

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

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

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

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

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

---

The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 6.8. The final revisions will be posted to the ADHS/DBHS website on or around July 1, 2009. Please note that the Memorandum distributed on June 10, 2009, included **PROPOSED** changes to the guide. The changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section I. A. C., General Guidelines

1. Delete paragraphs three through ten.

REPLACE PAGES 7-182

Section II .D. 1., Case Management

1. Billing limitation number 2; change "The provider..." to "A single provider..."

REPLACE PAGES 7-182

Section II. D. 6., Unskilled Respite Care

1. 1<sup>st</sup> paragraph under "Service Standards/Provider Qualifications" add "and applicable requirements of other local authorities (i.e. county, city, etc.)."

REPLACE PAGES 7-182

Section II. D. 9., Non-Medically Necessary Covered Services

1. Add 3<sup>rd</sup> paragraph under "General Definition" stating: T/RBHAs will use state funds to cover Medicare Part D premiums and copayments for adult dual eligible persons determined to have a Serious Mental Illness (SMI).

REPLACE PAGES 7-182

Section II. D. 9., Non-Medically Necessary Covered Services

1. Move "Billing Limitations" for HCPCS code S9986 (Flex Funds) after the "Billing Unit" shown for this code.

REPLACE PAGES 7-182

Section II. D. 9., Non-Medically Necessary Covered Services

1. Add 7<sup>th</sup> billing limitation for HCPCS code S9986 (Flex Funds) stating: Billing for payment of co-payments will be done by using the Universal Pharmacy Claim Form. The form must indicate the amount paid by the Medicare Part D plan and any applicable cost sharing required.

REPLACE PAGES 7-182

Section II. D. 9., Non-Medically Necessary Covered Services

1. In 1<sup>st</sup> sentence under “Billing Limitations for Medicare Part D Premium (Not considered use of flex funds), remove “...and behavioral health recipients...”

REPLACE PAGES 7-182

Section II. F., Inpatient Services

1. 2<sup>nd</sup> paragraph, remove footnote number 5 that stated:  
<sup>5</sup>The following exception applies:

Based on behavioral health recipient needs, the following support service may be provided and billed on the same day that Level I services are provided:

- Self-help /Peer Services (H0038)
- Home Care Training Family Services (S5110)

The support service indicated above may be billed on the same day as inpatient services through a manual over-ride process. The clinical rationale for providing these additional services must be specifically documented in the Service Plan and Progress Note.

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

1. Effective July 1, 2009 all rates established by DBHS have been reduced 5%.

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

1. Remove level I restriction for procedure codes H0038, H2016, H0038HQ and S5110 per clinical decision that this type of staff are not employed by or provided by level I facilities.
2. Remove level I restriction from flex fund code.

REPLACE APPENDIX B-5

---

**Summary of Replacement Appendices and Page Numbers**

<b>Section</b>	<b>Replace</b>
Covered Behavioral Health Services Guide	Replace pages 7-182 due to pagination
Appendix B-2	Entire Appendix
Appendix B-5	Entire Appendix