1. **What would be the role of Developmental/Behavioral Pediatricians in Arizona’s Public Behavioral Health System?**

The Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) support the incorporation of Developmental/Behavioral Pediatricians (DBPs) as providers in the public behavioral health system. DBPs, as specialty behavioral health providers, possess the ability to treat children under the age of five who exhibit behavior that may lead to potential disruptions in their community settings. In addition, DBPs also have the expertise to address neuro-behavioral conditions in children and adolescents such as Autism Spectrum Disorders. Please refer to the Consensus Statement on the Care of Children with Autism Spectrum Disorders by the American Academy of Pediatrics for more information.

2. **How can Developmental/Behavioral Pediatricians provide services to Medicaid eligible children through Arizona’s Public Behavioral Health System?**

To date, families have found it challenging for their child to be evaluated by a DBP through the AHCCCS acute care health plan when psychopharmacotherapy or other behavioral management is deemed medically necessary as the DBP is unable to manage treatment or prescribe medication due to their non-contractual relationship with behavioral health contractors. The Tribal and Regional Behavioral Health Authorities (T/RBHAs) may contract directly with the DBP as an independent practitioner. Due to limited workforce capacity statewide, DBPs would be utilized through a specialist consultative model rather than as an ongoing provider. Once the purpose for the consultation is completed the DBP would refer the child back to the behavioral health provider for ongoing treatment. Please see FAQ #13 for additional information.

3. **How would T/RBHAs contract with Developmental/Behavioral Pediatricians?**

In the contract language T/RBHAs and DBPs would clearly outline the guidelines by which DBPs would be utilized by identifying the specific services that would be delivered by DBPs and the billing components. Rates can be negotiated between the AHCCCS fee schedule and the financial reimbursement expectation of the contract holder. RBHAs, as AHCCCS contractors, are free to establish their own fee schedules.

Some RBHAs may choose to contract for services with DBPs through a prior authorization process (please refer to Figure 1). Referrals for consultation by DBPs can be set up as a RBHA
prior authorized service with the prior written approval of ADHS/DBHS. Prior authorization processes are typically used to promote appropriate utilization of behavioral health services while effectively managing associated costs.

4. **What if the T/RBHA and/or Developmental/Behavioral Pediatrician experience barriers during contract development?**

If barriers or questions arise during contract development the T/RBHAs and/or DBPs may request assistance by contacting the ADHS/DBHS Children’s Medical Director at 602-364-4558.

5. **What provider qualifications and registrations would be required for Developmental/Behavioral Pediatricians?**

DBPs qualified to render covered behavioral health services must meet ADHS/DBHS requirements for provider participation as follows:

- Obtain any necessary license or certification (including Center for Medicare and Medicaid Services’ (CMS) certification for tribal providers)
- Meet provider standards as set forth in the ADHS/DBHS Covered Behavioral Health Services Guide for the covered services the provider wishes to deliver
- Register with AHCCCS as an AHCCCS provider
  - When a provider registers with AHCCCS that provider identifies all the specialties they are certified/licensed to provide
  - AHCCCS has a specialty type for DBPs (880)
- Contract with the Regional Behavioral Health Authority (RBHA) or Tribal Regional Behavioral Health Authority (TRBHA)

6. **What provider type in the ADHS/DBHS Covered Behavioral Health Services Guide would be used by Developmental/Behavioral Pediatricians?**
The provider type used by DBPs in the ADHS/DBHS Covered Behavioral Health Services Guide would be 08 Physician.

7. **What Categories of Services (COS) in the ADHS/DBHS Covered Behavioral Health Services Guide would be used by Developmental/Behavioral Pediatricians?**

In addition to the provider type, the COS will determine the specific services for which the provider can bill. For purposes of behavioral health, the COS that would be relevant for DBPs are 01 Medicine and 47 Mental Health Services, with the latter category having a more restricted set of codes. It is important for DBPs to make sure they qualify and register for the necessary COS that will allow them to bill the desired service codes contained within the ADHS/DBHS Covered Behavioral Health Services Guide.

8. **Can Pediatric Nurse Practitioners (NPs) Working with Developmental/Behavioral Pediatricians Independently Contract with T/RBHAs?**

Nurse Practitioners (NPs) are registered in the AHCCCS system like an MD or DO. Pediatric NPs who work with DBPs can be contracted as independent practitioners with the T/RBHAs and would be required to meet the provider qualifications and registration as outlined in the ADHS/DBHS Covered Behavioral Health Services Guide (also refer to question #6). The provider type used by Pediatric NPs would be 19 Nurse Practitioner. In addition to the provider type, the Categories of Services (COS) that would be relevant for Pediatric NPs are 01 Medicine and 47 Mental Health. It is important for Pediatric NPs to make sure they qualify and register for the necessary COS that will allow them to bill the desired service codes. Additionally, T/RBHAs can work with Pediatric NPs to identify which behavioral health codes align with the type of service delivery they would be providing and that they are qualified to provide under their provider type.

9. **Are There Any Restrictions Through the Arizona State Board of Nursing That Would Prevent Pediatric Nurse Practitioners (NPs) Who Work with Developmental/Behavioral Pediatricians From Providing Services to Behavioral Health Recipients?**

Per **A.R.S. § 32-1601(15)**, a nurse practitioner is a professional nurse (RN) who is certified by the board and has an expanded scope of practice within a specialty area (e.g., family, pediatric, acute care, adult, etc.). The scope of practice of a Registered Nurse Practitioner (RNP) is further outlined in **4 A.A.C. 19-508**. There were no specific regulations through the Arizona State Board of Nursing that would prevent Pediatric NPs who work with DBPs from providing behavioral health services if they met the applicable requirements as a Behavioral Health Professional per **9 A.A.C. 20-101(15)** and **9 A.A.C. 20-204**.
10. **How would behavioral health service codes be reimbursed and at what rate to Developmental/Behavioral Pediatricians?**

Since each RBHA differs in how behavioral health service codes are reimbursed and at what rate, each RBHA can establish how codes will be reimbursed and their subsequent rate in the contract language with DBPs or with the hospital for those DBPs employed as part of a hospital group. Rates can be negotiated between the AHCCCS fee schedule and the financial reimbursement expectation of the contract holder. RBHAs, as AHCCCS contractors, are free to establish their own fee schedules.

11. **What billing codes would be used by Developmental/Behavioral Pediatricians?**

All practitioners would be billing codes within the scope of that provider’s practice. Many of the codes used by DBPs when billing for services from the Current Procedural Coding Expert-Medicine are also contained in the ADHS/DBHS Covered Behavioral Health Services Guide. T/RBHAs can work with DBPs to ensure they understand the data validation requirements for the service codes they are billing.

12. **How will Developmental/Behavioral Pediatricians know which entity to bill for service delivery (i.e., acute care health plan or behavioral health)?**

The following AHCCCS guidelines outline billing (please refer to Figure 2):

- For **initial referrals by the behavioral health system**, DBPs would evaluate the child and this initial evaluation would be billed to the T/RBHA; any follow up for physical health concerns would be billed to the AHCCCS acute care health plan according to the billing and authorization requirements specified by the child’s acute care health plan.
- For **initial referrals by the acute care health plan**, DBPs would evaluate the child and this initial evaluation would be billed to the acute care health plan; any follow up for behavioral health concerns would be billed to the T/RBHA according to the billing and authorization requirements of Arizona’s public behavioral health system.
- When multiple physical and mental health concerns are presented during one visit the DBPs would bill the system who referred the child for that visit (either the acute care health plan or behavioral health).
- Current contracted medication formularies for both the acute healthcare and behavioral health systems would not change. If the acute care health plan makes a referral to a T/RBHA contracted DBP and medication is prescribed for behavioral health purposes then the cost of the medication is billed to and covered by the behavioral health system; prior authorization requirements for medications may still apply (See *ADHS/DBHS Provider Manual Section 3.14 Securing Services and Prior Authorization*). The DBP coordinates this care with the current behavioral health provider or makes a referral to the behavioral health system if the child is not in an open episode of care.
Figure 2

Acute Health Plan Provider

Referral for consultation

Contracted Developmental Behavioral Pediatrician (DBP)

Indicates behavioral health need

Is child currently receiving behavioral health services?

NO

Referral to behavioral health provider by T/RBHA contracted DBP for ongoing services

YES

Psychotropic medications prescribed by T/RBHA contracted DBP

Billed to Behavioral Health

Coordination of Care with behavioral health provider & PCP

DBP bill paid by Acute Care Health Plan

Behavioral Health Provider

Referral for consultation

Coordination of care with behavioral health provider & Primary Care Provider (PCP)

DBP bill paid by the T/RBHA
13. How would the Developmental/Behavioral Pediatrician make a referral to the Behavioral Health System for children who are not currently receiving Behavioral Health Services?

DBPs would contact the Acute Health Plan and Provider Coordinator at the child’s assigned Tribal or Regional Behavioral Health Authority (T/RBHA) for assistance with a referral to a behavioral health provider for ongoing services. Please refer to the T/RBHA Acute Health Plan and Provider Coordinators directory for contact information.

14. Would the Developmental/Behavioral Pediatrician be responsible for meeting statute requirements for assessment and service planning documentation?

DBPs would not be responsible for completion of the behavioral health assessment per 9 A.A.C. 20-209 as they would not be the point of intake for behavioral health service delivery. The responsibility for meeting statute requirements for assessment remains with the licensed behavioral health provider.

DBPs, under a specialist consultative model, would not be responsible for the service planning documentation requirements as outlined in 9 A.A.C. 20-209. The licensed behavioral health provider retains this responsibility for meeting these requirements including documentation in the Individual Service Plan (ISP) of any service delivery related to the referral and treatment provided by the DBP.

15. Would other documentation requirements under the Office of Behavioral Health Licensure (OBHL) be required of Developmental/Behavioral Pediatricians?

Requirements for client records are outlined in 9 A.A.C. 20-211. Per the ADHS/DBHS Provider Manual Section 4.2 Behavioral Health Medical Record Standards, “the designated behavioral health provider must ensure the development and maintenance of a comprehensive clinical record for each recipient. The comprehensive clinical record, whether electronic or hard copy, may contain information contributed by several other service providers involved with the care and treatment of a recipient.” DBPs would be expected to follow the documentation standards as outlined in this policy when submitting information for the clinical record to the designated behavioral health provider for the provision of services. Additionally, DBPs would follow national standards for the protection of certain health information as required through the Health Insurance Portability and Accountability Act of 1996 (HIPAA).