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Non-Title XIX/XXI Services

The following exhibit provides billing guidance pertaining to Non-Title XIX/XXI behavioral health services.

For information about Non-Title XIX/XXI Services, including coverage details, information on eligibility, and funding sources, refer to AMPM 320-T, Non-Title XIX/XXI Behavioral Health Services. Non-Title XIX/XXI services are NOT reimbursable through Title XIX/XXI funds.

Non-Title XIX/XXI Services must be coordinated with the RBHA and the member's ACC health plan (including AIHP), or with the member's TRBHA or Tribal ALTCS Program.

- **NOTE: Claims for Non-Title XIX/XXI populations are not submitted to AHCCCS DFSM.**

Providers should work with the RBHA within their Geographic Service Area (GSA), the member's TRBHA, or the member's Tribal ALTCS program regarding Non-Title XIX/XXI services.

The specific billing guidance regarding codes and modifiers below applies only to Non-Title XIX/XXI services that are reimbursed through the contracted RBHAs.

Coding & Common Modifiers for the Billing of Behavioral Health Services

All applicable Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Uniform Billing (UB-04) revenue codes for Non-title XIX/XXI Services are listed in the AHCCCS Behavioral Health Services Matrix found on the AHCCCS website. Providers are required to utilize national coding standards when utilizing these codes. Providers are required to use the applicable modifier(s). Additionally, for HCPCS and coding modifiers that contain additional AHCCCS policy requirements, they are described in each applicable section throughout this chapter.

Refer to the AHCCCS Behavioral Health Services Matrix, AMPM Policy 310-B, and AMPM 320-T for additional guidance.¹

Individual Services

¹ Transitioned from CBHSG/320-T

Acupuncture

The application by a certified acupuncturist practitioner pursuant to A.R.S. §32-3922 of auricular acupuncture needles to the pinna, lobe, or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

97810 – Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

- Billing Unit: 15 Minutes
- Modifier: N/A

97811 – Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)

- Billing Unit: 15 Minutes
- Modifier: N/A

97813 – Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

- Billing Unit: 15 Minutes
- Modifier: N/A

97814 – Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)

- Billing Unit: 15 Minutes
- Modifier: N/A²

Children Room and Board (H0046 SE)

Room and Board services may be available for a member's dependent child(ren) as a support service for the member when they are receiving medically necessary residential treatment services for substance use disorders (SUDs). The Room and Board would apply to a member with dependent children, when the child(ren) reside with the member at the residential treatment facility.

The use of this service is limited to:

- Members receiving residential services for substance use disorder treatment where the family is being treated as a whole, but the child is not an enrolled member receiving billable services from the provider.

² Transitioned from CBHSG/320-T

- Where other means of supports for room and board for the child are not readily available or appropriate.
- Outpatient Clinics may bill the Room and Board code only when providing services to persons in Supervised Independent Living settings.

H0046 – Room and Board

- Billing Unit: Per Diem
- Modifier: SE³

Childcare Services (T1009)

Childcare supportive services may be available for a member's dependent child(ren) when the member is receiving medically necessary Medication Assisted Treatment, Outpatient (non-residential) treatment, or other supportive services for substance use disorder (SUD).

For childcare services, the following limitations apply:

- Members receiving MAT or Outpatient (non-residential) treatment or support services for SUD treatment where the family is being treated as a whole, but the child is not an enrolled member receiving billable services from the provider,
- Where other means of support for childcare for the children are not readily available or appropriate, and
- Only Provider Types that provide MAT or Outpatient (non-residential) treatment or support services are eligible to bill for this service.

T1009 – Child sitting services for children of the individual receiving alcohol and/or substance use services.

- Billing Unit: 15 minute interval
- Modifier: No modifier is required, but SE may be used.⁴

Mental Health Services (H0046 and H0046 SE)

HCPCS H0046 may be utilized for two services: Traditional Healing or Room and Board.

- This code is to be used *only* when no other HCPCS code would match the service performed.

Traditional healing involves treatment services for mental health or substance use disorders provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress evident by disruption of the person's functional ability

H0046 – Traditional Healing

³ Transitioned from CBHSG/320-T

⁴ Transitioned from CBHSG/320-T

- Billing Unit: 15 minute interval
- Modifier: No modifier is required.

Room and board means the provision of lodging and meals to a person residing in a residential facility or supported independent living setting. This service may also be used to report bed hold/home pass days in a BHRF.

For room and board services, the following billing limitations apply:

- a. All other fund sources (e.g. ADES funds for foster care children, SSI) shall be exhausted prior to billing this service.
- b. Outpatient Clinics may bill the Room and Board code only when providing services to persons in Supervised Independent Living settings.
- c. For Substance Abuse Prevention and Treatment Block Grant (SABG) funding only, Room and Board can be covered for dependent children as a support service for a member when providing medically necessary residential treatment services for a Substance Use Disorder (SUD) to a member with dependent children where the child(ren) reside with the member at the Behavioral Health Residential Facility⁵. The use of this services is limited to:
 - i. Enrolled members receiving residential services for substances use disorder treatment where the family is being treated as a whole, but the child is not an enrolled member receiving billable services from the provider.
 - ii. Where other means of supports for room and board for the child are not readily available or appropriate.
 - iii. Outpatient Clinics may bill Room and Board code only when providing services to persons in Supervised Independent Living settings.

H0046 – Room and Board

- Billing Unit: Per Diem
- Modifier: SE ⁶

Sign Language (T1013)

Sign language and oral interpretive services are services provided to a person and/or their family with limited English proficiency or other communication barriers (i.e. sight or sound) when a healthcare provider is delivering instructions on how to access services, providing counseling, and/or during treatment activities that will ensure appropriate delivery of mental health services.

For MCO enrolled members, providers shall submit claims for T1013 to the member's health plan, which shall reimburse the provider through administrative funds. Submitted

⁵ Updated to BHRF

⁶ Transitioned from CBHSG/320-T

encounters shall have a zero balance, and shall be submitted to AHCCCS for record keeping purposes. Health plans submit encounters information to AHCCCS.

T1013 – Sign Language or Oral Interpretive Service

- Billing Unit: 15 minute interval
- Modifier: No modifier is required.⁷

Supported Housing (H0043)

Supported housing services are provided to assist individuals or families to obtain and maintain housing in an independent community setting, including the person's own home or apartments and homes owned or leased by a subcontracted provider.

Service Standards/Provider Qualifications

Supported housing services are provided by behavioral health professionals, behavioral health technicians or behavioral health paraprofessionals. Staff providing the services must have knowledge of state and local landlord/tenant laws.

For supported housing services the following billing limitations apply:

- Supported housing services do not include meals, furnishing(s), cost of telephones, or telephone usage fees or other household equipment. The Regional Behavioral Health Authority (RBHA)/Tribal Regional Behavioral Health Authority (TRBHA) shall monitor to ensure the proper use of this service code.
- Direct payment for supported housing services to the behavioral health member and/or their family is not permitted.
- Supported housing services shall not be used to cover Residential Treatment Facility room and board charges.

H0043 – Supported house, per diem

- Billing Unit: Per diem
- Modifier: SE can be used.⁸

Mental Health Block Grant (MHBG) Funding Information

Contractors and TRBHAS shall not expend MHBG funds on the following activities:

- To provide inpatient services;
- General prevention efforts;
- To make cash payments to intended recipients of health services;

⁷ Transitioned from CBHSG/320-T

⁸ Transitioned from CBHSG/320-T

- To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- To satisfy any requirement for the expenditure of non-Federal funds as a condition or the receipt of Federal funds;
- To provide financial assistance to any entity other than a public or nonprofit private entity;
- To provide members with hypodermic needles or syringes so that they may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for AIDS;
- To pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year (see National Institutes of Health (NIH) Grants & Funding Salary Cap Summary);
- To purchase treatment services in penal or correctional institutions of the State of Arizona;
- To provide acute care or physical health care services including payments of copays;
- To provide flex funds;
- To provide sponsorships or events and conferences; and
- Childcare Services,⁹

Substance Abuse Block Grant (SABG) Funding Information

The SABG is specifically allocated to provide services that are not otherwise covered by Title XIX/XXI funding. This includes substance use disorder treatment and support services for members who do not qualify for Title XIX/XXI eligibility,

The SABG is to be used as the payer of last resort. SABG funding should not be used to supplant other funding sources and if funds from the Indian Health Services and/or Tribal owned/or operated facilities are available, the IHS/638 funds shall be treated as the payer of last resort.

Contractors and TRBHAS shall not expend SABG funds on the following activities:

- Inpatient hospital services;
- Physical health care services including payment of copays, unless otherwise specified for priority populations;
- Cash payments to intended recipients of health services;
- Purchase or improve land; purchase, construct, or permanently improve any building or facility, except for minor remodeling with written approval from AHCCCS;

⁹ Transitioned from CBHSG/320-T

- Purchase major medical equipment;
- To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- Provide financial assistance (grants) to any entity other than a public or non-profit private entity;
- Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS);
- Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see https://grants.nih.gov/grants/policy/salcap_summary.htm;
- Purchase treatment services in penal or correctional institutions in the State of Arizona;
- Flex funds purchases; or
- Sponsorship for events and conferences. ¹⁰

Revision History

Date	Description of changes	Page(s)
5/22/2019	Exhibit Creation * All information within the exhibit was transitioned from the former Covered Behavioral Health Services Guide.	All

¹⁰ Transitioned from CBHSG/320-T