

**ACOM POLICY 432, ATTACHMENT A,
MATRIX OF FINANCIAL RESPONSIBILITY BY RESPONSIBLE PARTY**

SERVICE/RESPONSIBILITY		RESPONSIBLE PARTY										
		ACUTE CARE CONTRACTOR	INTEGRATED RBHA	RBHA	TRBHA	CRS FULLY INTEGRATED	CRS PARTIALLY INTEGRATED BH	CRS PARTIALLY INTEGRATED ACUTE	CRS ONLY	DDD	CMDP	AIHP
THE ENROLLED ENTITY IS RESPONSIBLE FOR:												
1.	Reimbursement of transportation for the member to the initial behavioral health appointment regardless of whether the Enrolled Entity or the Behavioral Health Entity scheduled that appointment.	X	X			X		X		X	X	X
2.	Reimbursement of transportation for the member to the emergency department of an acute care hospital when the transport is emergent, including inter-facility transfers to the emergency department.	X	X			X		X		X	X	X

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THE ENROLLED ENTITY IS RESPONSIBLE FOR:												
3.	<p>Reimbursement of claims with behavioral health principal diagnoses that are related to communication disorders usually diagnosed in infancy, childhood or adolescence. The claim must be accompanied by procedure codes ranging from 92506-92508 and 92550-92597.</p> <p>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.</p>	X	X			X		X		X	X	X

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THE ENROLLED ENTITY IS RESPONSIBLE FOR:												
4.	Reimbursement of all <i>facility services</i> , including triage and diagnostic tests, regardless of principal diagnosis when provided in an emergency department and there is no admission to the facility.	X	X			X		X		X	X	X
5.	Reimbursement of <i>professional fees</i> with a physical health principal diagnosis , regardless of setting.	X	X			X		X		X	X	X

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THE ENROLLED ENTITY IS RESPONSIBLE FOR:												
6.	Reimbursement of services associated with a non-behavioral health provider visit for diagnosis and treatment of depression, anxiety and/or attention deficit hyperactive disorder including <i>professional fees</i> , related prescriptions, laboratory and other diagnostic tests.	X	X			X		X		X	X	X
7.	Reimbursement of inpatient <i>facility services</i> to hospitalized members with a principal physical health diagnosis. Reimbursement is unrelated to the bed or floor where the member is placed.	X	X			X		X		X	X	X

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THE ENROLLED ENTITY IS RESPONSIBLE FOR:												
8.	When the enrolled entity is AHCCCS FFS for AIHP members assigned to a TRBHA, payment of medically necessary transportation services (emergent and non-emergent) when the diagnosis code on the claim is unspecified (799.9 or its replacement code under ICD-10).											X

[End of Enrolled Entity Responsible Party Section]

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THE BEHAVIORAL HEALTH ENTITY IS RESPONSIBLE FOR:												
9.	Reimbursement of inpatient <i>facility services</i> to hospitalized members with a behavioral health principal diagnosis. Reimbursement is unrelated to the bed or floor where the member is placed.	X For GMH/SA Adult Duals Only	X	X	X	X	X					
10.	Reimbursement of <i>professional fees</i> with a behavioral health principal diagnosis, regardless of setting including, but not limited to, diagnosis and treatment of depression, anxiety and/or attention deficit hyperactive disorder.	X For GMH/SA Adult Duals Only	X	X	X	X	X					

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THE BEHAVIORAL HEALTH ENTITY IS RESPONSIBLE FOR:												
11.	Reimbursement of medically necessary transportation when transferring a member from an Acute Hospital, including an Emergency Department, to a Behavioral Health setting including but not limited to, a Residential Treatment Center (RTC), Outpatient Clinic or a Residential Facility.	X For GMH/SA Adult Duals Only	X	X	X	X	X					

[End of Behavioral Health Entity Responsible Party Section]