

**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 January 5, 2007. Please direct any questions regarding this Division document revision notice to Margaret Russell at (602) 364-4658 or via electronic mail at [russelm@azdhs.gov](mailto:russelm@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:** January 5, 2007  
**To:** Stakeholders  
**From:** Margaret Russell, Bureau Chief of Policy  
**Re:** **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide Version 6.0**

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The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 6.0. The final revisions will be posted to the ADHS/DBHS website on or around January 5, 2007. Please note that the Memorandum distributed on December 15, 2006, 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.

TABLE OF CONTENTS

REPLACE PAGES 2 and 3

Entire ADHS/DBHS Covered Behavioral Health Services Guide

To align the Covered Services Guide with recent revisions to the AHCCCS 1115 Demonstration Waiver and AHCCCS rules, ADHS/DBHS has removed the HCPCS service codes S5140 (Foster Care Adult; per diem), S5145 (Foster Care Child, per diem) and the terminology "Therapeutic Foster Care" from the ADHS/DBHS Covered Behavioral Health Services Guide. The deleted HCPCS service codes have been replaced by HCPCS service code S5109 (Home care training to home care client, per session) using modifiers HA (child), HB (adult) or HC (adult geriatric). The terminology "Home Care Training to Home Care Client" has replaced "Therapeutic Foster Care" throughout the ADHS/DBHS Covered Behavioral Health Services Guide.

There is no change in the nature, content, billing limitations or provider types associated with the replacement code. The service components and intent remain the same, only the HCPCS code/description has changed. Further clarification about this change is forthcoming from ADHS/DBHS. The changes described in this memorandum only refer to changes in billing for the service.

REPLACE PAGES old 14, 73, 81, 84, and 88-90 with new 15, 77, 85, 88 and 92-94.

Section 1. F. 1. b.

1. Removed CPT codes 97780 and 97781 as these Acupuncture codes were end dated 12/31/04.

2. Added CPT codes 97810, 97811, 97813 and 97814 as these Acupuncture codes replaced the previous codes and became effective 1/01/05.

REPLACE PAGE old 16 with new 17

#### Section I. F. 2. Billing Provider Types

1. Added Provider Type (PT) 73 (Out-of-state or One Time Fee For Service Provider) to allow for payment to one time, short term providers. This PT already exists on the B2 matrix.

REPLACE PAGE old 17 with new 18

#### Section I. F. 3. Modifiers

1. Added Modifiers HA (Child), HB (Adult) and HC (Adult Geriatric).

REPLACE PAGE old 18 with new 20

#### Section II, All Service Descriptions

1. Added Provider Type (PT) 73 (Out-of-state or 1 Time Fee For Service Provider) to "Billing Provider Type:" for each service code in the Covered Services Guide except Home Pass (0183), Bed Hold (0189) and HCTC (S5109).

REPLACE PAGES throughout document

#### Section I. F. 6. Diagnosis Codes

1. Inpatient or outpatient encounters/claims must not be submitted with a V-code as the primary diagnosis. Changed and removed language throughout this section to eliminate confusion surrounding the V-code.
2. Removed language from paragraph 6 "Areas of differences include: Three ICD-9 codes..."

REPLACE PAGES old 19-21 with new 21-22

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

1. Technical corrections: Added Provider Type A4 (Licensed Independent Substance Abuse Counselor-LISAC) to HCPCS codes H2027 (Psychoeducational Service /pre-job training and development, per 15 minutes) and H2026 (Ongoing Support to Maintain Employment – per diem).

REPLACE PAGES old 49 and 50 with new 53 and 55

#### Section II. C. 1. Medication Services

1. Technical correction: Changed description of HCPCS Code J1631 to read "Injection, Haloperidol Decanoate, per 50 mg".

REPLACE PAGE old 54 with new 58

#### Section II. C. 2. Laboratory, Radiology and Medical Imaging

1. Removed HCPCS code G0001 (Routine venipuncture or finger/heel/ear stick for collection of specimen(s)), as code is no longer available and end dated 12/31/04.
2. Added CPT code 36415 (Collection of venous blood by venipuncture). This code became effective 1/01/05.

REPLACE PAGE old 57 and 61 with new 61 and 65

#### Section II. D. 1. Case Management

1. Technical correction: Added Provider Type A4 (Licensed Independent Substance Abuse Counselor-LISAC) to T1016 HO (Case Management by Behavioral Health Professional, Out-of-Office).

REPLACE PAGE old 76 with new 80

#### Section II. D. 5. Home Care Training to Home Care Client

1. A footnote has been added to Home Care Training to Home Care Client services to allow specific support services to be billed on the same day as Home Care Training to Home Care Client services, under special circumstances. The following footnote has been added to the "General Definition" of Home Care Training to Home Care Client services:

"The following exception applies:

Based on behavioral health recipient needs, the following support services may be provided and billed on the same day that Home Care Training to Home Care Client services are provided:

- Personal Care Services (T1019)
- Skills Training and Development (H2014/H2014HQ)
- Home Care Training Family Services (S5110)
- Self-help /Peer Services (H0038)
- Psychosocial Rehabilitation Services (H2017)

The support services indicated above may be billed on the same day as Home Care Training to Home Care Client 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."

2. Language changed throughout Section II. D. 5.

REPLACE PAGES old 88-90 with new 92-94

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

1. Technical Corrections: S9986 HW-Medicare Part D Premium (Not considered use of flex funds). Listed correct Billing Provider Types as 02, 03, 04, 06, 08, 11, 18, 19, 28, 31, 39, 71, 72, 73, 74, 77, 78, 85, 86, 87, 97, A2, A3, A4, A5, A6, B1, B2, B3, B5, B6, B7, S2, and S3. Listed correct Place of Services as 11, 12, 22, 50, 53 55, 71, 72 and 99.

REPLACE PAGE old 99 with new 104 and 105

#### Section II. D. 10. Transportation

The following changes are all technical corrections to ensure consistency between the Covered Services Guide and the B2 matrix:

1. Listed HCPCS codes A0100, A0110, A0130, A0160, A0170, A0180, A0190, A0200 and A0210 differently, to correct the Provider Types and Places of Service for each of the listed codes.
2. Listed A0100 (Non-emergency transport; taxi, intra-city, base rate) and A0110 (Non-emergency transport via intra-or interstate carrier –may be used to encounter and/or bill for bus passes) together with corrected Provider Types: 06, 28, 39, 72, 73, 77, A3 and A6 and corrected Place of Service: 99.
3. Listed A0130 (Non-emergency transport; wheel-chair van, base rate) above A0130 TN (Non-emergency transport; wheel-chair van, base rate-rural). Listed corrected Provider Types for A0130 as: 06, 28, 39, 72, 73, 77, A3, A6, B1, B2 and B3 and corrected Place of Service as: 99.
4. Added Billing Provider Type 06 to A0130 TN.
5. Listed A0160 (Non-emergency transport; mile-case worker or social worker) separately and added Provider Type A4 and 73.
6. Listed A0170, A0180, A0190, A0200 and A02100 together. Removed Provider Types 85, 86 and 87. Place of Service for these HCPCS codes is correct.
7. Changed description of HCPCS Code A0190 to read “Non-emergency transport; ancillary services-meals-recipient”.
8. Added Provider Type (PT) 97 (Air Transport Providers) to HCPCS code T2003 (Non-emergency transportation; encounter/trip) and remove PT 97 from Place of Service.
9. Added Provider Type 78 (Level I Residential Treatment Center-Secure) to HCPCS code T2005 TN (Non-emergency transportation, non-ambulatory stretcher van).
10. Removed Provider Type 06 (Emergency Transportation) from HCPCS code T2007 (Transportation waiting time, air ambulance and non-emergency vehicle).
11. Added Provider Type 73 (Out-of-state or One Time Fee For Service Provider) to the Billing Limitations, item #7, following the Transportation HCPCS codes.

REPLACE PAGES for entire Transportation Section

Section II. E. 3. Crisis Intervention (Telephone)

1. Removed the following language from “Billing Information” as inappropriate for the CSG: “The costs for providing crisis telephone services should be accounted for by the RBHAs in their monthly financial reports (See *Reporting Guide for Regional Behavioral Health Authorities.*). Telephone costs associated with customer service, provider billing and utilization review should not be counted as crisis telephone expenditures”.

REPLACE PAGE old 119 with new 128

Section II. F. Inpatient Services

1. A footnote has been added to Inpatient Services to allow specific support services to be billed on the same day as inpatient services, under special circumstances. The following footnote has been added to the “Code Specific Information” of Inpatient Services.

“The following exception applies:

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

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

The support services 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.

REPLACE PAGE old 120 with new 129

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

1. Updated to reflect FY07 rate increase which became effective 7/1/06.
2. Updated rate on 90818, 99315, 99343, 90772, 99309 and 99310 to match PMMIS.
3. Updated POS on 90772, 93040, 93041, 96101, 96102, 96103, 96116, 96118, 96119, 96120 and 99318 to match PMMIS.
4. Updated Max units on numerous procedure codes per notification from AHCCCS.
5. Updated various transportation rates per notification from AHCCCS.

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

1. Removed 99371, 99372 and 99373 from any restriction.

REPLACE APPENDIX B-5

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**Summary of Replacement Appendices and Page Numbers**

<b>Section</b>	<b>Replace</b>
Covered Services Guide	Pages 2, 3, 14 through 179 because of pagination
Appendix B-2	Page old 156 with new 165 and Entire Appendix
Appendix B-5	Page old 159 with new 169 and Entire Appendix