

**ARIZONA DEPARTMENT OF HEALTH SERVICES
 DIVISION OF BEHAVIORAL HEALTH SERVICES
 DIVISION DOCUMENT REVISION NOTICE**

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around April 1, 2009. Please direct any questions regarding this Division document revision notice to Janice Hippe at (602) 364-4655 or via electronic mail at hippej@azdhs.gov.

DIVISION DOCUMENT	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE
REVISION [X]				[X]
DIVISION DOCUMENT	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
REVISION [X]				

**Arizona Department of Health Services
Division of Behavioral Health Services
Memorandum**

Date: April 1, 2009
To: Stakeholders
From: Margaret Russell, Bureau Chief of Policy
Re: **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide**

The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 6.7. The final revisions will be posted to the ADHS/DBHS website on or around April 1, 2009. Please note that the Memorandum distributed on March 6, 2009, included **PROPOSED** changes to the guide. The changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section II.A.3. Other Professional

1. Under HCPCS Codes, list billing limitations separately for codes H0015- (Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention and activity therapies or education and H2033- (Multisystemic therapy for juveniles, per 15 minutes). Billing limitations for H0015 did not change.
2. For service code H2033, add language to further describe the services for this code.
3. Under HCPCS Codes, add new billing limitations (1 and 2) and change language to (4) for the service code H2033 as follows:
 1. MST is an all-inclusive service paid at a bundled rate. All case related direct-service activity is billable. Billing is submitted on a weekly basis. This includes all face-to-face time with clients as well as collateral contact related to the client treatment plan.
 2. Weekly consultation and supervision of MST personnel with the national MST staff is considered part of the cost of rendering the service and has been factored in the rate. This is not considered a billable activity.
 4. Travel time and expenses are not billable activities and cannot be included in units billed during claims submission.

REPLACE PAGES 42-182

Section II. C. 1. Medication Services

1. Under CPT Codes, delete CPT code 90772 (effective 12/31/08) and replace it with CPT code 96372 (effective 1/1/09). The code description, "Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular" did not change.

REPLACE PAGES 42-182

Section II. D. 1. Case Management

1. Under CPT codes, delete 90882- (Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions) effective 2/28/09.

REPLACE PAGES 42-182

Section II. D. 8. Sign Language or Oral Interpretive Services

1. Under Billing Provider Type for service code T1013 – (Sign Language or Oral Interpretive Services, per 15 minutes), add:
Licensed Clinical Social Worker (85)
Licensed Marriage/Family Therapist (86)
Licensed Professional Counselor (87)
Licensed Independent Substance Abuse Counselor (A4)

REPLACE PAGES 42-182

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

1. Add 96372 as replacement code for 90772 per PMMIS screen RF123, PR090, RF618 and CMS.
2. End date procedure code 90882 effective 2/28/09.
3. Add provider type 31 as available for procedure codes 99441, 99442 and 99443 per AHCCCS update of PR090 and RF618.
4. Remove provider types 08, 18, 31 from procedure code 99368 per RF618.

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

1. Add footnote (*) regarding override function to procedure codes T1019, H2014, H2014HQ, S5110, H2017. Footnote states: *Indicates service may be allowable in addition to HCTC if billed with an override and documented in the Client's medical record.

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Behavioral Health Services Guide	Replace old pages 42–181 with new pages 42-182 due to pagination
Appendix B-2	Entire Appendix
Appendix B-5	Entire Appendix