Covered Behavioral Health Services
Overview for IHS and 638 Tribal Facilities
Why do I need to know about the ADHS/DBHS Covered Behavioral Health Services Guide?

The Guide specifically defines for the public behavioral health system:

- Who can provide covered behavioral health services
- What behavioral health services are covered
- When covered behavioral health services can be provided and for how long (duration)
- Where covered behavioral health services can be provided
- Why behavioral health services are necessary (medical necessity)
Why will IHS and 638 Tribal Facilities be using the Covered Behavioral Health Services Guide?

- AHCCCS proposed to the tribal behavioral health programs operated under P.L. 93-638 a billing policy change resulting from clarification received from CMS pertaining to services which are claimable by the state to the federal government at 100% federal dollars or Federal Financial Participation (FFP).
- AHCCCS was operating under prior CMS guidance stating that services including non-emergency transportation and case management provided by IHS and 638 programs were not eligible for 100% FFP.
- AHCCCS was paying for these select behavioral health services with state match dollars through capitation to the Arizona Department of Health Services (ADHS).
As of October 1, 2011, tribal health programs operated under P.L. 93-638 have indicated that they will be billing AHCCCS directly for these services.

The Indian Health Service will also now have the option to bill for these behavioral health services to AHCCCS directly.

While IHS and 638 Tribal Facilities will no longer be required to bill for case management and non-emergency transportation through ADHS, the billing guidelines in the ADHS/DBHS Covered Behavioral Health Services Guide for these services still applies.
What is the ADHS/DBHS Covered Behavioral Health Services Guide?

- The ADHS/DBHS Covered Behavioral Health Services Guide describes covered behavioral health services, provider types, and service codes that allowable provider types may use to submit encounters or claims.
- “Encounter” means a record of a covered service rendered by a provider to a person enrolled with a capitated RBHA on the date of service.
- “Claim” means a service billed under a fee-for-service arrangement.*

*IHS and 638 Tribal facilities submit claims to AHCCCS for reimbursement of services
How is the Guide Organized?

The Guide is divided up by services categorized into the following:

- Treatment Services
- Rehabilitation Services
- Medical Services
- Support Services
- Crisis Intervention Services
- Inpatient Services
- Residential Services
- Behavioral Health Day Programs
- Prevention Services
What are Provider Types?

- Provider Types indicate what type of providers can bill for certain services.
- Some examples:
  - 02 - Level I Hospital
  - 77 – Behavioral Health Outpatient Clinic
  - A3 – Community Service Agency
What are Places of Service?

- Place of Service (POS) codes indicate where services were provided.
- POS codes must be submitted on claims and encounters.
- IHS and 638 Tribal Facilities must use the following:
  - 06 – Indian Health Service Provider-based Facility
  - 08 – Tribal 638 Provider-based Facility
What are Service Codes?

- Service codes include AHCCCS Allowable Codes, which can be used to bill Title XIX/XXI covered services.
- Service codes are nationally recognized codes:
  - Healthcare Procedure Coding System (HCPCS) codes;
  - National Drug Codes (NDC); and
  - UB04 Revenue Codes
Service Codes (continued)

- CPT codes are restricted to independent practitioners with specialized behavioral health training and licensure.
  - Example: 90889*
- HCPCS codes may be used by independent practitioners and agencies that employ behavioral health paraprofessionals and behavioral health technicians.
  - Example: T1016 HN – Case Management, Out-of-Office

* Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers.
Service Codes (continued)

- Service codes may be assigned a “modifier” to clearly delineate the services being provided.

- Some examples:
  - GT – Telecommunication
What are Billing Limitations?

- Billing limitations indicate when billing a service is appropriate or not appropriate.
- The ADHS/DBHS Covered Behavioral Health Services Guide contains General Core Billing Limitations and Billing Limitations for specific services.
- General Core Billing Limitation example: “If the person and/or family member(s) miss his/her appointment, the provider may not bill for the service.”
- Billing Limitation example (Medication Services): “Medications provided in an inpatient general acute care or psychiatric hospital setting are included in the per diem rate and cannot be billed separately.”
What are Case Management Services?

- Case management is a supportive service provided to enhance treatment goals and effectiveness.

- Case management does not include administrative functions such as authorization of services and utilization review.
How is Non-emergency Transportation included as part of behavioral health services?

- Transportation services involve the transporting of a person from one place to another to facilitate the receipt of, or benefit from, medically necessary covered behavioral health services, allowing the person to achieve his/her service plan goals.

- Transportation services may be provided by non-emergency transportation providers (e.g., vans, buses, taxis) who are registered with AHCCCS as a non-emergency transportation provider and have proof of insurance, drivers with valid driver’s licenses and any other insurance as required by state law.
How are the B-2 and B-5 Matrices used?

- The B-2 Matrix is a crosswalk of all the service codes with valid provider types, billing units, and service code rates.
- The B-2 is intended to be a reference document and is subject to change.
How is the B-5 Matrix used?

- The B-5 Matrix is a crosswalk of service codes that may not be billed on the same day as other services.
- Example: H0018 (Behavioral Health Short Term Residential) may not be billed on the same day as H0019 (Behavioral Health Long Term Residential)
When is the ADHS/DBHS Covered Behavioral Health Services Guide revised?

- The ADHS/DBHS Covered Behavioral Health Services Guide is revised quarterly to include the following:
  - Updates from the Centers for Medicare and Medicaid Services (CMS)
  - Changes from AHCCCS on allowable service codes/billing
Who do I contact if I have received a question about the ADHS/DBHS Covered Behavioral Health Services Guide or if I want to request changes?

- Requests for clarification to the Guide and re-occurring questions/concerns should be submitted to the OPS email box (OPS@azdhs.gov).
- Requests for changes to the Guide should be submitted to the ADHS/DBHS Policy Office (602-364-4670).