



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES**

Outcomes Framework Data Dictionary

Revised January 2012

Introduction

The ADHS/DBHS Outcomes Dashboard Data Dictionary is designed to provide a resource to the dashboard user on the methods used to calculate the data included in the Dashboard and Scorecard. Each measure included in the Dashboard and Scorecard categories is included in this guide with details on where ADHS/DBHS extracts the data, how the data is collected and calculated by ADHS/DBHS as well as the step by step instructions for replicating ADHS/DBHS' calculations.

ADHS/DBHS' intent is that the specifications contained in this dictionary will not only promote the reader's understanding of the Outcomes Dashboard measures, but also how the published results for each outcome are computed and allow the Dashboard user to duplicate ADHS/DBHS' processes.

These methods are also referenced in the ADHS/DBHS Bureau of Quality Management Operations (BQMO) Specifications Manual and the ADHS/DBHS Demographic User's Guide (DUG).

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ATTACHMENT A

INCLUDE/EXCLUDE SERVICE PROCEDURE CODES FOR
ACCESS TO CARE

ACCESS TO CARE

ROUTINE APPOINTMENT FOR ONGOING SERVICES WITHIN 23 DAYS OF INITIAL ASSESSMENT (ASSESSMENT TO FIRST SERVICE)

DESCRIPTION

The percent of AHCCCS members referred for or requesting behavioral health services for whom the first service was provided within 23 days of the initial assessment.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
AHCCCS – Arizona Health Care Cost Containment System
BHR – Behavioral Health Recipient
C/A – Child and Adolescent
CIS – ADHS Client Information System
DD – Developmentally Disabled
EOC – Episode of Care
GSA – Geographic Service Area
MPS – Minimum Performance Standard
RBHA – Regional Behavioral Health Authority
SMI – Seriously Mentally Ill

MINIMUM PERFORMANCE STANDARD

Minimum:	90%
Goal:	95%

The MPS must be met quarterly by each GSA, for both the Child/Adolescent and Adult populations.

METHODOLOGY

Population

Performance is separately reported for all Title XIX and Title XXI C/A (up to age 21) and Adults (age 21 and older). Data is also reported by GSA. BHRs included in the measure had a new EOC date during the review quarter.

ADHS/DBHS stratifies performance for the C/A population by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

DD-enrolled BHRs are flagged for separate reporting. DD-enrolled BHRs are identified in CIS by DD in the “Other Agency” field or, if the “Other Agency” field is blank, by S in the “Contract Type” field.

Reporting Frequency

Quarterly.

Data Source

ADHS/DBHS collects denominator and numerator data from CIS. A 90-day lag time is applied to this measure to accommodate submission of encounters to CIS.

Sampling

Not applicable.

OPERATIONAL DEFINITIONS

1. Assessment

- The ongoing collection and analysis of a person’s medical, psychological, psychiatric, and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person’s service plan is designed to meet the person’s (and family’s) current needs and long-term goals. The assessment date is obtained from encounter data. The following codes are used to identify an assessment:
 - a. CPT Codes: 90801, 90802, 90885, 96100, 96101, 96102, 96103, 96110, 96111, 96115, 96116, 96117, 96118, 96119, 96120, 99201, 99202, 99203, 99204, 99205, 99241, 99242, 99243, 99244, 99245, 99271, 99272, 99273, 99274, 99275, ,
 - b. HCPCS Codes: H0002, H0031

2. Encounter

A record of a service rendered by a registered AHCCCS provider to an AHCCCS enrolled BHR.

3. First Service

- A first service is the earliest service provided to the BHR on or after the date of the initial assessment and is obtained from encounter data. There are limitations on the type of billable service rendered within 23 days after assessment that qualify as a first service **if it occurs on the same day as the assessment**. The following comprehensive

behavioral health service categories are **excluded** as a first service if it occurs on the same day as the assessment.

- A. 2. Assessment, Evaluation and Screening Services
- B. 3. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
- B. 4. Psychoeducational Services and Ongoing Support to Maintain Employment
- C. 2. Laboratory, Radiology and Medical Imaging
- C. 4. Electro-Convulsive Therapy
- D.1. Case Management
- G. 3. Mental Health Services NOS (Room and Board)
- I. Prevention Services

BHRs may receive any covered service on the same day as the initial assessment, but only included services will be considered in calculation of the performance measure. An assessment provided a minimum of one (1) day after the initial assessment would qualify as a first service.

See the Attachment - A Routine Appointments for Ongoing Services Within 23 Days of Assessment (Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment) - for procedure codes that are included/excluded from qualifying as a first service **after** the day of the initial assessment.

Calculation

1. The percentage of BHRs with a new EOC date during the review quarter and a corresponding initial assessment within 45 days of the EOC date is calculated as follows:

Numerator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review quarter and an encounter for a corresponding initial assessment within 45 days of the EOC date.

Denominator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review quarter.

2. ADHS/DBHS calculates the number of days between the assessment date and the first service for each AHCCCS member. The percentage of compliance in providing a first service within 23 days after initial assessment is calculated as follows:

Numerator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review quarter and a corresponding initial assessment encounter within 45 days of the EOC date and with a first service encounter within 23 days after the assessment.

Denominator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review quarter and an encounter for a corresponding initial assessment within 45 days of the EOC date.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' CIS is ensured through pre-processor edits and random data validation review of BHR medical charts. ADHS/DBHS may identify a statistically significant random sample of BHRs who meet the numerator criteria and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits. RBHA's are required to perform data validation studies quarterly on their providers in accordance with established schedules. Each record must be reviewed for omission, correctness and timeliness errors.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual BHR level.

BEHAVIORAL HEALTH SERVICE PLAN

DESCRIPTION

The percent of AHCCCS members with current service plans that incorporate the needs and service recommendations identified in their assessments.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
 AHCCCS – Arizona Health Care Cost Containment System
 BHP – Behavioral Health Professional
 BHR – Behavioral Health Recipient
 C/A – Child/Adolescent
 CIS – Client Information Systems
 DD – Developmentally Disabled
 EOC – Episode of Care
 GMH – General Mental Health
 GSA – Geographic Service Area
 HIPAA – Health Insurance Portability and Accountability Act
 MPS – Minimum performance standard
 OPI – Office of Performance Improvement
 RBHA – Regional Behavioral Health Authority
 SA – Substance Abuse
 SMI – Seriously Mentally Ill
 T/RBHA – Tribal/Regional Behavioral Health Authority

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	95%

The MPS must be met quarterly by each GSA for both the Child/Adolescent and Adult populations. DD-enrolled clients are flagged for separate reporting. DD-enrolled clients are identified in CIS by DD in the CIS ELIG_GRP field or if the ELIG_GRP field is blank, by S in the “Contract Type” field.

METHODOLOGY

Population

Title XIX/XXI C/A (up to age 21) and Adults (age 21 and older).

ADHS/DBHS stratifies performance by GSA. Performance is also stratified for the Adult population by Behavioral Health Category for reporting to include Title XIX SMI, GMH and SA.

ADHS/DBHS stratifies performance for the C/A population by Title XIX and Title XXI and by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

Review Frequency

RBHAs quarterly; Tribal BHAs semi-annually.

The following quarterly reporting schedule applies to any Fiscal Year:

Review Quarter	DBHS file to RBHA	RBHA file to DBHS
Q1	September 15	October 15
Q2	December 15	January 15
Q3	March 15	April 15
Q4	June 15	July 15

If the day the file must be reported to ADHS/DBHS falls upon a weekend or holiday, it will be due the following working day.

Tribal BHAs review will be scheduled on site in January and July of each year, or as otherwise requested by either ADHS/OPI or the Tribal BHAs.

Data Source

Denominator data will be collected from CIS, numerator data will be collected from the following sources: the initial or annual assessment and the individual service plan.

Sampling:

Samples are drawn randomly at the GSA level using at least a 90% confidence level with a 10% error rate. Sample numbers are pulled randomly by population (Child/Adolescent and Adult populations) and by TXIX/XXI for the C/A population; each sample is divided by 4 for a quarterly sample.

Clients eligible for this measure (denominator) have a continuously open EOC on the first day of the review quarter and for at least 90 consecutive days during the 6 months prior, and have received a service during the previous 6 months other than transportation, lab, radiology, pharmacy, methadone, inpatient service, or crisis. Crisis EOCs are excluded. Clients eligible to be included in the denominator sample are pulled by provider type 77 (outpatient clinic).

Documentation Requirements:

The end date of the review period determines the timeline for current documents. For example, if the review period is Quarter 1 FY2012, the review period dates are July 1, 2011 through September 30, 2011. A document would be considered within the review period if it was completed within 12 months prior to September 30, 2011. Therefore, any document completed between October 1, 2010 and September 30, 2011 is considered current for the Quarter 1 review. Clients without a current initial or annual assessment will remain in the denominator and will be counted as not meeting numerator criteria.

Calculation

Numerator: Number of sampled BHRs with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment.

Denominator: Total number of sampled BHRs meeting criteria for inclusion.

Timeline

1. Month 3 of Reporting Quarter, Day 15

Via the Sherman server with e-mail notification to the RBHA, ADHS/DBHS provides the RBHA with an Excel spreadsheet listing clients randomly selected using a 90% confidence level with a 10% error rate. The spreadsheet requires the RBHA to complete the date of the BHR's previous treatment plan and date of their previous assessment (those treatment plans and assessments completed prior to the documents submitted). Sample numbers are pulled randomly by population to include Title XIX/XXI Child/Adolescent and Title XIX Adult populations.

2. 15 Days Following Reporting Quarter

- a.) Via the Sherman server with e-mail notification to ADHS/DBHS, the RBHA provides ADHS/DBHS with the completed Excel spreadsheet. The RBHA also submits the initial or current assessment and treatment plan for each of the clients.

The OPI staff reviews Service Plan data for each sampled client using the ADHS/DBHS Behavioral Health Service Provision Tool. The following criteria must be met to be determined compliant on this measure:

- a) The current assessment must be complete;
- b) The service plan must incorporate the needs and service recommendations identified in the assessment. The following questions on the ADHS/DBHS Behavioral Health Service Provision Tool must be answered "Yes":
 - (1.) Adult and Child – Q 1, 4a., 5a., 5b (all 4 questions must be answered "YES")
 - Q1: The treatment plan is based on the current assessment.

- Q 4a.: The treatment plan contains objectives to address the identified needs of the person/family.
- Q 5a.: The treatment plan contains services based on the needs of the individual.
- Q 5b.: The treatment plan lists the specific services and frequency of services to be provided to achieve the objective.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts. ADHS/DBHS may identify a statistically significant random sample of behavioral health recipients who meet the numerator criteria and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits. RBHAs submit excel spreadsheets containing current and accurate data regarding treatment plans and assessments. This information is validated through the quarterly reviews.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual client level.

BEHAVIORAL HEALTH SERVICE PROVISION

DESCRIPTION

The percent of AHCCCS members who receive the services recommended in their service plans.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
 AHCCCS – Arizona Health Care Cost Containment System
 BHP – Behavioral Health Professional
 BHR – Behavioral Health Recipient
 BQMO – Bureau of Quality Management Operations
 C/A – Child/Adolescent
 CIS – ADHS Client Information System
 CPT – Current Procedural Terminology
 DD – Developmentally Disabled
 EOC – Episode of Care
 GMH – General Mental Health
 GSA – Geographical Service Area
 HCPCS – Health Care Procedure Coding Systems
 HIPAA – Health Insurance Portability and Accountability Act
 MPS – Minimum performance standard
 OPI – Office of Performance Improvement
 SA – Substance Abuse
 SMI – Seriously Mentally Ill
 RBHA – Regional Behavioral Health Authority

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	95%

The MPS must be met quarterly by each GSA, for both the Child/Adolescent and Adult populations. DD-enrolled clients are flagged for separate reporting. DD-enrolled clients are identified in CIS by DD in the “Other Agency” field or if “Other Agency” field is blank, by S in the “Contract Type” field.

METHODOLOGY

Population

Title XIX and Title XXI C/A (up to age 21) and Title XIX Adults (age 21 and older). ADHS/DBHS stratifies performance by GSA. ADHS/DBHS stratifies performance for the Adult population by Behavioral Health Category for reporting to include Title XIX SMI, GMH and SA.

ADHS/DBHS stratifies performance for the C/A population by Title XIX and Title XXI and by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

Reporting Frequency

Quarterly. Encounters in CIS are matched to the services noted on the service plan approximately 120 days post quarter. (See Review Frequency below for dates.) ADHS/DBHS receives the behavioral health recipient EOC and encounter data from the RBHAs using CIS.

Data Source

Denominator data is collected from the numerator for the Behavioral Health Service Plan performance measure. Numerator data is collected from CIS encounters for behavioral health services.

Sampling

Clients eligible for this measure are those randomly selected sample BHRs who met numerator criteria for the Behavioral Health Service Plan performance measure. The denominator utilizes sampled BHRs who were determined to have a current and complete assessment (completed within 12 months prior to the end date of the review period and signed by a BHP) and a service plan (completed within 12 months prior to the end date of the review period and signed by the BHR/guardian and one staff member) incorporating the needs and service provision recommendations identified in the assessment.

Calculation

ADHS/DBHS calculates performance on this measure using the documentation submitted by the RBHAs for the Behavioral Health Service Plan performance measure. ADHS/DBHS matches services recommended in the service plan to CPT and HCPCS codes to confirm recommended services were confirmed through CIS encounter data. To meet compliance, all covered services recommended in the service plan must have corresponding dates of service on or after the date the service plan was completed.

Denominator: Number of BHRs with current service plans that incorporate the needs and service recommendations identified in their assessments (from the Behavioral Health Service Plan measure numerator).

Numerator: Number of BHRs in the denominator who received all the services in their most recent service plan.

The rate for this measure will be calculated by dividing the number of BHRs who received all of the services recommended in their most recent service plan as documented through encounter data by the total number of members with current and complete service plans.

Timeline

<u>Review</u>	<u>BH Service Plan Measure is calculated</u>	<u>Encounter data available; BHService Provision is calculated</u>
Q1	October 15	January 30
Q2	January 15	April 30
Q3	April 15	July 30
Q4	July 15	October 30

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts. ADHS/DBHS may identify a statistically significant random sample of behavioral health recipients who meet the numerator criteria and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits. RBHA's are required to perform data validation studies quarterly on their providers in accordance with established schedules. Each record must be reviewed for omission, correctness and timeliness errors. In addition, the Quarterly Data Validation reports will be scored as part of the RBHA's yearly Administrative Review. <http://www.azdhs.gov/bhs/ops.pdf>

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual client level.

COORDINATION OF CARE

DESCRIPTION

The percent of AHCCCS members for whom behavioral health service providers communicate behavioral health clinical and contact information with the member's Primary Care Physician (PCP) and/or Health Plan.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
 AHCCCS – Arizona Health Care Cost Containment System
 BHR – Behavioral Health Recipient
 C/A – Child/Adolescent
 CIS – ADHS Client Information System
 DD – Developmentally Disabled
 DUG – ADHS/DBHS Demographic Data Set Users Guide
 GSA – Geographical Service Area
 MPS – Minimum Performance Standard
 PCP – Primary Care Provider
 SMI – Seriously Mentally Ill

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	95%

The MPS must be met quarterly by each GSA for both the C/A and Adult populations.

METHODOLOGY

Population

Performance is reported by GSA and for Title XIX/XXI C/A (up to age 21) and Adults (21 and over) with any Axis III diagnosis as described in the DUG and/or all SMIs.

DD-enrolled BHRs that meet identifying criteria are flagged for separate reporting. DD-enrolled clients are identified in CIS by DD in the CIS ELIG_GRP field or, if the ELIG_GRP field is blank, by S in the "Contract Type" field.

ADHS/DBHS stratifies performance for the C/A population by Title XIX and Title XXI and by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

Reporting Frequency

Quarterly.

Data Source

Denominator data is collected by ADHS/DBHS from CIS, and identifies AHCCCS enrolled members as either eligible TXIX or TXXI. Numerator data is collected from chart reviews.

BHRs eligible to be included in this measure have an open EOC on the first day of the review quarter, had a continuously open EOC at least 90 days during the previous 6 months, and received a service during the previous 6 months other than transportation, lab, radiology, pharmacy, inpatient service, methadone treatment, or crisis.

Sampling

Random samples are drawn at the GSA level for Title XIX/XXI C/A and TXIX Adults. The sampling method utilizes a random selection of BHRs using at least a 90% confidence level with a 10% margin of error, divided by four (4) to represent quarterly samples.

Calculation

The overall rate for the measure is calculated by dividing the number of AHCCCS enrolled members with documentation of communication with members PCP and/or health plan by the total number of AHCCCS enrolled members in the denominator.

Numerator: Number of charts containing documentation of communication with the AHCCCS PCP/Health Plan.

Denominator: The total number of charts reviewed.

Timeline

The following submission schedule applies for any Fiscal Year:

Review Quarter	DBHS file to RBHA	RBHA file and analysis to DBHS
Q1	November 15	January 30
Q2	February 15	April 30
Q3	May 15	July 30
Q4	August 15	October 30

If the day the file must be reported to ADHS/DBHS falls upon a weekend or holiday, it will be due the following working day.

1. Month 2, Day 15 Following Review Quarter

Via the Sherman server with e-mail notification to the RBHA, ADHS/DBHS provides the RBHA with a comma delimited text file that contains identifying data for each randomly selected BHR. The following data is included for each BHR:

- a. RBHA id
- b. EOC date
- c. Behavioral Health Category
- d. Fund Source
- e. BHR Last Name
- f. BHR First Name
- g. BHR Date of Birth
- h. BHS Client id
- i. Provider id (Type 77)
- j. DD-enrolled (Y or N)

2. 30 Days After Quarter Following Review Quarter

Via the Sherman Server, with email notification to ADHS/DBHS, the RBHA provides ADHS/DBHS with a comma delimited text file that includes fields a. through j. above and an additional field where the RBHA documents communication with the PCP. The RBHA populates this field with a YES (Y) if documentation indicates the individual's diagnosis and current prescribed medications (including strength and dosage) were provided to the individual's assigned PCP. The RBHA uses a NO (N) if there is no documentation of communication with the PCP or if the documentation is incomplete. See file layout attached.

For the purpose of determining if the record meets the requirements for coordination of care, a minimum of one of the following must be evidenced in the record:

1. ADHS/DBHS PM Form 4.3.1, Communication Document, or similar document completed in its entirety. PM Form 4.3.1 can be accessed in Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers, of the ADHS/DBHS Provider Manual at www.azdhs.gov/bhs/provider/sec4_3.pdf.
2. Progress Note containing a header entitled "Coordination of Care", dated and typed or legibly written, that clearly identifies the occurrence of required communication, the minimum required elements of the communication (current diagnosis and prescribed medications, including strength and dosage) and the date the communication was forwarded to the Health Plan/PCP.

The evidence must be dated to correspond with dates of the review quarter. For example, if the review period is Quarter 1 FY11 (July 1, 2010 through September 30, 2010), the evidence would correspond if it was dated between October 1, 2009 and September 30, 2010.

The RBHA assembles copies of the required documentation for each record where present for possible subsequent request by ADHS/DBHS.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' CIS is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts. ADHS/DBHS may identify a statistically significant random sample of behavioral health recipients who meet the numerator criteria and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits. RBHA's are required to perform data validation studies quarterly on their providers in accordance with established schedules. Each record must be reviewed for omission, correctness and timeliness errors. In addition, the Quarterly Data Validation reports will be scored as part of the RBHA's yearly Administrative Review. <http://www.azdhs.gov/bhs/ops.pdf>.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

CONSUMER SURVEY OUTCOMES

DESCRIPTION

Results of the Annual MHSIP Consumer Survey are used to determine performance on two Outcomes indicators:

1. Are clients satisfied with their access to services?
2. Did clients participate in their treatment planning?

METHODOLOGY

Population

Two MHSIP Consumer Surveys are administered: one for Title XIX/XXI adults and one for the parents/ guardians of Title XIX/XXI children receiving behavioral health services. Title XIX and Title XXI fund sources for each population are combined.

Reporting Frequency

Annually.

Reporting

The two Outcomes indicator scores are calculated and reported by the following:

1. Statewide adults
2. Statewide youth
3. Statewide combined populations
4. GSA combined populations

Calculation

The indicator “Are clients satisfied with their access to services?” is calculated using responses to the questions in the Access to Services domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Access to Services domain.

1. Statewide adults – divide the statewide number of adult positive responses for the Access to Services domain by the statewide total number of adult responses for the Access to Services domain.
2. Statewide youth – divide the statewide number of youth positive responses for the Access to Services domain by the statewide total number of youth responses for the Access to Services domain.
3. Statewide combined populations – add the statewide number of adult positive responses for the Access to Services domain and the statewide number of youth positive responses for the Access to Services domain and divide by the sum of the statewide total number of adult

responses for the Access to Services domain and the statewide total number of youth responses for the Access to Services domain.

4. GSA combined populations – add the GSA-specific number of adult positive responses for the Access to Services domain and the GSA-specific number of youth positive responses for the Access to Services domain and divide by the sum of the GSA-specific total number of adult responses for the Access to Services domain and the GSA-specific total number of youth responses for the Access to Services domain.

The indicator “Did clients participate in their treatment planning?” is calculated using responses to the questions in the Participation in Treatment Planning domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Participation in Treatment Planning domain.

1. Statewide adults – divide the statewide number of adult positive responses for the Participation in Treatment Planning domain by the statewide total number of adult responses for the Participation in Treatment Planning domain.
2. Statewide youth – divide the statewide number of youth positive responses for the Participation in Treatment Planning domain by the statewide total number of youth responses for the Participation in Treatment Planning domain.
3. Statewide combined populations – add the statewide number of adult positive responses for the Participation in Treatment Planning domain and the statewide number of youth positive responses for the Participation in Treatment Planning domain and divide by the sum of the statewide total number of adult responses for the Participation in Treatment Planning domain and the statewide total number of youth responses for the Participation in Treatment Planning domain.
4. GSA combined populations – add the GSA-specific number of adult positive responses for the Participation in Treatment Planning domain and the GSA-specific number of youth positive responses for the Participation in Treatment Planning domain and divide by the sum of the GSA-specific total number of adult responses for the Participation in Treatment Planning domain and the GSA-specific total number of youth responses for the Participation in Treatment Planning domain.

SURVEY PROTOCOL

Survey Instruments

The two MHSIP survey instruments are the Adult Consumer Survey and the Youth Services Survey for Families (YSS-F). The adult survey is administered to adult consumers of behavioral health services and the YSS-F is administered to parents/guardians of children receiving behavioral health services.

The MHSIP Adult Consumer Survey measures seven domains: (1) Service Accessibility; (2) Service Quality or Appropriateness (which includes one item concerning cultural sensitivity); (3) Consumer

Participation in Treatment Planning; (4) Outcomes; (5) General Satisfaction; (6) Improved Functioning; and (7) Social Connectedness. In addition, the questionnaire includes a module of questions to determine the impact of services received on the recipient's involvement with the criminal justice system. All questions are scored using a Likert Scale of 1 through 5 as follows: 1=Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, and 5=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

The MHSIP YSS-F focuses on the following seven domain areas: (1) Service Accessibility; (2) Participation in Treatment Planning; (3) Cultural Sensitivity; (4) Satisfaction with Services; (5) Outcomes; (6) Social Connectedness; and (7) Improved Functioning. Additional questions solicit information about the youth's criminal justice contact and school attendance. Questions are scored with a five-point Likert Scale where 1=Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, and 5=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

Both survey tools have four main sections: (1) demographic section, (2) MHSIP survey questions, (3) one state-added question pertaining to cultural sensitivity, and (4) open-ended qualitative section. The demographic section provides descriptive information about the consumer's age, gender, race, ethnicity, and relationship of the person completing the survey to the service recipient.

The second section of the survey contains the MHSIP standardized questions. They serve as benchmark tools to compare consumer perception of behavioral health systems across the nation.

The third section consists of one state-added question that asks for consumer input regarding the inclusion of cultural preferences in the consumer's treatment planning.

The fourth and final section of the survey contains open-ended questions to solicit consumer comments. Two questions are asked of consumers – focusing on identifying what has been most helpful with their services, and what the consumer believes would improve services. The section entitled other comments is intended to provide consumers with an additional area on the survey to provide open-ended feedback on any issue.

Languages

The survey is made available to consumers in English and Spanish languages. Each survey form is printed in English on one side and Spanish on the reverse side. For consumers with limited English proficiency and speak a language other than Spanish, the RBHA and/or the provider administering the survey is instructed to extend their best effort to translate the survey in the consumer's preferred language by utilizing the Language Line or other translation/interpretation services officially utilized by the RBHA or their provider. The extent of assistance provided in language translation should not attempt to define what the question means.

Sampling Design

The sample frame refers to the population eligible to take the survey. This is the pool from which ADHS/DBHS randomly selects the sampled population. ADHS/DBHS creates an adult and a youth

sample from the CIS database for each GSA. Clients 18 or older are grouped as adults, and clients under 18 are grouped as youth. The adult clients may be enrolled in any program: General Mental Health, Substance Abuse, or Seriously Mentally Ill.

The sample frame is composed of:

- (a) Client must be enrolled in FY2010;
- (b) Client must be Title XIX or Title XXI eligible in FY2010;
- (c) Client must have received a mental health service other than inpatient, transportation, laboratory and/or radiology services, or crisis;
- (d) The service must have occurred in the previous 6 months.

Drawing of Sample

ADHS/DBHS creates a random sample and provides each GSA with a list of 500 adult and 400 to 500 youth clients to be surveyed. ADHS/DBHS provides the RBHAs with a database to store the survey results.

The RBHA disseminates the surveys, tracking which consumers completed the survey and why surveys were not completed. The RBHA enters the survey data into the provided database and submits to ADHS/DBHS: the completed paper surveys, the database containing all survey results, the database detailing which consumers completed a survey and for every consumer that did not complete a survey, the reason the survey was not completed. The RBHAs enter data into the two ADHS/DBHS provided databases.

The provider agency is responsible for identifying the specific provider location or site from which the consumer is presently receiving services.

Distribution Method

The primary distribution method is a non-clinical staff at the provider office (i.e., clinic) handing the survey questionnaire to the consumer. As the consumer checks in for their appointment, s/he is provided with a copy of the survey questionnaire to complete. If the consumer agrees to participate, s/he is requested to complete the survey prior to his/her appointment. If the consumer is unable to complete the questionnaire, s/he is allowed to finish it on site after the appointment or be provided with an addressed, stamped envelope to mail the survey in if they did not have time to complete it in the office. A drop box is provided on site for completed surveys. Additionally, a specific area at the provider office is designated for completing the survey.

If the individual randomly selected has a scheduled appointment at home during the survey window, the provider staff takes the survey questionnaire at the appointment date. If the consumer agrees to participate, s/he is advised to complete the survey after the staff leaves and mail the completed questionnaire to the RBHA using the pre-addressed, stamped envelope provided with the survey.

If the individual does not have an appointment during the survey window, a non-clinical staff at the RBHA may conduct the survey over the phone. As an alternative, a non-clinical staff at the

provider site may contact the consumer by phone to ask for their participation in the survey, offering a return envelope for the completed survey to be mailed. All return envelopes provided as a means for the consumer to submit their completed survey must be addressed to the RBHA.

A check box in the questionnaire is used to track the distribution method. The adult survey is administered to the adult consumer. If the individual requests assistance, a guardian may complete the questionnaire on the consumer's behalf. The YSS-F is administered to the parent/guardian of the child receiving services. If the parent or guardian is not at the appointment, then the survey is not provided.

Tribal RBHAs participate in the Annual Consumer Survey by way of a convenience sampling of their enrolled consumers.

Survey Timeframe

The survey is usually administered for a period of two months, April and May.

Roles and Responsibilities

ADHS/DBHS is responsible for the statewide oversight of the survey administration to ensure consistent implementation of the survey protocol. The protocol, client sample, survey instruments, and survey results database are created by ADHS/DBHS. ADHS/DBHS provides any needed technical assistance throughout the survey process. Periodic monitoring, training, timelines, and use of checklist are utilized to guide the T/RBHAs on critical points in the process.

The T/RBHAs have the primary responsibility for ensuring that the protocol is precisely followed within their geographic regions. Direct oversight and assistance are provided by the T/RBHAs to their providers. The T/RBHAs are to ensure that the providers are appropriately trained and prepared to administer the survey. The RBHAs enter data into the two ADHS/DBHS provided databases.

Each provider agency is primarily responsible for each of its sites in which the survey is administered. Each site maintains all necessary materials for survey administration. At each site, a drop box and a designated area are provided for consumers to complete the survey. Providers are also responsible for the day-to-day operations – including having the survey tools, materials for completing the survey (pens, pencils, clipboards), envelopes for return of the survey if needed, assigned resources for administration and collection of data for the survey.

protocol, the survey questionnaire completed by this group of respondents will be tracked separately by the RBHA. Names of individuals who belong to this group will not be added to the survey client list. This group will be tracked in some other ways as described in the succeeding paragraph.

Scoring Protocol

The scoring protocol recommended by MHSIP is utilized for evaluating the domain areas within the survey, as follows:

1. Recode ratings of ‘not applicable’ as missing values.
2. For each survey, exclude domains with more than one-third of the domain questions missing.
3. Calculate the mean of the items for each respondent.
4. Calculate the percent of scores that are less than 2.5 for positive responses.

Weighting Methodology

The statewide data is weighted by GSA client population to compensate for the stratified sample collection. Weights are applied to the survey data prior to any statewide data analysis.

ACCESS TO SERVICES DOMAIN QUESTIONS

Adult

- Q4: The location of services was convenient (parking, public transportation, distance, etc.)
- Q5: Staff were willing to see me as often as I felt it was necessary.
- Q6: Staff returned my call in 24 hours.
- Q7: Services were available at times that were good for me.
- Q8: I was able to get all the services I thought I needed.
- Q9: I was able to see a psychiatrist when I wanted to.

Youth

- Q8: The location of services was convenient for us.
- Q9: Services were available at times that were convenient for us.

PARTICIPATION IN TREATMENT PLANNING DOMAIN QUESTIONS

Adult

- Q11: I felt comfortable asking questions about my treatment and medication.
- Q17: I, not staff, decided my treatment goals.

Youth

- Q2: I helped to choose my child’s services.
- Q3: I helped to choose my child’s treatment goals.
- Q6: I participated in my child’s treatment.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes on all measurement sets. A change is statistically significant when it is unlikely to have occurred by chance. A chi-square test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period).

CONFIDENTIALITY PLAN

The front page of the survey questionnaire addresses confidentiality of the responses. Survey results are aggregated and not presented at an individual consumer level. The providers will never have access to completed surveys or individual survey results. Thematic analysis is conducted on written comments.

NATIONAL OUTCOME MEASURES (NOMs)

DESCRIPTION

Behavioral Health Recipients' (BHRs) demographic outcome data is compiled and analyzed from begin Episode of Care (EOC) data to update or end EOC data.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
 BHC – Behavioral Health Category
 BHR – Behavioral Health Recipient
 CIS – Client Information Systems
 EOC – Episode of Care
 GSA – Geographical Service Area
 HIPAA – Health Insurance Portability and Accountability Act
 T/RBHA – Tribal/Regional Behavioral Health Authority

PURPOSE

To document and compare outcomes across populations and GSAs over multiple review periods (fiscal years) to ascertain positive or negative trends in service outcomes.

METHODOLOGY

Population

All BHRs with an open EOC during the reporting fiscal year.

Data Source

CIS.

Review Frequency

Annually

Record Selection

BHRs eligible for this measure (denominator) had an open EOC during the reporting fiscal year. No sample is drawn. Data is based on all BHRs with an open EOC during the reporting fiscal year who have begin EOC data and update or end EOC data in CIS. The population number (n) may change with each measure based on the availability of demographic data for both begin EOC and update or end EOC data for the required field. The data is analyzed (by GSA and BHC), and an annual report

is completed by fiscal year. If update and end EOC data are available in CIS, the most recent EOC demographic will be used.

Calculation

NOMs outcome data is calculated and reported by the following:

1. Statewide adults – number of adults reported by all GSAs combined
2. Statewide children and adolescents – number of children and adolescents reported by all GSAs combined
3. Statewide combined populations – sum of number of adults reported by all GSAs combined and number of children and adolescents reported by all GSAs combined
4. GSA Combined populations
5. Adult Behavioral Health Category

For each of the five outcome stratifications under “Reporting”, NOMs are calculated as follows:

Employment

For NOMs Performance, Employment is determined by coding CIS Field 66 as follows: Values of 01, 02, 03, 04, 24, 25, and 27 = Employed; 08 = Unemployed; Blanks and 99 = System Missing; Else = Not in Labor Force (Missing)

Numerator: Number of BHRs employed at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update or end EOC data in CIS with valid employment field descriptors for both the begin EOC date and the update or end EOC data.

Numerator: Number of BHRs employed at update or end EOC, whichever record is most recent submission.

Denominator: Number of BHRs with complete begin EOC data and an update or end EOC data in CIS with valid employment field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Educational Participation

For NOMs Performance, Educational Participation is determined by coding CIS Field 67 as follows: Values of Y = In School; N = Not in School; Blanks = System Missing

Numerator: Number of BHRs identified as attending a school or vocational program in the Education data field at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update or in CIS with valid education field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs identified as attending a school or vocational program in the Education data field at update or end EOC, whichever record is most recent submission.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid education field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Housing

For NOMs Performance, Housing Status is determined by coding CIS field 69 as follows: Blank and 08= System Missing; 07 = Homeless; Else = Not Homeless

Numerator: Number of BHRs identified in the Primary Residence data field as Not Homeless at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid housing field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs identified in the Primary Residence data field as Not Homeless at update or end EOC, whichever record is most recent submission.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid housing field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Criminal Activity

For NOMs Performance, Criminal Activity is determined by coding CIS Field 71 as follows: 0 = No Recent Arrest; 1 thru 31 = Recently Arrested; Else = System Missing

Numerator: Number of BHRs arrested at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid criminal activity field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs arrested at update or end EOC, whichever record is most recent submission.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid criminal activity field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Substance Abstinence

For NOMs Performance, client must have a valid primary substance type (CIS Field 72 is not equal to '0001') in both the initial and update/closure demographic record.

Abstinence is indicated by a value of '1', '6', '7', or '8' in the SA_FREQ_1 (CIS 73) field (Blank = System Missing).

Numerator: Number of BHRs with a valid Primary Substance abstinent at begin EOC.

Denominator: Number of BHRs with a valid Primary Substance with complete begin EOC data and an update or end EOC in CIS.

Numerator: Number of BHRs with a valid Primary Substance abstinent at update or end EOC, whichever record is most recent submission.

Denominator: Number of BHRs with a valid Primary Substance with complete begin EOC data and an update or end EOC in CIS.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Timeline1. Quarter 2 following close of reporting Fiscal Year

ADHS/DBHS analyzes CIS data to establish the BHRs eligibility and an initial report is produced.

2. Quarter 3 following close of reporting Fiscal Year

The final report is completed and distributed at this time. Final report is utilized for internal monitoring of systems.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts.

CONFIDENTIALITY PLAN

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes in performance on all measurement sets. A standard two tailed T test, or Chi Square depending on variability in denominator size, is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period). For data collected quarterly, the test is for change from Quarter 1 of the State Fiscal Year as compared to Quarter 4 of the same

Fiscal Year. For data collected twice annually, the test covers the first review to the second review. As needed, based on individual contractor performance, ADHS/DBHS conducts an analysis of variance (ANOVA) across Contractors to identify statistically significant variance in Contractor performance in order to identify areas for process and performance improvement.

LENGTH OF STAY AND READMISSION

DESCRIPTION

1. Length of Stay - For Behavioral Health Recipients (BHRs) discharged from a Level I, Level I Sub-acute, Level I RTC, Level II, Level III, Level IV (A5-Behavioral Health Therapeutic Home; A6-Rural Substance Abuse Transitional Center), or HCTC, the number of days they remained in the same facility level.

2. Readmission - For BHRs admitted to a Level I, Level I Subacute, Level I RTC, Level II, Level III, or Level IV (A5-Behavioral Health Therapeutic Home; A6-Rural Substance Abuse Transitional Center), the number that were readmissions within 30 days to the same facility level.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services

BHC – Behavioral Health Category

BHR – Behavioral Health Recipient

BQMO – Bureau of Quality Management Operations

C/A - Child/Adolescent

GMH - General Mental Health

HCTC - Home Care Training To Home Care Client

HIPAA - Health Insurance Portability and Accountability Act

LOS - Length of Stay

MM/UM – Medical Management/Utilization Management

RBHA – Regional Behavioral Health Authority

SA - Substance Abuse

SMI - Seriously Mentally Ill

MINIMUM PERFORMANCE STANDARD

Not applicable.

METHODOLOGY

Population

All Title XIX/XXI C/A (up to age 21) and Adult BHRs (age 21 and over) and Non-TXIX/XXI SMI Adult BHRs who were discharged from a Level I, Level I Sub-acute, Level I RTC, Level II, Level III, Level IV or HCTC facility during the review period.

Title XIX/XXI BHR age groups are stratified as follows:

C/A

- 0-5.999
- 6-11.999
- 12-17.999
- 18-20.999
- 0-17.999 Non TXIX Children

Title XIX and Title XXI C/As are combined.

Adult

- Age 21 and older
- Non TXIX/XXI SMI age 18 and older

All BHRs are stratified by BHC, age group, facility type.

Data Source

Monthly RBHA inpatient/residential tracking logs.

Reporting Frequency

Data is reported to ADHS/DBHS 45 days after the reporting month via a comma delimited text file (file layout attached) submitted to the ADHS/DBHS Sherman Server.

Quarterly analysis is submitted to ADHS/DBHS 45 days after the final reporting month for the quarter using the MM/UM Indicator Report template located here (attached).

If the day the file must be reported to ADHS/DBHS falls upon a weekend or holiday, it will be due the following working day.

Sampling

Not applicable.

Calculation

Data is calculated separately for each level of care, for each behavioral health category, and for each fund source. Levels of care to be reported are: Level I, Level I Sub-acute, Level I Residential, Level II, Level III, Level IV A6-Rural Substance Abuse Transitional Center, Level IV A5-Behavioral Health Therapeutic Home, and HCTC for Length of Stay. Behavioral health categories to be reported are: SMI, GMH, SA, and C/A. Fund sources to be reported are: Title XIX, Title XXI and Non-Title XIX SMI.

Length of Stay Calculation for Quarters 1 – 4 of the Fiscal Year:

For each behavioral health recipient, the LOS is based on the number of days from the date the BHR was admitted into the facility to the date the BHR was discharged from the same facility level. For each behavioral health category and fund source, the LOS - Discharge for each facility level is calculated as follows, using number of authorized days:

1. If there is a (re)admission date same day as or one day following discharge date (transfer), it is considered one stay – remove first discharge.
2. Add LOS for all BHRs discharged from each level of care to obtain the Total LOS for each level.
3. Count all records showing a discharge to obtain the Total Number of Discharges from each level of care.

Readmission Rate Calculation for Quarters 1 – 4 of the Fiscal Year:

Readmission rate is calculated separately for each level of care and for each behavioral health category and fund source. Levels of care to be reported are: Level I, Level I Subacute, Level I RTC, Level II, Level III, Level IV A6-Rural Substance Abuse Transitional Center, and Level IV A5-Behavioral Health Therapeutic Home. Behavioral health categories to be reported are: SMI, GMH, SA, and C/A. Fund sources to be reported are: Title XIX, Title XXI and Non-Title XIX SMI.

For each behavioral health category and fund source, the Readmission Rate for each facility level is calculated as follows:

1. Count all records showing a discharge to obtain the Total Number of Discharges from each facility level.
 - a. If there is a (re) admission date to same level of care same day as or one day following discharge date (transfer), it is considered one stay – remove first discharge.
2. Count all records showing a readmission date within 2 - 30 days of the discharge date.

Numerator: Number of BHRs readmitted to a same level facility.

Denominator: Number of BHRs discharged from the same level facility.

Timeline

Not applicable.

QUALITY CONTROL

RBHAs are responsible for verifying the accuracy of the data submitted for this measure and may be required to submit verification to ADHS/DBHS upon request. ADHS/DBHS may identify a statistically significant random sample of behavioral health recipients and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits.

Monthly files submitted by the RBHAs and processed at ADHS/DBHS electronically are checked programmatically for data errors. Errors are identified as erroneous or missing data in any of the required fields. Files containing errors are returned to the RBHA for correction. Errors are recorded and tracked by ADHS/DBHS. RBHAs are subject to corrective action, up to and including sanctions if the error rate exceeds 5% for three consecutive months.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

GEOGRAPHIC ANALYSIS OF OUTPATIENT CLINIC SERVICE GAPS

DESCRIPTION

ADHS/DBHS uses an electronic geographic mapping system (GIS) to create a client density map to visually assess where outpatient service gaps (clients living more than 15 miles from an Outpatient Clinic) are located.

METHODOLOGY

Population

All clients who had an open episode of care in the ADHS/DBHS Client Information System (CIS) during the fiscal year previous to which the report is produced.

The client density maps are broken out by adults (age 18 and older) and children (up to age 18).

Reporting Frequency

Annually.

Data Source

ADHS/DBHS Client Information System (CIS), Annually updated RBHA Provider lists.

Purpose

This report is one of several methods used to analyze the availability of outpatient clinics to client's enrolled in the Arizona public behavioral health system. Available outpatient clinics are located on the map; clients with a street address reported in CIS are located on the map, and the density of clients within a 15 mile radius of each outpatient clinic is reported.

ADHS/DBHS utilizes this data to establish distance/travel standards and density standards for access to outpatient clinics.

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
97781	Include	Acupuncture w stimulation	Treatment Services	Other Professional
97780	Include	Acupuncture w/o stimulation	Treatment Services	Other Professional
H0001	Include	Alcohol and/or drug assessment	Treatment Services	Consultation,
H0020	Include	Alcohol and/or drug services; methadone administration and/or	Medical Services	Medication Services
00104	Include	Anesthesia for ECT	Medical Services	Medication Services
W4084	Include	Behavioral health day program-medical (6 hours or more) (per	Behavioral Health Day	Medical
W4081	Include	Behavioral health day program-medical (6 hours or more) (per	Behavioral Health Day	Medical
W4082	Include	Behavioral health day program-medical (60 min.)	Behavioral Health Day	Medical
W4079	Include	Behavioral health day program-medical (60 min.)	Behavioral Health Day	Medical
W4083	Include	Behavioral health day program-medical (min of 3 hours and less	Behavioral Health Day	Medical
W4080	Include	Behavioral health day program-medical (min of 3 hours and less	Behavioral Health Day	Medical
W4072	Include	Behavioral health day program-supervised (6 hours or more)	Behavioral Health Day	Supervised
W4070	Include	Behavioral health day program-supervised (60 min.)	Behavioral Health Day	Supervised
W4071	Include	Behavioral health day program-supervised (min. of 3 hours and	Behavioral Health Day	Supervised
W4078	Include	Behavioral health day program-therapeutic (6 hours or more)	Behavioral Health Day	Therapeutic
W4075	Include	Behavioral health day program-therapeutic (6 hours or more)	Behavioral Health Day	Therapeutic
W4076	Include	Behavioral health day program-therapeutic (60 min.)	Behavioral Health Day	Therapeutic
W4073	Include	Behavioral health day program-therapeutic (60 min.)	Behavioral Health Day	Therapeutic
W4077	Include	Behavioral health day program-therapeutic (min. of 3 hours and	Behavioral Health Day	Therapeutic
W4074	Include	Behavioral health day program-therapeutic (min. of 3 hours and	Behavioral Health Day	Therapeutic
H0019	Include	Behavioral health long-term residential (non-medical, Non-acute),	Residential Services	Level III Behavioral Health Residen
H0018	Include	Behavioral health short-term residential, without room and board	Residential Services	Level II Behavioral Health Resident
90901	Include	Biofeedback training by any modality	Treatment Services	Other Professional
W4042	Include	Case management office (15 min.)	Support Services	Case Management
W4043	Include	Case management out of office (15 min.)	Support Services	Case Management
W4040	Include	Case management-behavioral health professional-office (15	Support Services	Case Management
W4041	Include	Case management-behavioral health professional-out of office	Support Services	Case Management
H0036	Include	Community psychiatric supportive treatment day program, face-	Behavioral Health Day	Medical
H0037	Include	Community psychiatric supportive treatment medical day	Behavioral Health Day	Medical
H2016	Include	Comprehensive community support services (peer support), per	Support Services	Peer Support
H2015	Include	Comprehensive community support services, supervised day	Behavioral Health Day	Supervised
H2010	Include	Comprehensive medication services, per 15 minutes	Medical Services	Medication Services
Z3070	Include	Continuous in-home respite care (per day)	Support Services	Respite Care
W4060	Include	Crisis intervention-urgent (up to 5 hours) (30 min.)	Crisis Intervention	Crisis Services
97532	Include	Development of cognitive skills to improve attention, memory,	Rehabilitation Services	Cognitive Rehabilitation
99333	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99332	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99331	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99323	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99322	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99321	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99324	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99325	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99326	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99327	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99328	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99334	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99335	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99336	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99337	Include	Domiciliary or rest home visit for the evaluation and	Medical Services	Medical Management
99303	Include	Evaluation and management of a new or established patient	Medical Services	Medical Management
99302	Include	Evaluation and management of a new or established patient	Medical Services	Medical Management
99301	Include	Evaluation and management of a new or established patient	Medical Services	Medical Management
99318	Include	Evaluation and management of a patient involving	Medical Services	Medical Management
99318	Include	Evaluation and management of a patient involving an annual	Treatment Services	Assessment, Evaluation
90847	Include	family psychotherapy (conjoint psychotherapy, with patient	Treatment Services	Counseling, Family
90846	Include	Family psychotherapy (without the patient present)	Treatment Services	Counseling, Family
W4046	Include	Family support (30 min.)	Support Services	Family Support
S5140	Include	Foster care adult, per diem	Support Services	Therapeutic Foster Care
S5145	Include	Foster care child, per diem	Support Services	Therapeutic Foster Care
90853	Include	Group psychotherapy (other than of a multiple-family group)	Treatment Services	Counseling, Group
S5110	Include	Home care training, family (family support), per 15 minutes	Prevention Services	Prevention
99343	Include	Home visit for the evaluation and management of a new patient	Medical Services	Medical Management
99342	Include	Home visit for the evaluation and management of a new patient	Medical Services	Medical Management
99341	Include	Home visit for the evaluation and management of a new patient	Medical Services	Medical Management
99345	Include	Home visit for the evaluation and management of a new patient,	Medical Services	Medical Management
99344	Include	Home visit for the evaluation and management of a new patient,	Medical Services	Medical Management
99350	Include	Home visit for the evaluation and management of an	Medical Services	Medical Management
99349	Include	Home visit for the evaluation and management of an	Medical Services	Medical Management
99348	Include	Home visit for the evaluation and management of an	Medical Services	Medical Management
99347	Include	Home visit for the evaluation and management of an	Medical Services	Medical Management
H0004	Include	Home, individual behavioral health counseling and therapy, per	Treatment Services	Counseling, Individual
90880	Include	Hypnotherapy	Treatment Services	Counseling, Individual
90876	Include	Individual psychophysiological therapy incorporating	Treatment Services	Other Professional
90875	Include	Individual psychophysiological therapy incorporating	Treatment Services	Other Professional
90809	Include	Individual psychotherapy, insight oriented, behavior modifying	Medical Services	Medical Management
90807	Include	Individual psychotherapy, insight oriented, behavior modifying	Medical Services	Medical Management
90805	Include	Individual psychotherapy, insight oriented, behavior modifying	Medical Services	Medical Management
90808	Include	Individual psychotherapy, insight oriented, behavior modifying	Treatment Services	Counseling, Individual
90806	Include	Individual psychotherapy, insight oriented, behavior modifying	Treatment Services	Counseling, Individual
90804	Include	Individual psychotherapy, insight oriented, behavior modifying	Treatment Services	Counseling, Individual
90815	Include	Individual psychotherapy, interactive, using play equipment,	Medical Services	Medical Management
90813	Include	Individual psychotherapy, interactive, using play equipment,	Medical Services	Medical Management
90811	Include	Individual psychotherapy, interactive, using play equipment,	Medical Services	Medical Management
90814	Include	Individual psychotherapy, interactive, using play equipment,	Treatment Services	Counseling, Individual
W2152	Include	In-home family therapy/counseling(15 min.)	Treatment Services	Counseling, Family
W2151	Include	In-home individual therapy/counseling	Treatment Services	Counseling, Individual
99304	Include	Initial nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99305	Include	Initial nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99306	Include	Initial nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99304	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99305	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99306	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
J0515	Include	Injection, Benztropine Mesylate, per 1mg	Medical Services	Medication Services
J1200	Include	Injection, Diphenhydramine HCL, up to 50 mg	Medical Services	Medication Services
J2680	Include	Injection, fluphenazine decanoate, up to 25 mg.	Medical Services	Medication Services
J1631	Include	Injection, Haloperidol decanoate, per 50 mg.	Medical Services	Medication Services

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
J1630	Include	Injection, Haloperidol, up to 5 mg	Medical Services	Medication Services
J3410	Include	Injection, Hydroxyzine HCL, up to 25 mg	Medical Services	Medication Services
90857	Include	Interactive group psychotherapy (per member)	Treatment Services	Counseling, Group
90802	Include	Interactive psychiatric diagnostic interview examination using pl	Treatment Services	Consultation,
90887	Include	Interpretation or explanation of results of psychiatric, other me	Support Services	Case Management
W4031	Include	Job coaching and employment support (15 min.)	Rehabilitation Services	Supported Employment
W4051	Include	Level II behavioral health residential facility (per day)	Residential Services	Level II Behavioral Health Resident
W4052	Include	Level III behavioral health residential facility (per day)	Residential Services	Level III Behavioral Health Residen
W4006	Include	Living skills training individual (30 min.)	Rehabilitation Services	Living Skills Training
W4016	Include	Living skills training-extended (1 hour)	Rehabilitation Services	Living Skills Training
W4015	Include	Living skills training-group (per person) (30 min.)	Rehabilitation Services	Living Skills Training
T1003	Include	LPN Services, up to 15 minutes	Medical Services	Medical Management
90845	Include	Medical psychoanalysis-no units specified	Treatment Services	Counseling, Individual
W2101	Include	Methadone/LAAM administration (single dose one per day)	Medical Services	Medication Services
W2102	Include	Methadone/LAAM administration (take home one dose per day)	Medical Services	Medication Services
90849	Include	Multiple-family group psychotherapy (per family)	Treatment Services	Counseling, Family
S6001	Include	Native American traditional healing services (15 minutes)	Treatment Services	Other Professional
96116	Include	Neurobehavioral behavioral status exam (clinical assessment of	Treatment Services	Assessment, Evaluation
96118	Include	Neurobehavioral behavioral status exam (clinical assessment of	Treatment Services	Assessment, Evaluation
96119	Include	Neurobehavioral behavioral status exam (clinical assessment of	Treatment Services	Assessment, Evaluation
96120	Include	Neurobehavioral behavioral status exam (clinical assessment of	Treatment Services	Assessment, Evaluation
99236	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Inpatient Services, Professional
99235	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Inpatient Services, Professional
99234	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Inpatient Services, Professional
T1016	Include	Office case management by behavioral health professional,	Support Services	Case Management
99215	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99214	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99213	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99212	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99211	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99205	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99204	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99203	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99202	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
99201	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management
W2350	Include	Office/clinic therapy and counseling-family(15 min.)	Treatment Services	Counseling, Family
W2351	Include	Office/clinic therapy and counseling-group (per member)(15	Treatment Services	Counseling, Group
W2300	Include	Office/clinic therapy and counseling-individual (15 min.)	Treatment Services	Counseling, Individual
W4047	Include	Peer support (30 min.)	Support Services	Peer Support
W4048	Include	Peer support-extended (60 min.)	Support Services	Peer Support
W4049	Include	Peer support-group (per person 30 min.)	Support Services	Peer Support
Z3050	Include	Personal assistance	Support Services	Personal Assistance
W4044	Include	Personal assistance (30 min.)	Support Services	Personal Assistance
W4045	Include	Personal assistance extended (60 min.)	Support Services	Personal Assistance
T1019	Include	Personal care services, per 15 minutes (not for inpatient or resi	Support Services	Personal Assistance
T1020	Include	Personal care services, per diem (not for inpatient or residentia	Support Services	Personal Assistance

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90862	Include	Pharmacologic management, including prescription, use, and	Medical Services	Medical Management
W4030	Include	Pre-job training education and development (15 min.)	Rehabilitation Services	Supported Employment
99355	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99354	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
90801	Include	Psychiatric diagnostic interview examination, unit unspecified.	Treatment Services	Consultation,
96101	Include	Psychological testing (includes psychodiagnostic assessment of	Treatment Services	Assessment, Evaluation
96102	Include	Psychological testing (includes psychodiagnostic assessment of	Treatment Services	Assessment, Evaluation
96103	Include	Psychological testing (includes psychodiagnostic assessment of	Treatment Services	Assessment, Evaluation
H2017	Include	Psychosocial rehabilitation living skills training services, per	Rehabilitation Services	Living Skills Training
W2100	Include	Psychotropic medication, adjustment and monitoring (15 min.)	Medical Services	Medical Management
J2794	Include	Risperidone Injection, long lasting 0.5 MG	Medical Services	Medication Services
S0163	Include	Risperidone Injection, long lasting 12.5 MG	UNKNOWN	UNKNOWN
T1002	Include	RN services, up to 15 minutes	Medical Services	Medical Management
H0038	Include	Self-help/peer services (peer support), per 15 minutes	Support Services	Peer Support
Z3060	Include	Short term in-home respite care (60 min.)	Support Services	Respite Care
H2014	Include	Skills training and development, per 15 minutes	Rehabilitation Services	Living Skills Training
99307	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99308	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99309	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99310	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation
99307	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99308	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99309	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99310	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
H2012	Include	Supervised behavioral health day treatment, per hour up to 5	Behavioral Health Day	Supervised
H0043	Include	Supported Housing	Support Services	Housing Support
S2015	Include	Supportive housing assistance	Support Services	Housing Support
H2019	Include	Therapeutic behavioral services day program, per 15 minutes	Behavioral Health Day	Therapeutic
H2020	Include	Therapeutic behavioral services, per diem	Behavioral Health Day	Therapeutic
W4050	Include	Therapeutic foster care service (per day)	Support Services	Therapeutic Foster Care
90782	Include	Therapeutic or diagnostic injection (specify material injected);	Medical Services	Medication Services
90772	Include	Therapeutic, prophylactic or diagnostic injection	Medical Services	Medication Services
99199	Include	Unlisted special service report	Treatment Services	Other Professional
S5150	Include	Unskilled respite care, not hospice, per 15 minutes	Support Services	Respite Care
S5151	Include	Unskilled respite care, not hospice, per diem	Support Services	Respite Care
H0034	Exclude	(Health promotion) medication training and support, per 15	Rehabilitation Services	Health Promotion
82055	Exclude	Alcohol (ethanol), blood, urine	Medical Services	Laboratory, Radiology and Medical Imaging
82075	Exclude	Alcohol (ethanol), breath	Medical Services	Laboratory, Radiology and Medical Imaging
A0398	Exclude	ALS routine disposable supplies	Support Services	Transportation
A0422	Exclude	Ambulance (ALS or BLS) oxygen and oxygen supplies, life	Support Services	Transportation
A0427	Exclude	Ambulance service, advanced life support, emergency	Support Services	Transportation
A0426	Exclude	Ambulance service, advanced life support, non-emergent.	Support Services	Transportation
A0431	Exclude	Ambulance service, conventional air services, transport, one	Support Services	Transportation
A0430	Exclude	Ambulance service, conventional air services, transport, one	Support Services	Transportation
A0429	Exclude	Ambulance service; basic life support base rate, emergent.	Support Services	Transportation
A0428	Exclude	Ambulance service; basic life support base rate, non-	Support Services	Transportation
A0420	Exclude	Ambulance waiting time (ALS or BLS), 1/2 hour increments	Support Services	Transportation
Z3648	Exclude	Ambulatory van, rural base rate	Support Services	Transportation

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
Z3621	Exclude	Ambulatory van, urban base rate	Support Services	Transportation
80152	Exclude	Amitriptyline	Medical Services	Laboratory, Radiology
82145	Exclude	Amphetamine or methamphetamine, chemical, quantitative	Medical Services	Laboratory, Radiology and Medical Imaging
86701	Exclude	Antibody; HIV-1	Medical Services	Laboratory, Radiology and Medical Imaging
86703	Exclude	Antibody; HIV-1 and HIV-2, single assay	Medical Services	Laboratory, Radiology and Medical Imaging
86702	Exclude	Antibody; HIV-2	Medical Services	Laboratory, Radiology and Medical Imaging
86689	Exclude	Antibody; HTLV or HIV antibody, confirmatory test (eg, WES)	Medical Services	Laboratory, Radiology and Medical Imaging
W4005	Exclude	Assessment comprehensive(30 min.)	Treatment Services	Consultation,
W4001	Exclude	Assessment general(30 min.)	Treatment Services	Consultation,
W4002	Exclude	Assessment rehabilitative employment support (30 min.)	Treatment Services	Consultation,
S9000	Exclude	Auricular Acupuncture	Treatment Services	Other Professional
82205	Exclude	Barbiturate, not elsewhere specified	Medical Services	Laboratory, Radiology and Medical Imaging
80048	Exclude	Basic metabolic panel	Medical Services	Laboratory, Radiology and Medical Imaging
H0025	Exclude	Behavioral health prevention/promotion education service	Rehabilitation Services	Health Promotion
H0002	Exclude	Behavioral health screening to determine eligibility for admisso	Treatment Services	Consultation, Assessment and
80154	Exclude	Benzodiazepines	Medical Services	Laboratory, Radiology and Medical Imaging
85009	Exclude	Blood count; differential WBC count, buffy coat	Medical Services	Laboratory, Radiology and Medical Imaging
85014	Exclude	Blood count; hematocrit	Medical Services	Laboratory, Radiology and Medical Imaging
85018	Exclude	Blood count; hemoglobin, colorimetric	Medical Services	Laboratory, Radiology and Medical Imaging
85027	Exclude	Blood count; hemogram and platelet count, automated	Medical Services	Laboratory, Radiology and Medical Imaging
85025	Exclude	Blood count; hemogram and platelet count, automated, and automate	Medical Services	Laboratory, Radiology and Medical Imaging
85008	Exclude	Blood count; manual blood smear examination without differential	Medical Services	Laboratory, Radiology and Medical Imaging
85007	Exclude	Blood count; manual differential WBC count (inc. RBC morphology a	Medical Services	Laboratory, Radiology and Medical Imaging
85013	Exclude	Blood count; spun microhematocrit	Medical Services	Laboratory, Radiology and Medical Imaging
A0382	Exclude	BLS routine disposable supplies	Support Services	Transportation
80156	Exclude	Carbamazepine	Medical Services	Laboratory, Radiology and Medical Imaging
82465	Exclude	Cholesterol, serum or whole blood, total	Medical Services	Laboratory, Radiology and Medical Imaging
82520	Exclude	Cocaine, quantitative	Medical Services	Laboratory, Radiology and Medical Imaging
36415	Exclude	Collection of venous blood by venipuncture	Laboratory, Radiology	Medical Management
80053	Exclude	Comprehensive metabolic panel	Medical Services	Laboratory, Radiology and Medical Imaging
70470	Exclude	Computerized axial tomography, head or brain: w/o contrast mater	Medical Services	Laboratory, Radiology and Medical Imaging
70460	Exclude	Computerized axial tomography, head or brain: with contrast mater	Medical Services	Laboratory, Radiology and Medical Imaging
99275	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99274	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99273	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99272	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99271	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
82530	Exclude	Cortisol, free	Medical Services	Laboratory, Radiology and Medical Imaging
82533	Exclude	Cortisol, total	Medical Services	Laboratory, Radiology and Medical Imaging
82570	Exclude	Creatinine (other than serum)	Medical Services	Laboratory, Radiology and Medical Imaging
82575	Exclude	Creatinine clearance	Medical Services	Laboratory, Radiology and Medical Imaging
82565	Exclude	Creatinine; blood	Medical Services	Laboratory, Radiology and Medical Imaging
S9484	Exclude	Crisis intervention mental health service, per hour	Crisis Intervention	Crisis Services
S9485	Exclude	Crisis intervention mental health services, per diem	Crisis Intervention	Crisis Services
W4062	Exclude	Crisis intervention mobile (1 person/out of office) (30 min.)	Crisis Intervention	Mobile
W4063	Exclude	Crisis intervention mobile team (2 person) (30 min.)	Crisis Intervention	Mobile
H2011	Exclude	Crisis intervention service, per 15 minutes	Crisis Intervention	Crisis Services
W4061	Exclude	Crisis intervention-urgent (5 to 23 hours) (per visit)	Crisis Intervention	Crisis Services
82607	Exclude	Cyanocobalamin (Vitamin B12)	Medical Services	Laboratory, Radiology and Medical Imaging
80160	Exclude	Desipramine	Medical Services	Laboratory, Radiology and Medical Imaging
96111	Exclude	Developmental testing: extended (includes assessment of motor, I	Treatment Services	Consultation, Assessment and Specialized Testing
96110	Exclude	Developmental testing; limited (eg, developmental screening test	Treatment Services	Consultation, Assessment and Specialized Testing
80420	Exclude	Dexamethasone suppression panel, 48 hour	Medical Services	Laboratory, Radiology and Medical Imaging
80166	Exclude	Doxepin	Medical Services	Laboratory, Radiology and Medical Imaging
80100	Exclude	Drug screen; multiple drug class	Medical Services	Laboratory, Radiology and Medical Imaging
80101	Exclude	Drug screen; single drug class, each drug class	Medical Services	Laboratory, Radiology and Medical Imaging
80102	Exclude	Drug, confirmation, each procedure	Medical Services	Laboratory, Radiology and Medical Imaging
93010	Exclude	Electrocardiogram, routine ECG with at least 12 leads; interpreta	Medical Services	Laboratory, Radiology and Medical Imaging
93000	Exclude	Electrocardiogram, routine ECG with at least 12 leads; with inter	Medical Services	Laboratory, Radiology and Medical Imaging
93005	Exclude	Electrocardiogram, routine ECG with at least 12 leads; without in	Medical Services	Laboratory, Radiology and Medical Imaging

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90871	Exclude	Electroconvulsive therapy (includes necessary monitoring); multi	Medical Services	Electro-convulsive Therapy
90870	Exclude	Electroconvulsive therapy (includes necessary monitoring); singl	Medical Services	Electro-convulsive Therapy
95819	Exclude	Electroencephalogram (EEG) including recording awake and asleep,	Medical Services	Laboratory, Radiology and Medical Imaging
80051	Exclude	Electrolyte panel	Medical Services	Laboratory, Radiology and Medical Imaging
99285	Exclude	Emergency department visit for the evaluation and management	Crisis Intervention	Crisis Services
99284	Exclude	Emergency department visit for the evaluation and management	Crisis Intervention	Crisis Services
99283	Exclude	Emergency department visit for the evaluation and management	Crisis Intervention	Crisis Services
99282	Exclude	Emergency department visit for the evaluation and management	Crisis Intervention	Crisis Services
99281	Exclude	Emergency Dept Visit for the evaluation and management of a	Crisis Intervention	Crisis Services
90882	Exclude	Environmental intervention for medical management purposes	Support Services	Case Management
A0435	Exclude	Fixed wing air mileage, per statute mile	Support Services	Transportation
S6000	Exclude	Flex Funded Service	Support Services	Flex Fund Services
82742	Exclude	Flurazepam	Medical Services	Laboratory, Radiology and Medical Imaging
82746	Exclude	Folic Acid	Medical Services	Laboratory, Radiology and Medical Imaging
99263	Exclude	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Inpatient Services, Professional
99262	Exclude	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Inpatient Services, Professional
99261	Exclude	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Inpatient Services, Professional
80050	Exclude	General health panel	Medical Services	Laboratory, Radiology and Medical Imaging
82948	Exclude	Glucose, blood, reagent strip	Medical Services	Laboratory, Radiology and Medical Imaging
82947	Exclude	Glucose, quantitative, blood (except reagent strip)	Medical Services	Laboratory, Radiology and Medical Imaging
82977	Exclude	Glutamyltransferase (GGT)	Medical Services	Laboratory, Radiology
84703	Exclude	Gonadotropin, chorionic (HCG), qualitative	Medical Services	Laboratory, Radiology
A0425	Exclude	Ground mileage, per mile	Support Services	Transportation
W4020	Exclude	Health promotion (per person) (30 min.)	Rehabilitation Services	Health Promotion
Z3715	Exclude	Helicopter taxi, non-emergency,	Support Services	Transportation
80076	Exclude	Hepatic function panel	Medical Services	Laboratory, Radiology
99238	Exclude	Hospital discharge day management	Inpatient Services	Inpatient Services,
99239	Exclude	Hospital discharge day management; more than 30 minutes	Inpatient Services	Inpatient Services,
80174	Exclude	Imipramine	Medical Services	Laboratory, Radiology
90822	Exclude	Individual psychotherapy, insight oriented, behavior modifying	Inpatient Services	Inpatient Services,
90821	Exclude	Individual psychotherapy, insight oriented, behavior modifying	Inpatient Services	Inpatient Services,
90819	Exclude	Individual psychotherapy, insight oriented, behavior modifying	Inpatient Services	Inpatient Services,
90818	Exclude	Individual psychotherapy, insight oriented, behavior modifying	Inpatient Services	Inpatient Services,
90817	Exclude	Individual psychotherapy, insight oriented, behavior modifying	Inpatient Services	Inpatient Services,
90816	Exclude	Individual psychotherapy, insight oriented, behavior modifying	Inpatient Services	Inpatient Services,
90829	Exclude	Individual psychotherapy, interactive, using play equipment,	Inpatient Services	Inpatient Services,
90828	Exclude	Individual psychotherapy, interactive, using play equipment,	Inpatient Services	Inpatient Services,
90827	Exclude	Individual psychotherapy, interactive, using play equipment,	Inpatient Services	Inpatient Services,

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90826	Exclude	Individual psychotherapy, interactive, using play equipment,	Inpatient Services	Inpatient Services,
90824	Exclude	Individual psychotherapy, interactive, using play equipment,	Inpatient Services	Inpatient Services,
90823	Exclude	Individual psychotherapy, interactive, using play equipment,	Inpatient Services	Inpatient Services,
90812	Exclude	Individual psychotherapy, interactive, using play equipment,	Treatment Services	Counseling, Individual
90810	Exclude	Individual psychotherapy, interactive, using play equipment,	Treatment Services	Counseling, Individual
87391	Exclude	Infectious agent antigen detection by enzyme immunoassay	Medical Services	Laboratory, Radiology
87390	Exclude	Infectious agent antigen detection by enzyme immunoassay	Medical Services	Laboratory, Radiology
99223	Exclude	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Inpatient Services,
99222	Exclude	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Inpatient Services,
99221	Exclude	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Inpatient Services,
99255	Exclude	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services,
99254	Exclude	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services,
99253	Exclude	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services,
99252	Exclude	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services,
99251	Exclude	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services,
99220	Exclude	Initial observation care, per day for the evaluation and	Inpatient Services	Inpatient Services,
99219	Exclude	Initial observation care, per day for the evaluation and	Inpatient Services	Inpatient Services,
99218	Exclude	Initial observation care, per day, for the evaluation and	Inpatient Services	Inpatient Services,
S7001	Exclude	Interpreter services to assist clients	Support Services	Interpreter Services
80061	Exclude	Lipid Panel	Medical Services	Laboratory, Radiology
80178	Exclude	Lithium	Medical Services	Laboratory, Radiology
70552	Exclude	Magnetic resonance imaging, brain; with contrast material	Medical Services	Laboratory, Radiology
70551	Exclude	Magnetic resonance imaging, brain; without contrast material	Medical Services	Laboratory, Radiology
70553	Exclude	Magnetic resonance imaging, brain; without contrast material,	Medical Services	Laboratory, Radiology
99362	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
99361	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
H0031	Exclude	Mental health assessment, by non-physician 30 minute	Treatment Services	Consultation,
H0046	Exclude	Mental Health Services NOS	Residential Services	Room and Board
83840	Exclude	Methadone	Medical Services	Laboratory, Radiology
96115	Exclude	Neurobehavioral status exam (clinical assessment of thinking,	Treatment Services	Consultation,
96117	Exclude	Neuropsychological testing battery (eg, Halstead-Reitan, Luria,	Treatment Services	Consultation,
T2049	Exclude	Non emergency transport, stretcher van	Support Services	Transportation
Z3717	Exclude	Non-ambulance waiting time (per half hour)	Support Services	Transportation
A0888	Exclude	Non-covered ambulance mileage, per mile (E.G. for miles	Support Services	Transportation
Z3655	Exclude	Non-covered ground ambulance mileage, per mile (miles	Support Services	Transportation
A0110	Exclude	Non-emergency transport via intra- or interstate carrier	Support Services	Transportation
A0200	Exclude	Non-emergency transport: ancillary services-lodging -escort	Support Services	Transportation
A0180	Exclude	Non-emergency transport: ancillary services-lodging-recipient	Support Services	Transportation
A0210	Exclude	Non-emergency transport: ancillary services-meals-escort	Support Services	Transportation
A0190	Exclude	Non-emergency transport: ancillary services-meals-recipient	Support Services	Transportation
A0170	Exclude	Non-emergency transport: ancillary services-parking fees, tolls,	Support Services	Transportation
A0140	Exclude	Non-emergency transport; and air travel (private or commercial)	Support Services	Transportation
A0160	Exclude	Non-emergency transport; mile - case worker or social worker	Support Services	Transportation
A0100	Exclude	Non-emergency transport; taxi, intra-city, base rate	Support Services	Transportation
A0130	Exclude	Non-emergency transport; wheel-chair van., base rate	Support Services	Transportation
S0215	Exclude	Non-emergency transportation mileage, per mile	Support Services	Transportation
T2005	Exclude	Non-emergency transportation, non-ambulatory stretcher van	Support Services	Transportation
A0090	Exclude	Non-emergency transportation, per mile, vehicle provided by	Support Services	Transportation
A0120	Exclude	Non-emergency transportation: mini-bus, mountain area	Support Services	Transportation

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
T2003	Exclude	Non-emergency transportation; encounter/trip	Support Services	Transportation
80182	Exclude	Nortriptyline	Medical Services	Laboratory, Radiology
S9986	Exclude	Not medically necessary service, pt aware that services not	Crisis Intervention	Crisis Services
99315	Exclude	Nursing facility discharge day management, 30 minutes or less	Medical Services	Medical Management
99316	Exclude	Nursing facility discharge day management, more than 30	Medical Services	Medical Management
99217	Exclude	Observation care Discharge Day Management	Inpatient Services	Inpatient Services,
99245	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation,
99244	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation,
99243	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation,
99242	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation,
99241	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation,
H2025	Exclude	Ongoing support to maintain employment, per 15 minutes	Rehabilitation Services	Supported Employment
H2026	Exclude	Ongoing support to maintain employment, per diem	Rehabilitation Services	Supported Employment
83925	Exclude	Opiates (morphine, meperidine)	Medical Services	Laboratory, Radiology
83992	Exclude	Phencyclidine (PCP)	Medical Services	Laboratory, Radiology
84022	Exclude	Phenothiazines	Medical Services	Laboratory, Radiology
84132	Exclude	Potassium; blood	Medical Services	Laboratory, Radiology
90889	Exclude	Preparation of report of patient's psychiatric status, history, t	Support Services	Case Management
Z3610	Exclude	Private vehicle, per mile	Support Services	Transportation
84146	Exclude	Prolactin	Medical Services	Laboratory, Radiology
99359	Exclude	Prolonged evaluation and management service before and/or	Medical Services	Medical Management
99358	Exclude	Prolonged evaluation and management service before and/or	Medical Services	Medical Management
99357	Exclude	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Inpatient Services,
99356	Exclude	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Inpatient Services,
H2027	Exclude	Psychoeducational service (pre-job training and development),	Rehabilitation Services	Supported Employment
96100	Exclude	Psychological testing (includes psychodiagnostic assessment of	Treatment Services	Consultation,
80299	Exclude	Quantitation of psychotropic drug, NOS	Medical Services	Laboratory, Radiology
70450	Exclude	Radiology/brain Tomography W/o	Medical Services	Laboratory, Radiology
93042	Exclude	Rhythm ECG, one to three leads, interpretation and report only	Medical Services	Laboratory, Radiology
93041	Exclude	Rhythm ECG, one to three leads, tracing only	Medical Services	Laboratory, Radiology
93040	Exclude	Rhythm ECG, one to three leads, with interpretation and report	Medical Services	Laboratory, Radiology
S2000	Exclude	Room and Board	Residential Services	Room and Board
A0436	Exclude	Rotary wing air mileage, per statute mile	Support Services	Transportation
G0001	Exclude	Routine venipuncture or finger/heel/ear stick for collection of s	Medical Services	Laboratory, Radiology
Z3643	Exclude	Rural, non-emergency transport coach van, per mile	Support Services	Transportation
Z3646	Exclude	Rural, stretcher van, base rate	Support Services	Transportation
Z3647	Exclude	Rural, stretcher van, per mile	Support Services	Transportation
Z3644	Exclude	Rural, wheelchair van, base rate	Support Services	Transportation
Z3645	Exclude	Rural, wheelchair van, per mile	Support Services	Transportation
W4003	Exclude	Screening(15 min.)	Treatment Services	Consultation,
85652	Exclude	Sedimentation rate, erythrocyte; automated	Medical Services	Laboratory, Radiology
85651	Exclude	Sedimentation rate, erythrocyte; non-automated	Medical Services	Laboratory, Radiology
T1013	Exclude	Sign language or oral interpretive services	Support Services	Interpreter Services
Z2999	Exclude	Special transport	Support Services	Transportation
A0434	Exclude	Specialty care transport (SCT)	Support Services	Transportation
99233	Exclude	Subsequent hospital care, per day, for the evaluation and	Inpatient Services	Inpatient Services,
99232	Exclude	Subsequent hospital care, per day, for the evaluation and	Inpatient Services	Inpatient Services,
99231	Exclude	Subsequent hospital care, per day, for the evaluation and	Inpatient Services	Inpatient Services,
99313	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management

Attachment A Routine Appointments for Ongoing Services Within 23 Days of Assessment
(Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99312	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99311	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
86592	Exclude	Syphilis test; qualitative (eg, VDRL, RPR, ART)	Medical Services	Laboratory, Radiology
86593	Exclude	Syphilis test; quantitative	Medical Services	Laboratory, Radiology
Z3724	Exclude	Taxicab, per mile	Support Services	Transportation
86580	Exclude	TB test (PPD)	Medical Services	Laboratory, Radiology
86585	Exclude	TB test tine test	Medical Services	Laboratory, Radiology
99371	Exclude	Telephone call by a physician or for consultation or medical	Support Services	Case Management
99373	Exclude	Telephone call, complex or lengthy (eg, lengthy counseling	Support Services	Case Management
99372	Exclude	Telephone call, intermediate (eg, to provide advice to an establi	Support Services	Case Management
84443	Exclude	Thyroid stimulating hormone(TSH), RIA or EIA	Medical Services	Laboratory, Radiology
84439	Exclude	Thyroxine; free	Medical Services	Laboratory, Radiology
84436	Exclude	Thyroxine; total	Medical Services	Laboratory, Radiology and Medical Imaging
T2007	Exclude	Transportation waiting time, air ambulance and non-emergency	Support Services	Transportation
A0999	Exclude	Unlisted ambulance service . Determine if an alternative	Support Services	Transportation
99499	Exclude	Unlisted evaluation and management service	Medical Services	Medical Management
90899	Exclude	Unlisted psychiatric service or procedure	Treatment Services	Other Professional
Z3620	Exclude	Urban non-emergency transport, coach van, per mile	Support Services	Transportation
Z3721	Exclude	Urban stretcher van, base rate	Support Services	Transportation
Z3722	Exclude	Urban stretcher van, per mile	Support Services	Transportation
Z3723	Exclude	Urban, wheelchair van, per mile	Support Services	Transportation
84520	Exclude	Urea nitrogen, blood (BUN); quantitative	Medical Services	Laboratory, Radiology
81002	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	Laboratory, Radiology
81001	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	Laboratory, Radiology
81000	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	Laboratory, Radiology
81003	Exclude	Urinalysis, without microscopy	Medical Services	Laboratory, Radiology
81005	Exclude	Urinalysis; qualitative or semiquantitative, except	Medical Services	Laboratory, Radiology
82382	Exclude	Urinary catecholamines	Medical Services	Laboratory, Radiology
81025	Exclude	Urine pregnancy test, by visual color comparison methods	Medical Services	Laboratory, Radiology
80164	Exclude	Valproic Acid	Medical Services	Laboratory, Radiology
81050	Exclude	Volume measurement for timed collection, each	Medical Services	Laboratory, Radiology
S0209	Exclude	Wheelchair van mileage, per mile	Support Services	Transportation
85048	Exclude	White blood cell (WBC) count	Medical Services	Laboratory, Radiology