

Transition from CLIP to WISe

Washington | Medicaid

Agenda:

- Purpose
- Background
- Additional information — SERI
- Steps for transition from CLIP to WISe
- Grid of activities and responsibilities
- Key considerations
- Example transition steps

Purpose

At the end of this presentation, you should:

- Understand how services can be provided and encountered by WISe providers while a youth is in CLIP.
- Clarify services allowed under encounter code **H0023: Behavioral healthcare coordination and community integration** (formerly called rehabilitation case management).

Background:

- The Service Encounter Reporting Instructions (SERI) guide has all encounter codes, provider types, allowances, and restrictions for the services provided by behavioral health agencies.
 - It describes what encounter codes can be used and who can encounter those codes.
- **H0023 — Behavioral Healthcare coordination and community integration:**
 - Only allows transition services, which any WISe team member can perform.
- The most recent version of the SERI guide is online: [Service Encounter Reporting Instructions \(SERI\)](#).

Section	Details
Code	H0023

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.

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Section	Details
CPT®/HCPCS Definition	Behav. Hlth Outreach Srvc
Unit (UN)/Minutes (MJ)	UN (1 per encounter)
Modifiers	52 53 HH HK *HN HT UC UD U8 U9 XE FQ

Provider type	Service criteria
164W00000X — Licensed Practical Nurse	Use modifier U9 when the service provider meets the definition and requirements of an intake.
163W00000X — Registered Nurse	
363LP0808X — ARNP Psych, MH	
363A00000X — Physician Assistant	Modifiers 52 and 53 can only be used when modifier U9 is used.
363A00000X — Osteopathic Physician Assistant	
2084P0800X — Psychiatrist/MD	
2084P0800X — Psychiatrist/Osteopathic Physician	
104100000X — Lic. Social Worker/Assoc.	
106H00000X — Lic. Marriage and Family Therapist/Assoc.	
101YM0800X — Lic. MH Counselor/Assoc.	
103T00000X — Lic. Psychologist/Psychological Assoc.	
101Y00000X — Behavioral Health Support Specialist	
101Y99996L — MA/PHD (non-licensed)	
175T00000X — DBHR Credentialed Certified Peer Counselor	
175T00000X — Certified Peer Support Specialist/Certified Peer Support Specialist Trainee	
101Y99995L — Below Master's Degree	
101Y99995L — Bachelor Level w Exception Waiver	
101Y99995L — Master Level w Exception Waiver	

183500000X — Pharmacist - D
101YA0400X — Substance Use Disorder Professional (SUDP)
101Y99995L — Substance Use Disorder Professional Trainee (SUDPT)

**HN is required for encounters submitted by Behavioral Health Support Specialists.*

Additional information:

- Youth being treated in the CLIP have a high rate of adverse events in the months following discharge.
 - A **2024 report by DSHS/RDA** notes that more than half of the people were hospitalized and had suicidal ideation diagnosed, with more than a third experiencing a self-harm event.
 - The report recommends, “Enrolling all CLIP patients in WISe-like services prior to discharge and ensuring timely wraparound service delivery.”
- A primary goal of WISe is to reduce the need for hospitalization and other restrictive settings.

Steps for transition from CLIP to WISe:

- The CLIP team will notify the MCO when they anticipate CLIP ending in the next 30 to 60 days so that care coordination and community integration can be initiated.
- MCOs need to consult with WISe teams to determine who has the capacity to provide a full slate of services or at least a partial team.
 - If the MCO determines that there is a WISe agency with capacity, then the WISe team would provide services using H0023.
 - H0023 can be provided before an intake assessment.
 - At least 10.5 hours of service should be provided to encounter using U8.
 - WISe providers should wait until the end of the month to add a U8 modifier so that WISe services are appropriately tracked and billed.
 - If the WISe team does not have the capacity to do a full slate of WISe transition services, use H0023 ‘à la carte’ and do NOT use the U8 modifier.

Key considerations:

- A WISe team **using H0023 while a youth is in CLIP is NOT double-billing** and is acceptable as long as services are not being duplicated.
- It is also acceptable to encounter the U8 modifier if the WISe team expects that they will meet service intensity expectations.
 - Please contact your MCO to ensure that billing happens in accordance with your contract.
- H0023 is a transition service and can be provided before an intake assessment.

- A full WISe team is not required to provide behavioral healthcare coordination and community integration while the youth is still in CLIP.
- There can be multiple H0023 encounters before an intake.
- However, to bill the case rate, BHAS will need an **enrollment date** that shows the date of the first U8 encounter.
- You can have as many H0023 encounters as needed while the youth is still in CLIP and transitioning to WISe. All of these can have the U8 modifier set to indicate they are WISe encounters.
- Refer to SERI for instructions on how to encounter multiple staff.

Grid of activities and responsibilities:

Activity	Parent/youth	CLIP team	WISe team	MCO
Refer the client to WISe				x
Complete CANS screen			x	
Attend discharge planning meetings throughout CLIP stay and invite the WISe team when it's time			?	x
Ensure the youth is enrolled in Medicaid	x	x		x
Ensure that Medicaid is set up to continue beyond discharge from CLIP	x	x		x
Respond to the crisis by phone		x		
Provide therapeutic interventions, including family and individual therapy		x		
School coordination		x		
Coordinate with ABA	x		x	x
Coordinate with speech or language therapy	x			x
Coordinate with the medical provider	x			x
Coordinate with the dental provider	x			x

Activity	Parent/youth	CLIP team	WISE team	MCO
Coordinate with developmental services from DSHS/DDCS or other providers	x		x	x
Coordinate with the Juvenile justice	x		x	x
Coordinate with child welfare	x		x	x

Example transition steps:

- Client nears completion of CLIP (about three months until discharge).
- WISE provider completes a CANS screen.
- WISE provider begins encountering H0023 with a U8 modifier triggering the service-based enhancement. This is also the **enrollment date** for WISE.
- Provider changes the screen from *closed pending enrollment* to *closed* so that the client no longer appears in the interest list.
- Once the client leaves CLIP, the WISE provider completes an intake so that encounters other than H0023 can be used. Once an intake assessment is completed, there are no further H0023 encounters for that client.
 - **CLIP and JR are priorities for the interest list as per the WISE manual and the MCO contract.**
 - MCOs are contractually responsible for ensuring that CLIP youth are appropriately transitioned to a lower level of care.

Questions, comments, concerns?

Please contact us by email at hcadbhr.wise@hca.wa.gov.