

Date:	February 23, 2024
To:	Behavioral Health Residential Facilities (BHRF Provider Type B8)
Topic:	Notice Provider Type B8 Billing Requirements Effective March 1, 2024

*This change applies to members enrolled in the Fee-for-Service American Indian Health Program (AIHP) #999998 only.*

This notice announces a change to the claim submission billing process for Behavioral Health Residential Facilities (B8). Any claim received on or after March 1, 2024, the Arizona Health Care Cost Containment System (AHCCCS) will require BHRF providers to Dbill the HCPCS code H0018 on a **single line item per date of service**.

**Claim submissions that include a date span will not be accepted and will result in a denial of the claim.**

This billing change will also apply to replacement or corrections claims for dates of services prior to March 1, 2024. The provider must submit a correction claim that meets the updated billing requirements for processing.

In accordance with ARS §36-2904 (G), If a claim is originally received within the 6-month time frame, the provider has up to 12 months from the date of service to correctly resubmit the claim in order to achieve clean claim status or to adjust a previously processed claim, unless the claim involves retro-eligibility. If a claim does not achieve clean claim status or is not adjusted correctly within 12 months, AHCCCS is not liable for payment.

Making sure claim lines and units are entered correctly is important for timely and accurate reimbursement.

**Example Correct Claim Submission:**

Line #1 date of service 3/1/2024, H0018 with 1 unit.

Line #2 date of service 3/2/2024, H0018 with 1 unit.

Line #3 date of service 3/3/2024, H0018 with 1 unit.

**Example Incorrect Claim Submission:**

Line #1 date of service span 3/1/2024 - 3/3/2024, H0018 with 3 units.

Questions regarding this notice can be sent to [Providerffstraining@azahcccs.gov](mailto:Providerffstraining@azahcccs.gov)  
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