

May 02, 2025

DFSM Fee-for-Service Behavioral Health Provider Notice

The Division of Fee-for-Service Management (DFSM) Behavioral Health (BH) Prior Authorization (PA) Unit is responsible for reviewing behavioral health services provided to Fee-for-Service (FFS) members that require prior authorization. The objective of this review is to assess the medical necessity and appropriateness of requested BH service(s) and/or BH service settings. All documentation accompanying prior authorization requests must comply with behavioral health clinical documentation standards as mandated by professional licensure, state, and federal laws, and as outlined in AHCCCS policy.

Licensed providers delivering treatment are expected to maintain up-to-date knowledge of these documentation standards and demonstrate proficiency in documenting behavioral health services in accordance with these requirements. Behavioral health services must be delivered based on the individualized needs of each member. Providers are accountable for the contemporaneous documentation of members' treatment plans, including any updates, services rendered per the treatment plan, and the timely resolution of requests for client records.

During the review of prior authorization requests, nurse reviewers may identify the need for additional documentation when submitted materials are incomplete or lack sufficient detail. Such details may include, but are not limited to, the following: evidence of ongoing assessment, care coordination, treatment planning, service quality and/or appropriateness, and the member's response to treatment.

BH Provider Responsibilities Include:

- Utilizing resources made available by AHCCCS, including the AHCCCS Medical Policy Manual (AMPM), Covered Behavioral Health Services Guide, and the FFS Provider Billing Manual.
- Familiarizing themselves with FFS PA documentation requirements.
- Ensuring timely submission of complete and accurate documentation that adheres to professional licensure, state, and federal laws.
- Responding promptly to requests for additional documentation.
- Meeting claims timely filing requirements.

Available Provider Resources:

AHCCCS Medical Policy Manual (AMPM) Sections:

[AMPM Policy 310-B XXI/XXI Behavioral Health Service Benefit](#)

[AMPM Policy 820 FFS Prior Authorization Requirements](#)

[AMPM Policy 320-V Behavioral Health Residential Facility](#)

[AMPM Policy 940 Medical Records and Communication of Clinical Information](#)

[AHCCCS Covered Behavioral Health Services Guide \(CBHSG\)](#)

[AHCCCS Fee-for-Service Provider Billing Manual](#)

Provider Training Assistance Requests: ServiceDesk@azahcccs.gov

Care Management Team (Assists providers and stakeholders with member-related matters): CareManagers@azahcccs.gov

Thank you



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