

**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 October 1, 2009. Please direct any questions regarding this Division document revision notice to Janice Hippe at (602) 364-4655 or via electronic mail at hippej@azdhs.gov.

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

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

Date: October 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 6.9. The final revisions will be posted to the ADHS/DBHS website on or around October 1, 2009. Please note that the Memorandum distributed on September 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.

Throughout Guide

1. Update numerous procedure code descriptions to match the official CMS description.

Please note: Due to the number of changes incorporated throughout the guide, it is suggested that holders of the guide replace the ADHS/DBHS Covered Behavioral Health Services Guide in its entirety.

1. E. Provider Qualifications and Registration

1. Remove 4th bullet, "Obtaining an AHCCCS provider ID if AHCCCS registered provider".

1. E. 1 Category of Service

1. Revise 1st sentence to read: For all provider types there are mandatory and occasionally as optional AHCCCS Categories of Services (COS).

1. E. 3 Tribal Provider Certification and Registration

1. Correct link to reference AHCCCS IHS/Tribal Provider Billing Manual.

1. E. 4. Individuals Employed by or Under Contract with Licensed OBHL Agencies

1. Add provider type 12 (Certified Registered Nurse Anesthetist) to the last sentence in the section Behavioral Health Professionals.

1. F. 1. b Codes that are not Allowable under AHCCCS

1. Add "where COS is S" after reference to Appendix B2

1. F .2. a. AHCCCS Provider Billing Types

1. Add asterisks after Provider Types 12 (Certified Registered Nurse Anesthetist) and A4 (Licensed Independent Substance Abuse Counselor) to indicate that these provider types are referred to as “Independent Billers”.

1. F. 3. Modifiers

1. Add sentence to 1st paragraph that reads: “Additional modifiers may be used as indicated by CPT to further define a procedure code”.
2. Add modifier HF- Substance Abuse Program and added note to modifier SE- State and/or federally funded programs/services that reads (May also be used to identify Support and Rehabilitation Services – Generalist Type Program).
3. Create footnote #3 for HF modifier to read: “Modifier HF is used to identify when services are being provided to treat Substance Abuse issues or for people with dual diagnoses, when the treatment is primarily to address symptoms or behaviors related to substance use. The modifier can only be used with the following service codes: H0004, H0004HR, H0004HS, H0004HQ, H0001, H0002, H0031, H0046, H2014, H2014HQ, H2017, H0025, H0034, H2025, H2026, H2027, H0020HG, T1002, T1003, T1016HO, T1016HN, T1019, T1020, S5109, S5110, H0038, H0038HQ, H2016, S5150, S5151, H0043, H0018, H0019, H0046SE, H2012, H2019, H2020 and H0036”.
4. Create footnote #4 for SE modifier to read: “Modifier SE may be used to identify when services are being provided as part of Support and Rehabilitation Services – Generalist Type Program. When used for this purpose the modifier can only be used with the following service codes: H004, H004HR, H0004HS, H0001, H0002, H0031, H2014, H2014HQ, H2017, H0025, H0034, H2025, H2026, H2027, T1016HO, T1016HN, T1019, T1020, S5110, H0025, H0038, H0038HQ, H2016, S5150, S5151, H0043, H2011, S9484 and S9485”.

1. F. 6. Diagnosis Codes

1. Change the word “primary” to “principle” in the 1st sentence of the 5th paragraph.
2. Remove the word “inpatient” from the 2nd sentence of the 5th paragraph that states “the inpatient encounter/claim”.
3. Move “see ICD-9-CM manual” from 1st sentence of the 6th paragraph to the first bullet of the same paragraph.

1. F. 7. Core Billing Limitations

1. Remove “for services” at the end of the 1st sentence of the single paragraph.

1. F. 7. a. General Core Billing Limitations

1. Add billing limitation #13 that reads: “A single provider cannot bill for any other covered service while providing transportation to client(s)”.

1. F. 7. b. General Core Billing Limitations

1. Change “the provider code A0160” to “the HCPCS code A0160” in the 2nd sentence of the 1st paragraph.

1. F. 9 Claim Information

1. Replace references for claim information with: ADHS/DBHS Provider Manual sections PM 6.1, Submitting Tribal Fee-for-Service Claims to AHCCCS and PM 6.2, Submitting Claims and Encounters to the RBHA.

1. F. 10 Reimbursement

1. Add sentence to read: Providers should contact their RBHA for specific contracted rates. TRBHA providers may view rates on the AHCCCS website at: www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx

II. B. 1. Skills Training and Development and Psychosocial Rehabilitation Living Skills Training

1. Change billing limitation number 4 from “see footnote 4” to “see footnote 6”.

II. B. 4. Psychoeducational Services and Ongoing Support to Maintain Employment

1. Add new billing limitation #5 to read:
Service code H2025, Ongoing Support to Maintain Employment, may be billed up to 8 hours.
Service code H2026, Ongoing Support to Maintain Employment (Per diem), cannot be billed if under 8 hours are needed and should be billed for the length of the service. Service codes H2025, Ongoing Support to Maintain Employment and Service code H2026, Ongoing Support to Maintain Employment (Per diem) cannot be billed on the same day.
2. Billing limitation #5 became billing limitation #6.

II. C. 1. Medication Services

1. Separate out Provider Type 31, Physician (Osteopathic) from Provider Type 8, Physician under Billing Provider Type for HCPCS code H2010HG and H0020HG,

II. D. 1. Case Management

1. Add “as documented in the medical record” to billing limitation #4.

II. E. 2 Crisis Intervention Services (Stabilization)

1. Change reference of 23 hours to 24 hours Under “Code Specific Information” after the description of S9485 per diem code.
2. Correct references from 23 hours to 24 hours in billing limitation #2.

II. F. Inpatient Services

1. Remove “are covered” from the 1st sentence of IMD provider types coverage limitations, bullet #1.
2. Remove the second sentence: “The 60-day limitation is cumulative and includes any emergency days provided by a Health Plan or other provider” and replaced it with “However, Title XIX eligibility continues past the 30/60 day limitations”.
3. Remove the 2nd bullet: “Members who exceed this limit may lose their Title XIX eligibility”.

4. Remove the last sentence after the last bullet that read: "Please refer to Appendix F. Institutions for Mental Disease for further information about reporting, tracking, etc., requirements for facilities that are IMDs".

II. F. 2 Subacute Facility

1. Add "Psychotropic Medication" to the services referenced in billing limitation #6.
2. Remove billing limitation #9 that read: "The following services are not included in the rate and may be billed independently if prescribed by a qualified provider: lab, radiology and psychotropic medication".

II. G. 2. Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)

1. Move last paragraph from "Fee for Service Rate Assumptions" section that reads: "Room and board is not covered by Title XIX/XXI for persons residing in level III therapeutic behavioral health residential facilities. (See service description on room and board)" and add as 2nd paragraph to section "Service Standards/Provider Qualifications".
2. Remove entire "Fee-For Service Rate Assumptions" per instruction from Office of Program Report.

II. H. 2. Therapeutic Behavioral Health Services and Day Programs

1. Add Place of Service (POS) 12-Home to HCPCS codes H2019, H2019TF and H2020 and eliminate sections split out by POS 12-Home for these same HCPCS codes.

II. H. 3. Community Psychiatric Supportive Treatment and Medical Day Programs

1. Add Place of Service (POS) 12-Home to HCPCS codes H0036 and H0037 and eliminate sections split out by POS 12-Home for these same HCPCS codes.

III. Appendices F.

1. Remove appendix for Institution for Mental Diseases Information Sheet.

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

1. Correct the description on numerous procedure codes to match the official CMS description.

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

No changes made

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Behavioral Health Services Guide	Due to the number of changes incorporated throughout the guide, it is suggested that holders of the guide replace the ADHS/DBHS Covered Behavioral Health Services Guide in its entirety.
Appendix B-2	Entire Appendix