs, and history to determine the need for primary treatment services and developing an individualized treatment plan. This assessment includes progress and discharge as indicated by the appropriate level of care. Use 96130 for the initial 60 minutes and 96131 for additional time. Portions of the evaluation may be administered by non-licensed staff and should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted for the day the assessment was completed.

Note: Procedure code 96131 is an add-on code and cannot be billed separately.

Office or other outpatient visit for a new client (99202-99205)

The evaluation and management (E/M) of a new patient which requires a medically appropriate history and/or examination.

SF 15 minutes (99202) – Straightforward medical decision making. 15-29 minutes of total time on the date of encounter.

Low 30 minutes (99203) – Low-level medical decision making. 30-44 minutes of total

time on the date of encounter.

Mod 45 minutes (99204) – Moderate level of medical decision making. 45-59 minutes of total time on the date of encounter.

Hi, 60 minutes (99205) – High-Level medical decision making. 60-74 minutes of total time on the date of encounter.

Office or other outpatient visit for an established client (99212-99215)

The evaluation and management of an established patient who may not require the presence of a physician or other qualified healthcare professional.

SF 10 minutes (99212) – Straightforward medical decision making. 10-19 minutes of total time on the date of encounter.

Low 20 minutes (99213) – Low-level medical decision making. 20-29 minutes of total time on the date of encounter. MUE: 2 units

Mod 30 minutes (99214) – Moderate level of medical decision making. 30-39 minutes of total time on the date of encounter. MUE: 2 units

Hi, 40 minutes (99215) – High-Level medical decision making. 40-54 minutes of total time on the date of encounter. MUE: 2 units

Behavioral Health Eligibility and Risk Assessment Screen (H0002) (replaces procedure code T2024)

Initial contact with an individual to determine the need for services and potential eligibility for one of the BHC benefit plans. Service should include assessment of risk factors such as suicidal or homicidal ideation. It may be administered by non-licensed staff to gauge the need for crisis services. The responses to the risk assessment questions should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted for the day the screening is completed.

BHD developed a risk screener to be used with all new clients. BHCs are expected to incorporate the questions into their initial call processes. BHCs may choose to add questions to the screener, but the language in the screener must remain. It is expected that the screener shall be used with all new clients. The Risk Assessment Screener can be found in Appendix A of this document.

Family Therapy (H0004)

Counseling sessions are used to develop and implement the family's treatment plan. The service is targeted at reducing or eliminating specific symptoms or behaviors related to mental illness or substance use disorders specified in the treatment plan. [The HQ modifier is not needed on this code.](#)

Ongoing case management ≥ 21 years (H0006)

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. It supports an integrated care system until the member or family can assume this responsibility.

Member Engagement (H0023)

In-person staff contact is maintained with an individual until they can access treatment. Services include obtaining consent to complete an assessment to determine behavioral health treatment needs. Member Engagement Services may consist of research-based contingency management practices.

These services may also be utilized when census counts are at one hundred percent (100%) utilization at the indicated level of care and all lower levels of care. In such cases, the BHC shall provide referrals and warm handoffs to other BHCs with the appropriate level of care. These services do not include Driving under the Influence/Minor in Possession education.

After Hours Emergency Line (H0030)

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 pose 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. Limited to one session (any length of time) per day.

Clinical Assessment by non-physician (H0031)

Contact the client and/or collaterals as necessary to complete an evaluation of their mental health and substance abuse disorder(s) and treatment needs, including psychological testing if indicated. Portions of the assessment may be administered by non-licensed staff and should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted upon completion of the assessment.

Peer Services (H0038)

Peer Support Specialists led non-clinical activities and provided coaching to encourage and support beneficiaries in participating in behavioral health treatment, including support for beneficiaries during transitions between care levels and in developing their

recovery goals and processes. The Peer Support Specialist role promotes recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and maintenance of community living skills. Activities may include, but are not limited to, advocacy on behalf of the beneficiary, resource navigation, collaboration with the beneficiaries, and others providing care or support to the beneficiary. This service/service code only applies to Wyoming Certified Peer Support Specialists.

NOTE: Service must be delivered by an individual who has completed the training and accreditation for Peer Support. No other provider types (LAT, LCSW, for example) may deliver this service.

Mental Health Group Therapy (H0046)

Session with two (2) or more unrelated clients experiencing various mental health challenges to deliver a broad range of therapeutic and counseling services. It may be helpful to individuals who are not responding to standard treatment or requiring specific therapeutic approaches. [The HQ modifier is not needed on this code.](#)

Comprehensive Medication Services (H2010)

Medication-related services for individuals to support medication adherence, monitoring effectiveness, and ensure patient safety. Services may include medication management, medication reconciliation, adherence counseling, and monitoring for adverse drug events. It is intended to help ensure medications are being taken correctly, clients understand their medications and any potential side effects or interactions.

Crisis Clinical Response Services (H2011)

Supporting an individual experiencing an abrupt and substantial change in behavior, usually associated with a precipitating situation, in the direction of severe impairment of functioning or a marked increase in distress. Interventions are designed to prevent out-of-community placement or hospitalization. Services are time-limited and present-focused to address the immediate crisis and develop appropriate links to community-based services. Examples of interventions: situational assessment, active listening, and empathic responses to help relieve emotional distress; effective verbal and behavioral responses to warning signs of crisis-related behavior, assistance to and involvement of individual in active problem-solving planning and interventions; facilitation of access to crisis stabilization and other services deemed necessary to effectively manage a crisis; mobilization of natural support systems and other interventions as appropriate to the individual and the issues to be addressed.

Day Treatment (H2012)

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 that 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. [The HQ modifier is not needed on this code.](#)

Psychosocial Rehabilitation Services (H2017)

Focus on the process of recovery and the development of skills that can be used to cope with mental health symptoms. Skills may include:

- Emotional skills, such as coping with stress, managing anxiety, dealing constructively with anger and other strong emotions, managing symptoms, dealing with frustration and disappointment, and similar skills.
- Behavioral skills, such as managing overt expression of symptoms like delusions and hallucinations, appropriate social and interpersonal interactions, proper use of medications, and extinguishing aggressive/assaultive behavior.
- Daily living and self-care, such as personal care and hygiene, money management, home care, daily structure, use of free time, shopping, food selection, preparation, and similar skills.
- Cognitive skills include problem solving, concentration and attention, planning and setting, understanding illness and symptoms, decision making, reframing, and similar skills.
- Communication integration skills focus on the maintenance or development of socially valued, age-appropriate activities.
- Excludes academic education, recreational activities, meals and snacks, and vocational services and training.

Agency-Based Individual Therapy (H2019)

Session with the client at the agency location. This service is targeted at reducing or eliminating specific symptoms or behaviors related to the individual's mental health and/or substance abuse disorder(s) as identified in the treatment plan.

Supported Employment (H2023)

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.

NOTE: Services not available from the Wyoming Department of Workforce Services Vocational Rehabilitation are eligible for payment.

Activity Therapy (H2032),

Formerly known as Recreation/Socialization

Therapeutic activities designed to improve social functioning, promote community integration, and reduce symptoms in areas critical to maintaining/establishing residency in the community (home, work, school, or peer group). They are designed to promote skill development in stress management, conflict resolution, coping skills, problem-solving, money management, nutrition, and community mobility. Interventions should be individualized and based on the goals specified in the treatment plan. Interventions cannot be purely recreational.

Alcohol and other substance abuse treatment (H2035) (Group IOP)

Session with two or more enrolled members (and collaterals as necessary) to provide a preplanned and structured group treatment program, including education about role functioning, illness, and medications; group therapy and problem-solving; and similar treatment to implement the member's treatment plan. [The HQ modifier is not needed on this code.](#)

Telehealth Originating Site Facility Fee (Q3014)

The originating site is the location of an eligible client when the service is being furnished via telehealth. Telehealth does not include a telephone conversation, email message, or fax transmission between the provider and client, or a provider-to-provider consultation. The originating site fee is not billable if the client uses their equipment, such as a personal phone, tablet, or computer.

Intensive Outpatient Program; Intensive Outpatient Psychiatric (S9480) Group

Session with two or more enrolled members (and collaterals as necessary) to provide a preplanned and structured group treatment program, including education about role functioning, illness, and medications; group therapy and problem-solving; and similar treatment to implement the member's treatment plan. [The HQ modifier is not needed on this code.](#)

On-going Case Management ≤ 20 years (G9012)

On-going Adult Case Management ≥21 years (H0006)

Adult Targeted Case Management ≥21 years (T1017)

A non-clinical service to assist individuals in gaining access to needed medical, social, educational, and other services. Foster a client'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 client or family member can assume this responsibility. Can be delivered individually or in a group.

Limitations: Clients must meet the criteria and have a primary diagnosis of mental health or substance use disorder in the current edition of the Diagnostic and Statistical Manual Disorders (DSM) or ICD equivalent.

The following activities cannot be billed as ongoing or targeted case management:

- Direct delivery of a medical, educational, social, or other service to which an eligible youth has been referred;
- Eligibility and redetermination activities, which include outreach, application, and referral activities;
- Transportation services;
- The writing, recording, or entering of case notes in a case file; and
- Coordination of the investigation of any suspected abuse, neglect, or exploitation cases.

Residential Services (Billing Taxonomies 320800000X and 324500000X)

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 BHC or a third-party entity, such as a governmental agency. Community Housing enhances the independence, dignity, personal choice, and privacy of the persons served.

MH Transitional Group Home (H0018) Service

Intensive, individualized, and interim support and services for persons with SMI who are at risk of institutional placement, transitioning from institutional settings, or are homeless. Staff provide on-site living support and assistance based on individual client needs and identified treatment goals. Services are focused on home and community reintegration.

NOTE: Must use the HE modifier when submitting claims for this service. Claims without a modifier will be denied.

MH Long-term Group Home (H0019) Service

Living environments that include staff-provided, on-site, and individualized support and services for individuals who, due to their SMI, require activities and interventions to develop daily living skills, including self-care, meal preparation, shopping, and budgeting proficiency.

NOTE: Must use the HE modifier when submitting claims for this service. Claims without a modifier will be denied.

MH Supervised Living (H0043) Service

Living environments supported by staff up to twenty-four (24) hours per day provide individualized services and support for persons with serious mental illness who have the capacity for independent living but require activities and interventions to be successful in their independent living environment.

NOTE: Must use the HE modifier when submitting claims for this service. Claims without a modifier will be denied.

Sub-Acute Crisis Residential (H0037) Bundled Service

A short-term residential service for persons experiencing a behavioral health crisis, focusing 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. 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 delivered at the provider's facility and include 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

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 trained in delivering services for persons with behavioral health disorders or related problems.

The Behavioral Health Division has adopted the American Society of Addiction Medicine (ASAM) Criteria as the standard for determining the appropriate levels of care in addiction treatment. In addition to the service definitions below, BHCs should be delivering residential services in alignment with ASAM Level 3: Residential standards.

Adolescent Primary Residential H0019 Bundled Rate

Organized treatment services that feature a planned care regimen for individuals 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, tailored to the needs of the adolescent. **NOTE: Must use HF modifier when submitting claims for this service. Claims without a modifier will be denied.**

Adult Primary Residential H0019 Bundled Rate

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. It 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 therapy for addictive and co-occurring disorders and supervision. The residential treatment program shall consist of services such as therapy groups, case management, and individual therapy, which are provided a minimum of one (1) time per month. **NOTE: Must use HF modifier when submitting claims for this service. Claims without a modifier will be denied.**

Pregnant & Women with Dependent Children Primary Residential H0019 Bundled Rate

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 therapy for addictive and co-occurring disorders and supervision. **NOTE: Must use HF modifier when submitting claims for this service. Claims without a modifier will be denied.**

Social Detox (H0010) Bundled Rate

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 symptoms. Services must integrate serial inebriate elements.

SUD Transitional Housing (H0018) Bundled Rate

A clinically managed, low-intensity, peer-supported therapeutic environment. Transitional Housing **does not include** independent, self-operated facilities like 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 personal health and hygiene, community socialization, job readiness, problem-resolution counseling, housekeeping, and financial planning.

NOTE: Must use HF modifier when submitting claims for this service. Claims without a modifier will be denied.

BHC Screen Benefit Plan

Billing Taxonomies 261QM0801X and 261QR0800X

This plan is designed to offer individuals seeking mental health or substance use disorder services an assessment to determine eligibility as part of the specified priority populations. Individuals with this benefit plan can receive up to two (2) assessments per calendar year.

Psychiatric Diagnostic Evaluation (90791)

Comprehensive diagnostic evaluation, including gathering information about the individual's history, mental status exam, determining diagnosis, and formulating a treatment plan. The session is primarily focused on the evaluation, but not medication management or other medical services. Portions of the evaluation may be administered by non-licensed staff and should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted for the day the assessment was completed.

Clinical Assessment SUD (96125)

Contact with the individual and collaterals as necessary to complete a clinical assessment of the client's substance use disorders (SUD) and treatment needs, including psychometric testing and functional assessment, if either is indicated, and establish a diagnosis. Portions of the assessment may be administered by non-licensed staff and should be documented in the client file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted for the day the assessment was completed.

Eligibility Assessment for Justice-Involved Individuals (96130 and 96131)

Contact with the individual and collaterals as necessary for completing an evaluation of the client's mental health or substance use disorders and treatment needs. Assessment includes identifying and evaluating an individual's strengths, weaknesses, problems, needs, and history to determine the need for primary treatment services and developing an individualized treatment plan. This assessment includes progress and discharge as indicated by the appropriate level of care. Use 96130 for the initial 60 minutes and

96131 for additional time. Portions of the evaluation may be administered by non-licensed staff and should be documented in the client file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted for the day the assessment was completed.

Note: Procedure code 96131 is an add-on code and cannot be billed separately.

Behavioral Health Eligibility and Risk Assessment Screen (H0002) (replaces procedure code T2024)

Initial contact with an individual to determine the need for services and potential eligibility for one of the BHC benefit plans. Should include assessment of risk factors such as suicidal or homicidal ideation. It may be administered by non-licensed staff to gauge the need for crisis services. The responses to the risk assessment questions should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted for the day the screening is completed.

BHD developed a risk screener to be used with all new clients. BHCs are expected to incorporate the questions into their initial call processes. BHCs may choose to add to the screener, but they shall use it with all new clients. The Risk Assessment Screener can be found in Appendix A of this document.

Clinical Assessment by non-physician (H0031)

Contact the client and/or collaterals as necessary to complete an evaluation of their mental health and substance use disorder(s) and treatment needs, including psychological testing if indicated. Portions of the assessment may be administered by non-licensed staff and should be documented in the client's file and signed off by the treating provider. If the service is spread out over multiple days, the claim will be submitted upon completion of the assessment.

BHC Crisis Benefit Plan

This benefit plan is designed for individuals experiencing a behavioral health crisis. The individual is facing an imminent psychiatric emergency or severe intoxication requiring immediate treatment. Due to the urgent nature of the situation, the client is unable to complete the enrollment process.

The benefit plan is limited to sixty (60) days of services per episode and two (2) episodes per calendar year. The client's eligibility will automatically terminate unless the eligibility process is completed.

The BHC must complete the Crisis Module in BHMS to get a client identification

number, which enables the provider to submit claims. For more details on the Crisis Module, see the Crisis Data Specifications in the Documentation Folder in the Document Library within BHMS.

Crisis clients should initially receive Acute Crisis and Diversion Services (procedure code 90839) or Crisis Clinical Response Service (procedure code H2011) to assess their immediate treatment needs. If the client can be diverted from higher-level or inpatient services to community-based services, the available options are the same as those in the BHC-Full benefit plan. Once the client is stabilized, the BHC should assist the client in completing the enrollment process and connecting the client to post-crisis services, either at the BHC or through a referral to another provider.

Early Serious Mental Illness Treatment Services

The Community Mental Health Block Grant requires states to set aside a portion of the funding to provide services to individuals experiencing the initial period of onset of a serious mental illness. Wyoming has adopted the Coordinated Specialty Care (CSC) model as the standard of care. The set-aside funding is currently allocated to two BHCs, Southwest Counseling and Volunteers of America Northern Rockies.

CSC is an evidence-based, recovery-oriented, team-centered model that encourages access to care and shared decision-making among the treatment team, the client, and their family members. Treatment services should include:

- Individual and/or group therapy
- Family education and support
- Case management
- Medication management
- Supported employment and education services to include career counseling, job placement support, skills development, and assisting with obtaining GED/high school diploma and pursuing post-secondary education, as applicable

BHCs can submit claims for services through the provider portal in the same way as other clients, and these will count toward the service cap.

The following activities are expected to be delivered under the set-aside funds:

- Identify and enroll individuals in coordinated and integrated services
- Ensure BHC direct care staff are trained in CSC
- Conduct a minimum of five (5) outreach activities targeting a variety of locations where youth and young adults are typically found
- Submit a bi-annual report to the Division

Appendix A – Call Screener (Risk Assessment)

BHC Call Screener (Risk Assessment Only)

Purpose: To quickly assess the caller's immediate needs, risks, and service appropriateness. Both front desk staff and licensed professionals can use this tool.

1. Demographic Information

- Full Name:
- Date of Birth:
- Phone Number:
- Preferred Method of Contact: (Call/Text/Email)
- Emergency Contact (Name & Phone Number):

2. Reason for Call and Presenting Issue:

- What services are you seeking?
 - Mental Health Services
 - Substance Use Treatment
 - Both
 - Other (specify):
- Can you briefly describe the reason you are calling today?

3. Risk Assessment:

- **Suicidal Ideation**
 - Are you currently having thoughts of harming yourself or ending your life?
 - Yes
 - No
 - If "Yes," ask:
 - Have you made any plans or taken steps toward acting on these thoughts?
 - Do you have access to means (e.g., weapons, medications, etc.)?
 - Are you currently in immediate danger of acting on these thoughts?
 - (If "Yes" to any of these, escalate to a crisis response, provide immediate support, notify a licensed clinician for urgent intervention, and notify the appropriate authorities (as appropriate))
- **Harm to Others**
 - Are you currently having thoughts of harming others?

- Yes
 - No
- If "Yes," ask:
 - Have you made any plans or taken any steps toward harming someone?
 - Do you have access to any means to carry out these plans (e.g., weapons, tools)?
- (If "Yes" to any of these, escalate to a crisis response, provide immediate support, notify a licensed clinician for urgent intervention, and notify the appropriate authorities if necessary)
- **Substance Use and Withdrawal**
 - Are you currently using substances (e.g., alcohol, drugs, prescription medications)?
 - Yes
 - No
 - If "Yes," ask:
 - What substances are you using, and how often?
 - Are you experiencing any withdrawal symptoms (e.g., tremors, sweating, nausea, confusion, agitation)?
 - Have you previously experienced withdrawal symptoms that were severe or required medical attention?
- (If the caller is experiencing moderate to severe withdrawal symptoms, recommend immediate medical evaluation and intervention)

4. Level of Urgency:

- High-Risk (Suicidal/Harm to Others/Substance Withdrawal):
 - Immediate referral to crisis response and/or emergency services
 - Ensure the caller is connected with the necessary support before ending the call
- Moderate Risk (Distress but no immediate danger):
 - Schedule an appointment for the earliest available time (same day or next business day)
 - Offer resources for interim support
- Low Risk (No immediate danger but seeking services):
 - Schedule a standard intake appointment
 - Provide education on available services

5. Next Steps/Referral:

- Based on the answers, determine appropriate next steps:

- If high-risk (suicidal, harm to others, severe withdrawal): Immediate referral to crisis services or emergency services
- If non-urgent but in need of services: Schedule an intake appointment with the appropriate services
- If no immediate need but seeking information: Provide contact information for further inquiries or resources.

Note: If there is any doubt about the level of risk or urgency, always err on the side of caution and escalate to a licensed clinician or crisis professional.

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Appendix B – Rendering Provider and Services Crosswalk

The following table shows the approved rendering providers for each of the procedure codes under the BHC benefit plans. The approved rendering providers may change without notice.

Service Name	Procedure Code	Approved Rendering Taxonomies
Psychiatric Diagnostic Evaluation	90791	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X
Psychotherapy, 30 minutes with the patient and/or family member	90832	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X
Psychotherapy, 45 minutes with the patient and/or family member	90834	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X
Psychotherapy, 60 minutes with the patient and/or family member	90837	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X
Acute Crisis and Diversion	90839 90840	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 172V00000X 175T00000X 2084P0800X 364SP0808X 208D00000X 363L00000X
Family Psychotherapy	90847	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X
Group Psychotherapy (Other than multiple-family groups)	90853	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X
SUD Clinical Assessment	96125	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 235Z00000X 364SP0808X
Assessment for Justice-Involved	96130 96131	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 103TS0200X 2084P0800X 364SP0808X
Office O/P New SF 15 minutes	99202	231H00000X 2084P0800X 364SP0808X 363L00000X
Office O/P New Low 30 minutes	99203	2084P0800X 364SP0808X 363L00000X
Office O/P New Mod 45 minutes	99204	2084P0800X 364SP0808X 208D00000X 363L00000X
Office O/P New Hi 60 minutes	99205	1041C0700X 2084P0800X 364SP0808X 208D00000X 363L00000X
Office O/P Est SF 10 minutes	99212	1041C0700X 231H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X
Office O/P Est Low 20 minutes	99213	1041C0700X 2084P0800X 364SP0808X 208D00000X 363L00000X
Office O/P Est Mod 30 minutes	99214	101YP2500X 103TC0700X 1041C0700X 2084P0800X 364SP0808X 208D00000X 363L00000X

Office O/P Est Hi 40 minutes	99215	2084P0800X 364SP0808X 208D00000X 363L00000X
Ongoing Case Management ≤ 20 years (individual or group)		101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 2084P0800X 364SP0808X 363L00000X
Behavioral Health Eligibility and Risk Assessment Screen	H0002	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X
Family Therapy (individual or group)	H0004	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X
Adult On-Going Case Management ≥ 21 years (individual or group)	H0006	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
Social Detox (SUD)	H0010	101YA0400X 163W00000X 164W00000X 2084P0800X 364SP0808X
Transitional Group Home (MH)	H0018	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
Transitional Group Home (SUD)	H0018	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
Long Term Group Home (MH)	H0019	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1014C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
Primary Residential (SUD)	H0019	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1014C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
Member Engagement	H0023	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
After Hours Emergency Line	H0030	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X
Clinical Assessment by a Non-Physician	H0031	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 364SP0808X
Sub-Acute Crisis Residential (MH)	H0037	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X
Certified Peer Specialist	H0038	175T00000X
Supervised Living (MH)	H0043	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X
Group Therapy - Mental Health Services, not otherwise specified	H0046	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X

		101YS0200X 1041S0200X 103TS0200X 2084P0800X 364SP0808X
Comprehensive Medication Therapy	H2010	101YP2500X 163W00000X 164W00000X 2084P0800X 364SP0808X
Crisis Clinical Response	H2011	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X 251C00000X
Day Treatment (group)	H2012	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 172V00000X 175T00000X 2084P0800X 364SP0808X
Rehabilitative Services - Skill Training & Development (individual or group)	H2014	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 172V00000X 251C00000X 251B00000X
Psychosocial Rehabilitation Services	H2017	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X
Agency-Based Individual Therapy	H2019	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 101YS0200X 1041S0200X 103TS0200X 2084P0800X 364SP0808X
Supported Employment	H2023	101Y00000X 1041C0700X 171M00000X 172V00000X 175T00000X
Activity Therapy (individual or group)	H2032	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 172V00000X 175T00000X 2084P0800X 364SP0808X
Alcohol and other substance abuse treatment programs (Group)	H2035	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X
Intensive Outpatient Program, Intensive Outpatient Psychiatric Services	S9480	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X
Eligibility Assessment	T2024	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X 251C00000X 251B00000X
Adult Targeted Case Management ≥ 21 years (individual or group)	T1017	101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X

Links and Resources

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/>

Wyoming Medicaid Website <https://health.wyo.gov/healthcarefin/medicaid/>

Provider Enrollment (HHS Technology Group) <https://wyoming.dyp.cloud>

(877) 399-0121 Monday-Friday MT 8:00 a.m. to 5:00 p.m.

Enrollment and re-enrollment, update information, banking information, and updates

Provider Services www.wyomingmedicaid.com/

(888) 996-6223 Monday-Friday MT 7:00 a.m. to 6:00 p.m.

email: wyprovideroutreach@acentra.com

Claim inquiries and submission problems, payment inquiries, portal assistance and training, and technical support

Customer Service Center (Client Enrollment) <https://www.wesystem.wyo.gov>

client-only ~ Cannot speak with the provider without consent from the client, which is documented on the application

(855) 294-2127 Monday-Friday MT 7:00 a.m. to 6:00 p.m.

Behavioral Health Management System (BHMS) Help Desk

wdh-bhd-datasystem-helpdesk@wyo.gov