

432 - BENEFIT COORDINATION AND FISCAL RESPONSIBILITY FOR BEHAVIORAL HEALTH SERVICES AND PHYSICAL HEALTH SERVICES

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I. PURPOSE

This Policy applies to RBHA Contractors for the purposes of benefit coordination and delineating financial responsibility for AHCCCS covered physical and behavioral health services provided to AHCCCS members who are not enrolled in an integrated line of business.

This Policy also applies to ACC, DCS/CMDP (CMDP), and DES/DDD (DDD) Contractors solely for those limited situations when members are not integrated for both physical and behavioral health. In these instances, the ACC, DDD, and CMDP Contractors meet the Enrolled Entity definition of this Policy and the RBHA or TRBHA, as applicable, is the Behavioral Health Entity.

Therefore this Policy does not delineate payment responsibility for services for members who are enrolled in a single entity for both physical and behavioral health services (e.g. members determined to have a Serious Mental Illness who are enrolled with a RBHA) as that single entity is the responsible payor for both physical and behavioral health services for that member. Additionally, this Policy does not apply to services provided through Indian Health Services (IHS) or Tribally owned and/or operated facilities.

II. DEFINITIONS

ACUTE CARE HOSPITAL A general hospital that provides surgical services and emergency services.

AMERICAN INDIAN HEALTH PROGRAM (AIHP) A Fee-For-Service (FFS) program administered by AHCCCS for Title XIX/XXI eligible American Indians which reimburses for physical and behavioral health services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider.

BEHAVIORAL HEALTH DIAGNOSIS Diagnoses listed in the Standard Service Set in AHCCCS Reference File (RF) 724.

**BEHAVIORAL HEALTH
ENTITY**

The entity, which may be a Contractor or TRBHA, with which the member is enrolled/assigned for the provision of and/or coordination of behavioral health services. Behavioral Health Entities are one of the following:

- RBHAs
- TRBHA

**ENROLLED
ENTITY**

The entity, which may be a Contractor or AHCCCS FFS, with which the member is enrolled for the provision of physical health services only. Enrolled Entities are one of the following:

- AIHP (for members assigned to a RBHA or TRBHA)

**PRIMARY CARE PROVIDER
(PCP)**

An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

PRINCIPAL DIAGNOSIS

The condition established after study to be chiefly responsible for occasioning the admission or care for the member, (as indicated by the Principal Diagnosis on a UB claim form from a facility or the first-listed diagnosis on a CMS 1500 claim line).

The Principal Diagnosis should not be confused with the admitting diagnosis or any other diagnoses on the claim. Neither the admitting diagnosis nor any other diagnoses on the claim should be used in the assignment of payment responsibility.

III. POLICY

The purpose of this Policy is to clarify payment responsibility of AHCCCS Contractors for physical and behavioral health services for specific circumstances. Payment for AHCCCS covered behavioral health and physical health services is determined by the Principal Diagnosis appearing on a claim, except in limited circumstances as described in Attachment A. This policy is not intended to address all scenarios involving payment responsibility. Refer to Contract for additional information regarding covered services.

A. GENERAL REQUIREMENTS REGARDING PAYMENT FOR PHYSICAL AND BEHAVIORAL HEALTH SERVICES

1. Regardless of setting, if physical health services are listed on a claim with a Principal Diagnosis of behavioral health, the Behavioral Health Entity is responsible for payment of covered physical health services as well as behavioral health services.
2. Regardless of setting, if behavioral health services are listed on a claim with a Principal Diagnosis of physical health, the Enrolled Entity is responsible for payment of covered behavioral health services as well as physical health services.
3. Payment responsibility for professional services associated with an inpatient stay is determined by the Principal Diagnosis on the professional claim. Payment responsibility for the inpatient facility claim and payment responsibility for the associated professional services is not necessarily the same entity. Payment of the professional claim shall not be denied by the responsible entity due to lack of authorization/notification of the inpatient stay regardless of the entity which authorized the inpatient stay.
4. Payment for an emergency department facility claim of an acute care facility including triage and diagnostic tests, when there is no admission to the facility is the responsibility of the Enrolled Entity regardless of the Principal Diagnosis on the facility claim. Payment responsibility for professional services associated with the emergency department visit is determined by the Principal Diagnosis on the professional claim. Payment responsibility for the emergency department visit and payment responsibility for the associated professional services is not necessarily the same entity. Payment of the professional claim shall not be denied by the responsible entity due to lack of notification of the emergency department visit.
5. AHCCCS FFS is responsible for payment of claims for physical and behavioral health services that are provided by an IHS or a tribally owned and/or operated facility to Title XIX members whether enrolled in managed care or FFS.
6. AHCCCS FFS is responsible for payment of claims when payment of services is noted as a TRBHA responsibility as the behavioral health entity.

In addition to identifying exceptions, Attachment A, also provides detail and clarification regarding payment responsibility in specific scenarios.

All AHCCCS services shall be medically necessary, cost effective, and federally and state reimbursable. For specific information on inpatient reimbursement rates refer to A.A.C. R9-22-712.60 et seq. Enrolled Entities and Behavioral Health Entities may enter into contracts with providers that delineate other payment terms, including responsibility for payment.

B. SPECIFIC CIRCUMSTANCES REGARDING PAYMENT FOR BEHAVIORAL HEALTH SERVICES

1. The Enrolled Entity is responsible for reimbursement of services associated with a PCP visit for the diagnosis and treatment of behavioral health conditions within the PCP's scope of practice. Such treatment shall include but not be limited to substance use disorders, depression, anxiety, and/or ADHD. PCPs who treat members with **these behavioral health conditions may provide medication management services** including prescriptions, laboratory, and other diagnostic tests necessary for diagnosis, and treatment.
2. The Enrolled Entity is responsible for payment of medication management services provided by the PCP while the member may simultaneously be receiving counseling and other medically necessary rehabilitative services from the Behavioral Health Entity. For purposes of medication management, it is not required that the PCP be the member's assigned PCP.
3. The Enrolled Entity is responsible for payment of claims with behavioral health principal diagnoses that are related to communication disorders usually diagnosed in infancy, childhood, or adolescence. These behavioral health conditions require services from non-behavioral health provider types such as speech therapists or other physical health providers, and are therefore considered physical health services.
4. The Enrolled Entity shall coordinate with the Behavioral Health Entity when both physical and behavioral health services are rendered during an inpatient stay and the Enrolled Entity is notified of the stay. Such coordination shall include, but is not limited to, communication/collaboration of authorizations, determinations of medical necessity, and concurrent reviews.
5. When the Principal Diagnosis on an inpatient claim is a behavioral health diagnosis, the Behavioral Health Entity shall not deny payment of the inpatient facility claim for lack of authorization or medical necessity when the member's Enrolled Entity authorized and/or determined medical necessity of the stay through concurrent review, such as when the admitting diagnosis is a physical health diagnosis.
6. When the Enrolled Entity is AHCCCS FFS for AIHP members assigned to a RBHA or TRBHA, AHCCCS FFS is responsible for payment of medically necessary transportation services (emergent and non-emergent) when the diagnosis code on the claim is ICD-10 R68.89.
7. Payment of pre-petition screening and court ordered evaluation services is the fiscal responsibility of a county, refer to ACOM Policy 437. For payment responsibility for other court ordered services such as driving under the influence and domestic violence refer to ACOM Policy 423.

8. RBHA Contractors are responsible for the payment of crisis stabilization services for all individuals within their assigned GSA(s), including individuals in the Federal Emergency Services Program (FESP). Crisis services include telephone, community-based mobile response, and facility-based stabilization (including observation and detox not to exceed 24 hours) along with payment for non-emergent medical transportation (NEMT) to a crisis stabilization provider and any associated covered services delivered by the crisis provider in these settings during the first 24 hours. The Enrolled Entity is responsible for the payment of all medically necessary services related to a crisis episode after the initial 24 hours covered by the RBHA Contractor (which may include follow up stabilization services). The Enrolled Entity shall ensure timely follow up and care coordination, whether the member received crisis services within or outside of the GSA served by the Enrolled Entity. The Enrolled Entity is responsible for payment of all emergent transportation provided during the initial 24 hours of a crisis episode. NEMT from a crisis service provider to another level of care, regardless of the timing within the crisis episode is the responsibility of the Enrolled Entity.