



GENERAL INFORMATION

NOTE: Coverage and reimbursement for both Title XIX (Medicaid-AHCCCS) and Title XXI (KidsCare) services are explained in this chapter. The covered services, limitations, and exclusions described are global in nature and are listed in this chapter to offer general guidance to providers. More detail is available on the AHCCCS Web site at www.azahcccs.gov

AHCCCS covered behavioral health services include:

- Inpatient hospital services
- Inpatient psychiatric facilities (Level I residential treatment centers and Level I sub-acute facilities)
- Institution for mental disease (IMD) with limitations
- Partial care (supervised day program, therapeutic day program, medical day program)
- Individual therapy and counseling
- Group and/or family therapy and counseling
- Emergency/crisis behavioral health services
- Behavior management (behavioral health personal assistance, family support, peer support)
- Evaluation and diagnosis
- Psychotropic medication, including adjustment and monitoring of medication
- Psychosocial rehabilitation (living skills training; health promotion; pre-job training, education and development; job coaching; and employment support)
- Laboratory and radiology services for medication regulation and diagnosis
- Screening
- Case management services
- Emergency transportation
- Non-emergency transportation
- Respite care (with limitations)
- Therapeutic foster care services



ACUTE CARE PROGRAM SERVICES

- Title XIX (Medicaid) and Title XXI (KidsCare) recipients enrolled with a health plan
 - ✓ Title XIX and Title XXI recipients are eligible for the comprehensive package of behavioral health services through the Arizona Department of Health Services, Division of Behavioral Health Services' (ADHS/DBHS) subcontractors.
 - These subcontractors are the Regional Behavioral Health Authorities (RBHAs) and Tribal RBHAs (TRBHAs).
 - ✓ Health plans are responsible for up to three days of emergency inpatient services per episode (not to exceed 12 days per contract year) for Title XIX and Title XXI recipients who are not yet enrolled in a RBHA or TRBHA, and for a psychiatrist or psychologist consult provided on an emergency basis.
- Title XIX and Title XXI recipients enrolled with Indian Health Services (IHS)
 - ✓ These recipients may receive all available services from IHS or a Tribal 638 facility.
 - ✓ If a covered behavioral health service is not available through IHS or a 638 facility, the member must enroll with a TRBHA, if available, or a RBHA to receive the service.
- The Arizona Department of Economic Security provides comprehensive medical services for foster children through the Comprehensive Medical and Dental Plan (CMDP) statewide.
 - ✓ Behavioral health services for these members are provided through the RBHAs or TRBHAs.

ALTCS PROGRAM SERVICES

- ALTCS recipients are eligible for the comprehensive package of services through the ALTCS program contractors.
 - ✓ The Elderly and Physically Disabled (EPD) program contractors provide behavioral health services through contracts with licensed behavioral health professionals and/or behavioral health agencies.
 - ✓ DES/DDD has an intergovernmental agreement with ADHS/DBHS to provide comprehensive Title XIX behavioral health services to their members through the RBHAs or TRBHAs.
 - ✓ Tribal contractors provide case management services to Native Americans who reside on reservation.
 - Members enrolled with Tribal Contractors may receive behavioral health services on a fee-for-service basis from any AHCCCS fee-for-service provider with prior authorization from the tribal case manager.



EMERGENCY SERVICES

Emergency behavioral health services may include inpatient services, evaluation, crisis management counseling, psychotropic medication stabilization, and/or other therapeutic activities to reduce or eliminate the emergent/crisis situation.

Emergency behavioral health services are provided in situations where the absence of immediate medical attention could result in:

- Placing the recipient's health in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Serious behavior dysfunction to indicate the recipient is a danger to himself/herself or others

A behavioral health evaluation provided by a psychiatrist or a psychologist is covered as an emergency service if required to evaluate or stabilize an acute episode of mental disorder or substance abuse.

Providers of emergency behavioral health services must verify a recipient's eligibility and enrollment status to determine the need for notification and to determine who is responsible (e.g., ALTCS contractor, health plan, RBHA/TRBHA, the AHCCCS Administration) for payment for services rendered.

Claims for emergency services must be submitted with documentation which supports the emergent nature of the service.

RESPONSIBILITY FOR EMERGENCY SERVICES

For recipients enrolled in an acute care health plan (other than IHS), ALTCS DES/DDD, and DES/CMDP, check to see if the recipient is enrolled with a RBHA or TRBHA.

- If the recipient is enrolled with a RBHA:
 - ✓ Emergency Department: Responsibility of the RBHA is limited to psychiatrist/psychologist consults provided in the emergency department.
 - All other medical services provided in the emergency department are the responsibility of the recipient's health plan.
 - ✓ Inpatient: Hospitalization for detoxification or a behavioral health disorder is the RBHA's responsibility.



RESPONSIBILITY FOR EMERGENCY SERVICES (CONT.)

- If the recipient is enrolled with a TRBHA (for services provided in a non-IHS, non-638 tribal facility):
 - ✓ Emergency Department: All claims, including psychiatrist/psychologist consults, are the responsibility of ADHS with AHCCCS paying claims as the Third Party Administrator (TPA) for ADHS.
 - ✓ Inpatient: Hospitalization for detoxification or behavioral health disorder is the responsibility of ADHS with AHCCCS paying claims as the TPA for ADHS.
- If the recipient is NOT enrolled with a RBHA or TRBHA:
 - ✓ Emergency Department: All claims are the responsibility of the recipient's health plan, including professional charges for a psychiatrist/psychologist consult.
 - ✓ Inpatient: The recipient's health plan is responsible for up to 3 days of an emergency inpatient admission, to a maximum of 12 days per contract year (October 1 - September 30).
 - The recipient's benefit is not limited to 3 days, only the health plan's responsibility.
 - A referral to a RBHA/TRBHA should be made as soon as possible after admission.
 - The RBHA or TRBHA should respond to the referral within 24 hours and evaluate/enroll the patient in the RBHA/TRBHA.

For recipients enrolled with Indian Health Services (IHS) for services provided at non-IHS or non-638 tribal facilities, check to see if the recipient is enrolled with a RBHA or TRBHA

- If the recipient is enrolled with a RBHA:
 - ✓ Emergency Department: Responsibility of the RBHA is limited to psychiatrist/psychologist consults provided in the emergency department.
 - All other medical services provided in the emergency department are the responsibility of the AHCCCS Administration (not as TPA for ADHS).
 - ✓ Inpatient: Hospitalization for detoxification or a behavioral health disorder is the RBHA's responsibility.



RESPONSIBILITY FOR EMERGENCY SERVICES (CONT.)

- If the recipient is enrolled with a TRBHA:
 - ✓ Emergency Department: Responsibility of ADHS is limited to a psychiatrist/psychologist consult provided in the emergency department, with AHCCCS paying claims as the TPA for ADHS.
 - All other medical services provided in the emergency department are the responsibility of the AHCCCS Administration (not as the TPA for ADHS).
 - ✓ Inpatient: Hospitalization for detoxification or for behavioral health disorder is the responsibility of ADHS, with AHCCCS paying claims as the TPA for ADHS.
- If the recipient is NOT enrolled with a RBHA or TRBHA:
 - ✓ Emergency Department: The AHCCCS Administration (not as the TPA for ADHS) is responsible for claims payment for emergency services, including professional charges for a psychiatrist or psychologist consult.
 - ✓ Inpatient: Inpatient detoxification or inpatient psychiatric admission days are the responsibility of the AHCCCS Administration (not as the TPA for ADHS).
 - A referral to the RBHA/TRBHA should be made as soon as possible after admission.
 - The RBHA/TRBHA should respond to the referral within 24 hours and evaluate/enroll the recipient in the RBHA/TRBHA.

ALTCS elderly and physically disabled (EPD) recipients do not enroll with RBHAs or TRBHAs.

- For recipients enrolled with an ALTCS EPD program contractor:
 - ✓ Emergency Department and inpatient services are the responsibility of the program contractor.
 - ✓ For ALTCS program contractors there is no 3-day limitation of responsibility.
 - All medically necessary services are covered.
 - The ALTCS program contractor should be notified within 24 hours of an admission.
- ALTCS recipients residing in areas not served by program contractors, such as Native Americans living on reservation:
 - ✓ The AHCCCS Administration is responsible for medically necessary outpatient and inpatient services for persons residing in areas that are not served by program contractors.
 - ✓ A tribal case manager should be notified within 24 hours of admission.



INPATIENT SERVICES

Inpatient services include services provided in an acute care hospital or a distinct unit of an acute care hospital, inpatient psychiatric hospital, Level I residential treatment centers, and Level I sub-acute facilities.

Psychiatric hospitals (Provider type 71) and Level 1 sub-acute facilities with more than 16 beds (provider type B6), are considered Institutions for Mental Disease (IMD). Title XIX reimbursement for a member age 21 through 64 is limited to 30 days per admission and 60 days per July 1 – June 30 contract year in an IMD.

BILLING FOR INPATIENT AND OUTPATIENT SERVICES

For a list of behavioral health codes and rates, refer to the AHCCCS Web site at www.ahcccs.state.az.us. Click on Links for Plans & Providers. On the Quick Links for Health Plans & Providers page, click on Rates & Codes, then click on Fee-For-Service Rates.

To obtain the AHCCCS Behavioral Health Services Guide, a detailed description of services and limitations, contact the AHCCCS Office of Managed Care (OMC), Behavioral Health Unit, at (602-417-4737).

The guide also is available on line at www.ahcccs.state.az.us. Click on Links for Plans & Providers. On the Quick Links for Health Plans & Providers page, click on Guides & Manuals.

- Inpatient services are billed on the UB-92 claim form and are reimbursed on a per diem basis.
 - ✓ Inpatient services include all services provided during the inpatient stay except those provided by behavioral health independent providers (See Page 12-8).
- Outpatient services are billed on a UB-92 and reimbursed at the OMB rate (Title XIX recipients) or the statewide outpatient cost-to-charge ratio (Title XXI recipients).
 - ✓ Outpatient hospital (including emergency room, lab, and radiology) facility charges are considered acute services, regardless of the recipient's RBHA/TRBHA enrollment status.
 - ✓ Psychiatric hospital outpatient clinic (including crisis center, psychiatric urgent care or Level I sub-acute) facility charges are considered behavioral health charges.



BILLING FOR PROFESSIONAL SERVICES

Within each provider type, there are mandatory and optional categories of service. Professionals who wish to bill CPT or HCPCS codes for behavioral health services must register with AHCCCS and request the behavioral health category of service (COS 47 - mental health). See [Chapter 3, Provider Records and Registration](#), for information on registering as an AHCCCS provider.

Individuals within the following provider types who have specialized education or experience may qualify for COS 47:

- 08 MD-Physician with psychiatry and/or neurology specialty code 192 or 195 or with attestation of one-year full-time behavioral health experience
- 11 Psychologist
- 18 Physician Assistant with attestation of one year full-time behavioral health experience
- 19 Registered Nurse Practitioner with attestation of one year full-time behavioral health experience
- 31 DO-Physician Osteopath with psychiatry and/or neurology specialty code 192 or 195 or with attestation of one-year full-time behavioral health experience

Not all provider types can bill for all services. For a list of allowable procedure codes by provider type, an individual may request their provider profile from AHCCCS Provider Registration or refer to the ADHS/DBHS Provider Types and Allowable Procedure Codes Matrix on-line at http://www.hs.state.az.us/bhs/app_b2.pdf

Claims from the above-listed providers must be submitted under the individual provider ID number. All other behavioral health professionals must be affiliated with a licensed behavioral health agency/facility, clinic, alternative residential facility, or outpatient hospital, and their services must be billed through the affiliated setting.



BILLING FOR PROFESSIONAL SERVICES (CONT.)

Services must be billed on a CMS 1500 claim form with appropriate ICD-9 diagnosis codes and CPT/HCPCS procedure codes. AHCCCS does not accept DSM-IV codes. Claims submitted with DSM-IV codes will be denied.

Services are reimbursed at the AHCCCS capped-fee-for-service rate.

BILLING FOR METHADONE ADMINISTRATION

AHCCCS policy allows only four provider types to bill for methadone administration. Provider types 08 (MD-physician), 18 (Physician assistant), 19 (Registered nurse practitioner), and 31 (DO-physician osteopath) may bill the AHCCCS Administration and its contracted health plans and program contractors for methadone administration. These codes are in category of service 01 – Medicine.

Methadone administration must be billed with the following codes:

H2010 Comprehensive medication services, office, per 15 minutes

H0020 Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program), take home

Both codes must be billed with the HG (Opioid addiction treatment program) modifier.