



Wyoming
Department
of Health

**Behavioral Health Center Benefit Plans
Provider Manual**



Version 3.01

July 2026

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	10/10/2025	Corrections & Updates	Correcting Errors/typos; adding clarifying language
Version 3.0	7/7/2026	Full Release	Updates for Fiscal Year 2027
Version 3.01	7/17/2026	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.**

Authority

The Wyoming Department of Health, Behavioral Health Division, is the Single State Authority (SSA) that administers funding to the public mental health (MH) and substance use disorder (SUD) service system in Wyoming.

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.

Introduction

The Behavioral Health Center (BHC) Benefit Plans Provider Manual provides information and guidance to contracted BHC providers, state agencies, and other interested parties on state-funded MH and SUD treatment services in Wyoming. The Behavioral Health Division (BHD) of the Wyoming Department of Health administers these benefit plans. This manual contains information on providing and seeking reimbursement for MH and SUD services delivered by eligible providers.

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 funding prioritization system, and implementing a fee-for-service reimbursement system. The intent is to provide state-funded care to individuals who, without treatment, may otherwise end up in an institutional setting under the previous general-access, grant-based care system. The benefit plans were developed as part of the Legislation implementation, which went into effect on July 1, 2024.

NOTE: Wyoming Medicaid does not manage the BHC benefit plans, and provider enrollment is limited. Please see the Eligible Provider Section for more information.

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 seeking 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 the individual is at or below 200% of the FPL, they are automatically assigned to 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. A Medicaid application must be completed as part of the eligibility process.

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 (DFS) 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 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 (SMI):

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. *Note: the inclusion of vulnerable adults as defined by W.S. 35-20-102(a)(xviii) in this definition was sunset as of June 30, 2026.*

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.

Additionally, the Behavioral Health Division has included the priority populations identified by the federal Community Mental Health and Substance Use Prevention, Treatment, and Recovery (SUBG) block grants. Those meeting the federal priority population definitions are considered eligible and may 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

BHD also recognizes veterans as a priority population. We define veterans 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).

BHCs must adhere to the following requirements as part of receiving MHBG funds (42 C.F.R. § 300x-2(c)):

- Deliver specialized outpatient services for children, the elderly, individuals with SMI, and residents of the center's catchment area who have been discharged from inpatient treatment at a mental health facility;
- Offer 24-hour emergency care services;
- Provide day treatment, other partial hospitalization services, or psychosocial rehabilitation services;
- Screen patients being considered for admission to State mental health facilities to determine the appropriateness of such admission;
- Ensure mental health services are available and accessible promptly, as appropriate, and in a manner that preserves dignity and assures continuity of high-quality care.

In receiving SUBG funds, BHCs must adhere to the following (42 C.F.R. § 300x-22(b)(3), 300x-23(a)(2), 300x-23(b), and 300x-27):

- Individuals who request and need treatment for intravenous drug use are admitted no later than fourteen (14) days after making the request, or 120 days after the date of the request if no program has the capacity to admit the individual on the date of the request. Interim services are made available no later than 48 hours after the request is made.
- Either directly or through arrangements, make prenatal care available to women receiving services, as well as childcare for minor children, while the women are in treatment services.
- Conduct outreach to encourage individuals who use substances intravenously to seek treatment.

- Give pregnant women preference in admissions to treatment, and publicize this preference.
- Provide interim services within 48 hours of a woman seeking treatment services if the BHC does not have capacity to admit to treatment or the referral agency does not have capacity.

Financial Eligibility

The Customer Service Center (CSC) can assist clients with questions regarding Medicaid applications, financial eligibility, and service verification. The CSC is located 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 8 a.m. to 5 p.m. Mountain Time.

It is important to ask clients whether they are already receiving Medicaid benefits or to check the Medicaid Provider Portal, as existing benefits may affect the eligibility timeframe for BHC benefit plans.

CSC staff will speak only with the applicant/client (also referred to as a member), unless the applicant/client has indicated on the application that it is approved to discuss the application and its status with a designated person. Clients eligible for one (1) of the BHC benefit plans *will not receive a Medicaid card* unless they also qualify for a Medicaid benefit plan.

A diagnosis or referral from a partner State agency, school, or physician determines all priority population categories except indigent general access. This information is captured in the Management Information System (MIS) form, which is part of the Behavioral Health Management System (BHMS). The MIS has been revised to allow providers to enter a smaller set of client information, giving them flexibility in how they handle the intake process.

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

Eligible clients will receive notices from the Medicaid Customer Service Center to renew their financial eligibility. BHCs are not included in that notification process. BHCs are encouraged to inform their clients of the importance of promptly responding to renewal notifications. Failure to complete any part of the process can result in a loss of benefits. BHCs are also encouraged to request periodic updates from the client to ensure both the BHC and the CSC have the most up-to-date information.

Eligible Providers

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

An organization must be state-certified as a BHC, as well as 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 Assessment
- 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 twenty-four (24) hours per day, seven (7) days a week, 365 days a year.

An organization seeking certification can find the information on our website:

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

BHD issues a Request for Application annually, in which organizations submit documentation detailing how they will deliver the required range of services, either directly or through a formal written agreement with another provider. Additionally, if the organization does not have a current BHC contract with the Wyoming Department of Health, Behavioral Health Division, the application shall include documentation showing how it meets the definition of a Behavioral Health Center. Contracted BHCs are given priority over those without a contract in accordance with the statutory language. If a current contracted provider is found to be noncompliant with the professional standards outlined in the administrative rules, BHD will select the most appropriate provider to deliver the service. If a current provider is unable or unwilling to deliver the services, BHD may issue another Request for Application to solicit the needed services.

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

Billing Provider Taxonomy Codes

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/medicaid/for-healthcare-providers/>

Fee Schedule

BHD has developed a fee schedule for the services available for each plan. The Fee Schedule can be found at:

<https://health.wyo.gov/behavioralhealth/mhsa/treatment/bhc-benefit-plans/>

The BHC benefit plan fee schedule lists covered procedure codes, applicable modifiers, and the corresponding rates for each code. The BHC-Full benefit plan shares several outpatient behavioral health procedure codes with Wyoming Medicaid benefit plans. The shared codes have the same rendering provider(s), limits, and restrictions.

The BHC procedure codes 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 BHD fee schedule, developed by BHD, is considered 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 clients. For additional information, please see [Chapter 5, Behavioral Health Centers: Professional Standards for Personnel and Service Quality, Sections 4 & 5](#)

Claims Submission

BHCs shall submit claims using the 837 Professional claims files to BHMS. BHMS has been enhanced to accept and validate files, ensuring the information meets the rules and that all mandatory fields are completed. Should an error be found in the batch file, it will be returned to the BHC for correction. BHCs determine how often they submit 837 claims.

Treating (or Rendering) Providers

A treating or rendering provider is the individual delivering the service to the client(s). Each treating provider must have their own NPI number and taxonomy number that aligns with the licensure/certification. The treating provider's NPI or Medicaid ID should be entered on claims to ensure appropriate processing and payment.

The approved treating provider taxonomies listed may change without prior notice.

Treating Providers	Taxonomy
Provisional Professional Counselor, General Counselor	101Y00000X
Licensed Addictions Therapist (LAT) or Provisional Licensed Addictions Therapist (PLAT) or Certified Addictions Practitioner (CAP)	101YA0400X
Licensed Professional Counselor (LPC)	101YP2500X
Neuropsychologist	106G00000X
Behavior Analyst	103K00000X
Clinical Psychologist	103TC0700X
Licensed Clinical Social Worker (LCSW), Master of Social Work (MSW) with Provisional License (PCSW) or Certified Social Worker (CSW)	1041C0700X
Assistant Behavior Analyst	106E00000X
Licensed Marriage & Family Therapist (LMFT) or Provisional Marriage and Family Therapist (PMFT)	106H00000X
Behavior Technician	106S00000X
Registered Nurse (RN)	163W00000X
Licensed Practical Nurse (LPN)	164W00000X
Case Manager	171M00000X
Community Health Worker, Individual Rehabilitative Services Worker	172V00000X
Peer Support Specialist	175T00000X
School Counselor	101YS0200X
School Social Worker	1041S0200X
School Nurse	163WS0200X
Licensed Vocational Nurse	164X00000X
Clinical Nurse Specialist (Psych/Mental Health)	364SP0808X
Nurses Aid	376K000000X
General Practice Physicians	208D00000X
Nurse Practitioner	363L00000X

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

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



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

The screenshot shows the "Code Management Toolkit" interface. The "Fee Schedule" tab is selected. On the left, there is a "Search Codes" box with a magnifying glass icon and the text "Type the codes to search and view their rates and properties." On the right, the "Procedure Code Search" section has a "Search by:" dropdown set to "Procedure Code/Description" and a "Search" button. Below this, there is a text input field for "Enter the code or part of the description:" containing "96130" and a "Code Category:" dropdown set to "Code Categories". A note below the input field states: "(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.)". Below the search section, the "Code List" table is displayed with columns for Code, Type, and Description. The first row shows the code "96130" (linked), Type "HCPCS/CPT Codes", and Description "PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA". A red arrow points to the link "96130" in the Code List.

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

The screenshot shows a new window with four panels. The "Associated Modifiers" panel displays a table with columns: Claim Type, Modifier Code, Modifier Description, Include/Exclude, Start Date, and End Date. The "Associated Taxonomy" panel displays a table with columns: Taxonomy, Start Date, End Date, and Effective Date. The "Modifier Pricing" and "Taxonomy Pricing" panels both show "No records to view".

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

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



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 BHMS system starting July 2026. The claims are also loaded into BHMS as an Electronic Service Record (ESR) for each enrolled client. BHC staff can review the claims information to assist in identifying BHC benefit plan payments 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 Claim Issues.

WORKFLOW GENERAL CLAIM ISSUES

Agency Group Issue Type

Claim Issues ADD NOTES

Filter by Client ID or Claim TCN

☐	Status	Agency	Claim TCN	Line Code	Procedure Code	Mod Code(s)	Transaction Date	Note	Actions
No data available									

Rows per page: 25

EXPORT

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.

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 (real-time, interactive audio and video communications). All interactions, including the transmission process, must comply with HIPAA patient privacy regulations at the patient and provider locations.

Please review the BHC Fee Schedule for services approved for delivery via telehealth. *These services are denoted with the GT modifier.*

BHCs shall obtain the client's consent and save it as part of their records. Telehealth services should be documented consistently with in-person documentation.

Prior Authorizations (PA)

Services under the BHC benefit plans do not require Prior Authorizations (PA). However, a PA may be needed if the client is dual-eligible for Medicaid and Medicaid covers the service. Please see the [CMS-1500 Provider Manual](#) for additional information on which Medicaid services require prior authorization, how to obtain PAs, and the thresholds.

Documentation

BHC providers must document all services rendered in accordance with the CMS-1500 Provider Manual, the Medicaid Provider Agreement, and contractual requirements.

Service 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 before 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 requirements are available in Chapter 12.9.3.1 (page 233) of the CMS-1500 Provider Manual.

Assessments

BHD previously designated the Addiction Severity Index (ASI) as an approved assessment instrument in earlier versions of the administrative rules governing the delivery of substance use disorder treatment services. This designation was removed in 2020. Although the BHCs and other agencies continued to use the ASI as the primary assessment instrument, 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.

Note: 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

This plan provides state-funded outpatient and residential mental health and substance use disorder treatment services to individuals who meet eligibility requirements. All services listed on the fee schedule are available on the BHC-Full benefit plan.

BHC Screen Benefit Plan

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.

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.*

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 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.

Service Listing

The following services and definitions are available on the indicated BHC plan. Please note the requirements, billing taxonomies, and limits listed by procedure code.

All adult SUD services shall align with the American Society of Addiction Medicine (ASAM) Criteria, 4th Edition, Volume 1. BHCs should incorporate Volume 2, Adolescents and Transition-Aged Youth, into their practices during the State Fiscal Year 2027 (July 1, 2026-June 30, 2027). All SUD services should be co-occurring-capable and provide medications for opioid use disorder (MOUD) that are accessible to clients, either directly or through referral.



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

Service Name	Procedure Code	Billing Taxonomies	
Psychiatric Diagnostic Evaluation without Medical Services	90791	261QM0801X 261QR0800X	BHC-Full BHC-Screen
Comprehensive diagnostic evaluation, including a biopsychosocial assessment, individual and family history, mental status examination, and treatment planning. The session does not include medical services, such as physical exams or prescribing medications. If the service spans multiple days, the claim shall be submitted for the day the assessment was completed. Unit Length: Session (45-90 minutes)			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 101YS0200X 103G00000X, 103TC0700X 1041C0700X 106H00000X 2084P0800X, 364SP0808X 208D00000X 363L00000X		Limits: 2 instances per year Does not include physical exams or medication management	
Psychotherapy with client and/or family	90832	261QM0801X 261QR0800X	BHC-Full
Psychotherapy session, used for insight-oriented, behavior-modifying, or supportive psychotherapy. Excludes administrative, documentation, or scheduling time. For psychotherapy only. If medical evaluation/management services make up most of the session time, please submit a claim for the appropriate E/M procedure code. 30-minute unit (16-37 minutes for billing)			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X		Procedure code 90832 cannot be billed on the same day as codes 99202-99205 and 99212-99215.	

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Psychotherapy with client and/or family	90834	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Psychotherapy session, used for insight-oriented, behavior-modifying, or supportive psychotherapy. Excludes administrative, documentation, or scheduling time. For psychotherapy only. If medical evaluation/management services make up most of the session time, please submit a claim for the appropriate E/M procedure code. 90834, 45-minute unit (38-52 minutes for billing)			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 101YS0200X 1041S0200X 103TS0200X 2084P0800X 364SP0808X 208D00000X 363L00000X		Procedure code 90834 cannot be billed on the same day as codes 99202-99205 and 99212-99215.	
Psychotherapy with client and/or family	90837	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Psychotherapy session, used for insight-oriented, behavior-modifying, or supportive psychotherapy. Excludes administrative, documentation, or scheduling time. For psychotherapy only. If medical evaluation/management services make up most of the session time, please submit a claim for the appropriate E/M procedure code. 90837, 60-minute unit (53-60 minutes for billing)			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 101YS0200X, 1041S0200X, 103TS0200X, 2084P0800X, 364SP0808X 208D00000X, 363L00000X		Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.	
Family Psychotherapy	90847	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Session with the client and family member(s) to treat the condition by addressing relational and systemic factors, or to assist family members in managing the client's care. Sessions may assist the family in understanding addiction as a disease, address enabling behaviors, or intergenerational trauma patterns. It can also be used for discharge/transition planning or relapse prevention planning.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 364SP0808X		Should not be used when the service performed is a family history or E/M counseling.	

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Group Therapy – Other than multiple family groups	90853	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Structured session with unrelated clients and a qualified behavioral health professional, including social learning, interpersonal feedback, universality, and opportunities to practice social and communication skills in a safe environment. The following types of groups are common for this procedure code: process groups, psychoeducation groups, skill-based groups, relapse prevention groups, and trauma-focused or special population groups, such as women's or veterans' groups. Billing range: 45-60 minutes			
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500, 103G00000X, 103TC0700X, 106H00000X, 1041C0700X, 2084P0800X, 364SP0808X		Limit: Maximum of 12 participants. Clients must be present for the majority of the session to be billed.	
Acute Crisis & Diversion Services	90839	261QM0801X	BHC- Full T37 Crisis
	90840	261QR0800X	
Bundled Rate – 90839 31-60 minutes, 90840 – Add on 30 minutes.			
Psychotherapy to a patient experiencing a psychiatric crisis/emergency, including suicidal or homicidal ideation, severe withdrawal symptoms, psychotic breaks, or acute trauma responses. May include 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. Stabilization of the immediate crisis and development of safety plans are included in this service.			
Bundled Rate includes the following services:			
Risk Screener (H0002)		Case Management (G9012, T1017)	
Clinical Assessment (90791,96125, 96130/96131, H0031)		Medication Management (99202-99205, 99212-99215, H2010)	
Psychotherapy (90832, 90834, 90837, 90847)		Peer Specialist Services (H0038)	
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: Procedure code 90840 is an add-on code and cannot be billed separately. Procedure codes 90791, 90792, 90785-90899, and 90832-90838 cannot be billed on the same day.	

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Clinical Assessment SUD	96125	261QM0801X 261QR0800X	BHC- Full BHC-Screen T37 Crisis
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 spans multiple days, the claim will be submitted on the day the assessment is completed. Billing timeframe 31-60 minutes			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Limit: Maximum of 2 units per date of service.	
Eligibility Assessment for Justice-Involved Individuals (31-60 minutes) Add-on 30 minutes	96130 96131	261QM0801X 261QR0800X	BHC- Full BHC-Screen T37 Crisis
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.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Limit: Procedure code 96131 is an add-on code and cannot be billed separately. Procedure codes for psychotherapy (90832, 90834, and 90837) or E/M services (99202-99212 and 99212-99215) codes cannot be billed on the same day.	
Office Visit – E/M for NEW Patient Straightforward 15 minutes	99202	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Straightforward medical decision making. 15-29 minutes of total time on the date of encounter.			
Approved rendering providers: 231H00000X 2084P0800X 364SP0808X 363L00000X		Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.	
Office Visit – E/M for NEW Patient Low 30 min	99203	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Low-level medical decision making. 30-44 minutes of total time on the date of encounter.			
Approved rendering providers: 103TC0700X, 2084P0800X, 364SP0808X 231H00000X, 208D00000X, 363L00000X		Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.	

Office Visit – E/M for NEW Patient Moderate 45 min	99204	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Moderate-level medical decision making. 30-44 minutes of total time on the date of encounter.			
Approved rendering providers: 2084P0800X 364SP0808X 208D00000X 363L00000X	Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.		
Office Visit – E/M for NEW Patient Moderate 60 min	99205	261QM0801X 261QR0800X	BHC-Full T37 Crisis
High-level medical decision making. 60-74 minutes of total time on the date of encounter.			
Approved rendering providers: 1041C0700X 2084P0800X 364SP0808X 208D00000X, 363L00000X	Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.		
Office Visit – E/M for ESTABLISHED Patient Straightforward 10 minutes	99212	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Straightforward medical decision making. 10-19 minutes of total time on the date of encounter.			
Approved rendering providers: 1041C0700X 231H00000X 2084P0800X 364SP0808X 208D00000X 363L00000X	Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.		
Office Visit – E/M for ESTABLISHED Patient Low 20 min	99213	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Low-level medical decision making. 20-29 minutes of total time on the date of encounter.			
Approved rendering providers: 1041C0700X 2084P0800X 364SP0808X 208D00000X 363L00000X	Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.		
Office Visit – E/M for ESTABLISHED Patient Moderate 30 min	99214	261QM0801X 261QR0800X	BHC-Full T37 Crisis
Moderate level of medical decision making. 30-39 minutes of total time on the date of encounter.			
Approved rendering providers: 101YP2500X 103TC0700X 1041C0700X 2084P0800X 364SP0808X 208D00000X 363L00000X	Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.		
Office Visit – E/M for ESTABLISHED Patient High 40 minutes	99215	261QM0801X 261QR0800X	BHC-Full T37 Crisis
High-Level medical decision-making. 40-54 minutes of total time on the date of encounter.			
Approved rendering providers: 101YP2500X, 2084P0800X 364SP0808X 208D00000X 363L00000X	Procedure codes 90832, 90834, and 90837 cannot be billed on the same day as codes 99202-99205 and 99212-99215.		

Behavioral Health Eligibility and Risk Screening	H0002	261QM0801X 261QR0800X	BHC- Full BHC-Screen T37 Crisis
Behavioral health screening to determine eligibility for admission and to administer the risk screening to triage and appropriately refer clients to services. BHCs must use the eligibility and risk screener with all new clients. A copy of the required screener is available in Appendix A at the end of this document. BHCs are expected to incorporate the questions into the call processes. BHCs may choose to add information and questions to the screener, but the language in the screener must remain. Billing range: 16-30 minutes			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 172V00000X 175T00000X 174400000X 208D00000X 231H00000x 2084P0800X 363L00000X 364SP0808X		Limit: Maximum of 1 unit per date of service.	
Clinical Assessment by a non-physician	H0031	261QM0801X 261QR0800X	BHC- Full BHC-Screen T37 Crisis
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 spans multiple days, the claim will be submitted upon completion of the assessment. Billing range: minimum 31 minutes			
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500, 103G00000X, 103TC0700X, 106H00000X, 163W00000X, 1041C0700X, 2084P0800X, 364SP0808X		Limit: Maximum of 2 units per calendar year. This procedure code cannot be billed on the same day as other diagnostic or evaluation services (ex. CPT 90791) for the client by the same provider.	
Peer Support Service	H0038	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Peer Support Specialists led non-clinical activities and provided coaching to encourage and support beneficiaries in participating in behavioral health treatment, including support 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, and collaboration with the beneficiary and others providing care or support to the beneficiary.			
Approved rendering providers: 101YP2500X 175T00000X		Limit: Individuals enrolled as a Peer Specialist (taxonomy 175T00000X) must have completed the Peer Specialist training and be credentialed by the IC&RC.	

Mental Health Group Therapy	H0046	261QM0801X 261QR0800X	BHC- Full T37 Crisis
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.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Note: HQ modifier not required to bill this code.	
Comprehensive Medication Services	H2010	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Medication-related services to support medication adherence, monitor 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 that medications are taken correctly and that clients understand their medications and any potential side effects or interactions. Must document time spent (assessing side effects, medication education, or coordinating care).			
Approved rendering providers: 101YP2500X 163W00000X 164W00000X 2084P0800X 364SP0808X 363L00000X		Note: HQ modifier not required to bill this code.	
Crisis Clinical Response Services	H2011	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Short-term intensive and immediate intervention to stabilize individuals in acute distress, prevent hospitalization, or reduce harm. Intended to de-escalate crises, provide immediate assessment, develop safety plans, and link individuals to necessary care.			
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.			
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X, 103TC0700X, 1041C0700X, 106H00000X		Limit: 32 units per day (8 hours).	

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Psychosocial Rehabilitation Services	H2017	261QM0801X 261QR0800X	BHC- Full T37 Crisis
A skill-building service aimed at restoring, enhancing, or strengthening skills for independent living. Assist adults to increase their functioning, manage their illness, and live as independently as possible. 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.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X			
Agency-Based Individual Therapy	H2019	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Structured interventions are designed to reduce cognitive, behavioral, or social impairment, restore functioning, and promote recovery. This includes developing and implementing behavior modification strategies and evidence-based interventions with regular reassessments to gauge the effectiveness of the intervention(s).			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Limit: Cannot be used on the same day as outpatient psychotherapy (90832, 90834, and 90837), or Peer Support Services (H0038)	
Supported Employment	H2023	261QM0801X 261QR0800X	BHC- Full T37 Crisis
To help individuals achieve meaningful employment, self-sufficiency, and community integration through job development, placement, coaching, and long-term follow-along services to maintain employment.			
Approved rendering providers: 101Y00000X 171M00000X 172V00000X 175T00000X		Limit: Services delivered by the Wyoming Department of Workforce Services Vocational Rehabilitation cannot be billed under this code.	

Activity Therapy	H2032	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Structured, non-recreational therapeutic activities designed to improve physical, cognitive, or social functioning. Therapeutic activities include art, music, movement, or sensory integration therapy. Interventions should be individualized and based on the goals specified in the treatment plan.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 164W00000X 171M00000X 172V00000X 175T00000X 2084P0800X 364SP0808X		Limit: Activities cannot be purely recreational.	
Alcohol and other substance use treatment	H2035	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Individual or group outpatient to help clients assess their substance use patterns and related problems, deliver counseling sessions, educate about addiction and recovery, and teach coping skills and relapse prevention strategies.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Limit: Initial comprehensive diagnostic assessments or treatment plan development cannot be billed using this procedure code.	
Telehealth Originating Site Facility Fee	Q3014	261QM0801X 261QR0800X	BHC- Full T37 Crisis
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 between providers.			
Limit: Not billable if the client uses their own equipment, such as a personal phone, tablet, or computer.			
Intensive Outpatient Program; Intensive Outpatient Psychiatric	S9480	261QM0801X 261QR0800X	BHC- Full T37 Crisis
Intensive, non-residential care including individual or group therapy, medication management, and psychosocial education groups—a minimum of 3 hours of therapeutic services per day. Generally, the service requires 3-5 days per week for adults and 6-19 hours of intervention for children and adolescents. Services must be delivered by licensed behavioral health professionals or qualified staff under the direct supervision of a licensed professional.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X		Limit: Procedure codes 90832, 90834, 90837, and 90853 cannot be billed on the same day.	

On-going Case Management ≤ 20 years Adult Targeted Case Management ≥21 years	G9012 T1017	261QM0801X 261QR0800X	BHC- Full T37 Crisis
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 of 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. Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X			

Residential Services

The following are the service definitions for residential services available under the BHC-Full benefit plan. The definitions include: service name, procedure code, billing taxonomy,

BHCs should have a capacity management system or process that provides real-time information on available residential placements within their catchment area. If a BHC lacks the capacity to admit an individual in need of residential services within 14-120 days of their request, it must refer the individual to another BHC. The BHC shall provide interim services until the individual can be admitted or if no appropriate referral is available. Interim services are intended to reduce adverse health effects resulting from substance use, promote the individual's health, and engage the individual in services. Interim services shall include case management, counseling, and medication management, as applicable.

MH Transitional Group Home	H0018	320800000X	BHC- Full T37 Crisis
Unbundled service – client must have an open outpatient episode in addition to the residential episode for claims to map correctly.			
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: short-term residential setting, typically 30 days or less.			
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: 1 unit per day HE modifier is required for claims	
MH Long-Term Group Home	H0019	320800000X	BHC- Full T37 Crisis
Unbundled service – client must have an open outpatient episode in addition to the residential episode for claims to map correctly.			
Living environments that include staff-provided, on-site, and individualized support and services for individuals with SMI who require activities and interventions to develop daily living skills, including self-care, meal preparation, shopping, and budgeting proficiency.			
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: 1 unit per day HE modifier is required for claims	
MH Supervised Living	H0043	320800000X	BHC- Full T37 Crisis
Unbundled service – client must have an open outpatient episode in addition to the residential episode for claims to map correctly.			
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.			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Limit: 1 unit per day	

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Sub-Acute Crisis Residential (MH & SUD)	H0037	320800000X 324500000X	BHC- Full T37 Crisis
Bundled service- List of procedure codes below that are included in the rate. May open an outpatient episode for services not included in the list. [Equivalent to ASAM Level 3.5]			
A short-term, clinically-managed 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.			
Bundled Rate includes the following services:			
Clinical Assessment (90791,96125, 96130/96131, H0031)		Activity Therapy, Individual or Group (H2032)	
Psychotherapy (90832, 90834, 90837, 90847, 90853)		Crisis Clinical Response (H2011)	
Family Therapy (H0004)		Acute Crisis & Diversion Services (90839/90840)	
Case Management Individual or Group (G9012, T1017)		Intensive Outpatient Services (S9480 or H2035)	
Medication Management (99202-99205, 99212-99215, H2010)		Psychosocial Rehabilitation Services (H2017)	
Peer Specialist Services, Individual or Group (H0038)			
Approved rendering providers: 101Y00000X 101YA0400X 101YP2500X 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 2084P0800X 364SP0808X		Limit: 1 unit per day	
SUD Primary Residential (Adolescent & Transition-Aged Youth)	H0019-HA	324500000X	BHC- Full T37 Crisis
Bundled service- List of procedure codes below that are included in the rate. May open an outpatient episode for services not included in the list. [Equivalent to ASAM Level 3.5Y]			
Organized treatment services that feature a planned care regimen for adolescents ages thirteen (13) to eighteen (18) years and transition-aged youth ages sixteen (16) to twenty-five (25) 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 adolescent's needs.			
Bundled Rate includes the following services:			
Clinical Assessment (90791,96125, 96130/96131, H0031)		Peer Specialist Services, Individual or Group (H0038)	
Psychotherapy (90832, 90834, 90837, 90847, 90853)		Activity Therapy, Individual or Group (H2032)	
Family Therapy (H0004)		Intensive Outpatient Services (S9480 or H2035)	
Case Management Individual or Group (G9012, T1017)		Psychosocial Rehabilitation Services (H2017)	
Medication Management (99202-99205, 99212-99215, H2010)		Agency-Based Individual Therapy (H2019) or Group Therapy (H0043)	
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: 1 unit per day HA modifier is required for claims	

SUD Primary Residential (Adult)	H0019-HF	324500000X	BHC- Full T37 Crisis
Bundled service- List of procedure codes below that are included in the rate. May open an outpatient episode for services not included in the list. [Equivalent to ASAM Level 3.5]			
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.			
Bundled Rate includes the following services:			
Clinical Assessment (90791,96125, 96130/96131, H0031)		Peer Specialist Services, Individual or Group (H0038)	
Psychotherapy (90832, 90834, 90837, 90847, 90853)		Activity Therapy, Individual or Group (H2032)	
Family Therapy (H0004)		Intensive Outpatient Services (S9480 or H2035)	
Case Management Individual or Group (G9012, T1017)		Psychosocial Rehabilitation Services (H2017)	
Medication Management (99202-99205, 99212-99215, H2010)		Agency-Based Individual Therapy (H2019) or Group Therapy (H0043)	
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: 1 unit per day HF modifier is required for claims	
SUD Primary Residential (Pregnant Women and Women with Dependent Children)	H0019-HD	324500000X	BHC- Full T37 Crisis
Bundled service- List of procedure codes below that are included in the rate. May open an outpatient episode for services not included in the list. [Equivalent to ASAM Level 3.5]			
Services for pregnant women and women with dependent children (including postpartum women) shall 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 family-centered protective environment that includes support and therapy for addictive and co-occurring disorders and supervision. The SUBG requires that clients receive primary and pediatric medical treatment, as well as childcare, while mothers are receiving services. Medical care may be delivered by the appropriately licensed provider staff or through referrals.			
Bundled Rate includes the following services:			
Clinical Assessment (90791,96125, 96130/96131, H0031)		Peer Specialist Services, Individual or Group (H0038)	
Psychotherapy (90832, 90834, 90837, 90847, 90853)		Activity Therapy, Individual or Group (H2032)	
Family Therapy (H0004)		Intensive Outpatient Services (S9480 or H2035)	
Case Management Individual or Group (G9012, T1017)		Psychosocial Rehabilitation Services (H2017)	
Medication Management (99202-99205, 99212-99215, H2010)		Agency-Based Individual Therapy (H2019) or Group Therapy (H0043)	

Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: 1 unit per day HD modifier is required for claims	
SUD Social Detox	H0010	324500000X	BHC- Full T37 Crisis
Bundled service- List of procedure codes below that are included in the rate. May open an outpatient episode for services not included in the list. [Equivalent to ASAM Level 3.5]			
A clinically-managed, 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.			
Bundled Rate includes the following services:			
Clinical Assessment (90791,96125, 96130/96131, H0031)		Peer Specialist Services, Individual or Group (H0038)	
Psychotherapy (90832, 90834, 90837, 90847, 90853)		Crisis Clinical Response (H2011) related to SUD	
Family Therapy (H0004)		Acute Crisis and Diversion Services (90839/40) related to SUD	
Case Management Individual or Group (G9012, T1017)			
Medication Management (99202-99205, 99212-99215, H2010)			
Approved rendering providers: 163W00000X, 164W00000X, 2084P0800X, 364SP0808X		Limit: 1 unit per day	
SUD Transitional Housing	H0018-HF	324500000X	BHC- Full T37 Crisis
Bundled service- List of procedure codes below that are included in the rate. May open an outpatient episode for services not included in the list. [Equivalent to ASAM Level 3.1]			
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.			
Bundled Rate includes the following services:			
Clinical Assessment (90791,96125, 96130/96131, H0031)		Peer Specialist Services, Individual or Group (H0038)	
Psychotherapy (90832, 90834, 90837, 90847, 90853)		Supported Employment (H2023)	
Activity Therapy, Individual or Group (H2032)		Psychosocial Rehabilitation Services (H2017)	
Case Management Individual or Group (G9012, T1017)		Agency-Based Individual Therapy (H2019) and Alcohol and Other SUD Treatment Programs (H2035)	
Approved rendering providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X 103TC0700X 1041C0700X 106H00000X 163W00000X 171M00000X 175T00000X 2084P0800X 364SP0808X		Limit: 1 unit per day HF modifier is required for claims	

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. 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 submit claims for services using BHMS, and these services will count towards 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 monthly reports to the Division (Must be submitted by the 15th of the month.

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Appendix A – BHC Eligibility and Risk Screener

BHC Call Screener (Revised)

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

Note to Staff: *Always speak in a calm, supportive tone. If the caller sounds highly distressed or agitated upon answering, skip immediately to Section 3: Risk Assessment.*

1. Initial Contact & Demographics

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

2. Reason for Call & Presenting Issue

- **Services Sought:** Are they seeking Mental Health Services, Substance Use Treatment, Both, or Other?
- **Current Situation:** Briefly describe the reason for calling today:

3. Risk Assessment (CRITICAL)

Staff: Ask these questions directly but gently. Do not rush.

- **Suicidal Ideation:** Are you currently having thoughts of harming yourself or ending your life? (Yes/No)
 - If "Yes," ask whether they have made any plans or taken steps to act on these thoughts.
 - Ask if they have access to means, such as weapons or medications.
 - Ask if they are currently in immediate danger of acting on the thoughts.
 - **ACTION:** If "Yes" to any follow-up questions, escalate to a crisis response, provide immediate support, notify a licensed clinician for urgent intervention, and notify appropriate authorities if necessary.
- **Harm to Others:** Are you currently having thoughts of harming others? (Yes/No)
 - If "Yes," ask whether they have made plans or taken steps to harm someone.
 - Ask whether they have access to any means of carrying out the plans, such as weapons or tools.
 - **ACTION:** If "Yes" to any follow-up questions, escalate to a crisis response, provide immediate support, notify a licensed clinician for urgent intervention, and notify appropriate authorities if necessary.
- **Substance Use and Withdrawal:** Are you currently using substances like alcohol, drugs, or prescription medications? (Yes/No)
 - If "Yes," ask what substances they are using and how often.

- Ask if they are experiencing withdrawal symptoms such as tremors, sweating, nausea, confusion, or agitation.
- Ask if they have previously experienced severe withdrawal symptoms or required medical attention for withdrawal.
- **ACTION:** If experiencing moderate to severe withdrawal symptoms, recommend immediate medical evaluation and intervention.

4. Current Support System

- **Current Treatment:** Are you currently receiving any mental health or substance use treatment? (Yes/No)
- **Social Support:** Do you have anyone in your life supporting you right now, such as family or friends? (Yes/No)
 - If "Yes," list these individuals and incorporate them into a safety plan, if necessary.

5. Priority Population Screener

Adjust language to match conversational tone.

- **BHR Script (Optional):** Behavioral Health Redesign (BHR) was established following House Enrolled Act 56... The primary goal is to direct state-funded services to at-risk priority populations.
- **State-level Justice Involved:** "Have you been recently released or paroled from a correctional facility, or had a release from a state institution, within the last 6 months?"
- **Non-State Level Justice Involved:** "Are you currently on probation with supervision or have you been in the past 6 months?"
- **Families at High Risk:** "Do you have a child who was recently discharged from an acute psychiatric or residential treatment facility within the last 6 months?"
- **Referral Source:** "Are you or your child currently being referred by the Department of Family Services (DFS), a crisis shelter, school, therapist, or law enforcement agency to receive treatment for mental health or substance use issues?"
- **Adults with Acute Mental Illness / Active Crisis:** "Are you currently experiencing a mental health emergency, feeling like you are in crisis and need help right now, or have you ever been subject to emergency detention or hospitalization?"
 - **Staff Note:** *If the caller indicates ANY feeling of being in an active emergency or crisis, consider this category met. Keep the bar low for the caller. A clinical assessment is not required for front-line staff to make this initial determination.*
 - **PROTOCOL:** **If "Yes," immediately follow the High-Risk protocol in Section 7—transfer the call directly to the on-call clinician, or contact emergency services if the caller is in immediate danger.**
- **Adults with Severe Mental Illness:** *[Assessment determination]*
- **Indigent clients with high needs:** *[Financial verification and assessment determination]*
- **Indigent general access clients:** *[Financial verification]*

Federal Priority Population Categories:

- **Children and adolescents w/Serious Emotional Disturbance (SED):** *[Assessment determination]*
- **Adults with Serious Mental Illness (SMI):** *[Assessment determination]*
- **Intravenous Drug Users:** "Do you use intravenous drugs or any form of opioids?"
- **Pregnant intravenous drug users:** "Are you pregnant and using intravenous drugs?"
- **Pregnant Women:** "Are you currently pregnant?"
- **Women and Parenting Women:** "Are you a woman with small children under 8 years old who needs support with mental health or substance use treatment?"
- **Veterans:** "Are you a veteran or currently serving in the military?"

6. Payment Source

- Insurance: Do you have insurance? (Yes/No)
- Type: If Yes, is it Private, Medicaid, Medicare, or Other?

7. Level of Urgency & Next Steps

Determine the appropriate level of urgency based on the answers provided:

- **High-Risk (Suicidal/Harm to Others/Severe Substance Withdrawal):** Immediate referral to crisis response 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 within 1-2 weeks. Provide education on available services.
- **Information Only:** Provide contact information for further inquiries or resources.

Clinical Rule of Thumb: 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

BHC 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 applicable).
- **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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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)

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

<https://wyoming.dyp.cloud>

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

Provider Services

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

www.wyomingmedicaid.com/

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

email: wyprovideroutreach@acentra.com

Customer Service Center (Client Enrollment)

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

<https://www.wesystem.wyo.gov>

(855) 294-2127 Monday-Friday MT 8:00 a.m. to 5:00 p.m.

Behavioral Health Management System (BHMS) Help Desk

wdh-bhd-datasystem-helpdesk@wyo.gov