

**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, 2010. 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: July 1, 2010
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 7.2. The final revisions will be posted to the ADHS/DBHS website on or around July 1, 2010. Please note that the Memorandum distributed on June 1, 2010, 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.

Please note: Due to the many changes beginning on page 7 and pagination, it is suggested that holders of the guide replace the ADHS/DBHS Covered Behavioral Health Services Guide in its entirety.

Throughout Entire Guide

1. Delete references to "Clinical Liaison"

Section I. D. 1. Eligibility and Funding Source

1. Delete reference to PM 3.21 Service Prioritization for Non-Title XIX/XXI Funding
2. Add a reference to "Non-SMI" and remove language that reads: "While the covered service array is the same for Title XIX/XXI and non-Title XIX/XXI eligible persons"
3. Add language for Non-Title XIX/XXI SMI Medication Package explaining what services are available and what CPT and HCPCS codes may be used to bill for these services.

Section I. D. 2. Enrollment

1. Delete 3rd bullet that states: "Prevention services provided to groups of individuals and/or in community settings"

Section I. D. 3. Family Members

1. Last paragraph, delete last sentence that states: "It is recognized that the ability to provide services to non-Title XIX/XXI eligible family members may be limited depending on the availability of funds"

Section I. F. 3. Modifiers

1. Remove informational modifier HF-Substance Abuse Program along with accompanying footnote

Section I. F. 4. Place of Service (POS) Codes

1. Remove HCPCS code H0025 from footnote 4 at the bottom of page 20 as it was listed twice.

Section II. D. 1. Case Management

1. Under Billing Limitations, add billing limitation 8 to read: "In accordance with other case management restrictions, RBHAs shall be permitted to encounter behavioral health case management for services provided within 60 days of planned discharge from the Arizona State Hospital for the purposes of coordinating care between inpatient and outpatient providers".

Section II. D. 7. Supported Housing

1. In billing limitation 1) add "cost of telephones or telephone usage fees" to items not covered in supported housing.
2. Add billing limitation 3) stating "Supported housing services must not be used to cover residential treatment facility room and board charges"

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

1. Add new 1st sentence to General Definition to read: "Sign language or oral interpretive services are required by Medicaid regulations and as defined in [9 A.A.C. 21](#) and must be paid for with Administrative Capitation Funds"
2. Under Code Specific Information, add the statement:
"No encounters should be submitted to ADHS/DBHS for sign language or oral interpretive services; however code requirements are described below and may be used internally by the RBHA for monitoring purposes".
3. Under Billing Limitations:
Remove all billing limitations, except for billing limitation regarding sign language/oral interpretive services provided in inpatient or residential facilities.

II. D. 9. Non-Medically Necessary Covered

1. Completely remove language for service code S9986 HW-Medicare Part D Premium (Not Considered Use of Flex Funds).

II.D.10. Transportation

1. Under General Definition, change last sentence to read: "Odometer readings or other RBHA approved documentation methods that clearly and accurately support mileage are required when billing transportation services."
2. Under HCPCS Codes-Emergency and Non-emergency Transportation Providers, delete Provider Types Psychiatric Hospital (71), Subacute Facility (B5) (B6) and Crisis Services Provider (B7) from billing limitation number seven.
3. Under Billing Limitations, remove "with the odometer reading" from both places in billing limitation 5.

II. E. Crisis Intervention Services

1. 1st paragraph, add definition of "crisis". "Beginning July 1, 2010, "crisis" is defined as: "A Crisis is when a person presents with a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior."
2. Last paragraph of description for Crisis Intervention Services, add sentence to read: "All services that are billed/encountered as crisis must be identified by entering the emergency indicators".

II. E. 1. Crisis Intervention Services (Mobile, Community Based)

1. Add “Community Based” to title.
2. Change General Definition to read:
“Crisis intervention services provided by a mobile team or individual who travels to the place where the person is having the crisis (e.g., person’s place of residence, emergency room, jail, community setting). Crisis intervention services include services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to:
 - Stabilize acute psychiatric or behavioral symptoms;
 - Evaluate treatment needs; and
 - Develop plans to meet the needs of the persons served”
3. Under Service Standards/Provider Qualifications add behavioral health paraprofessional as provider type allowed on a two-person crisis team.
4. Under Code Specific Information delete Provider Types Psychiatric Hospital (71), Subacute Facility (B5) (B6) and Crisis Services Provider (B7) from HCPCS codes H2011 HT – Crisis Intervention Service, per 15 minutes – multi-disciplinary team and H2011– Crisis Intervention Service, per 15 minutes.

II. E. 2. Crisis Intervention Services (Inpatient Stabilization, facility based)

1. Add Inpatient and facility based to title.
2. Change General Definition to read:
“Crisis intervention services (stabilization) is an immediate and unscheduled behavioral health service provided: (a) In response to an individual’s behavioral health issue to prevent imminent harm or to stabilize or resolve an acute behavioral health issue; and (b) At a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency (see [AAC R9-20-101\(37\)](#))”. Persons may walk-in or may be referred/transported to these settings.

II. F. 1. Hospital

1. Under Service Standards/Provider Qualifications:
Made changes in this section as suggested by the Office of Medical Facilities Licensing. This clarification addresses questions from RBHAs on Hospital qualifications under Medicare and Medicaid regulations.

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

4. Delete the following Provider Types:

- Psychiatric Hospital (71)
- Subacute Facility (B5) (B6)
- Crisis Services Provider (B7)

For use with the following codes:

- H2011 HT – Crisis Intervention Service, per 15 minutes – multi-disciplinary team
- H2011 – Crisis Intervention Service, per 15 minutes

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 pagination and 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