

# 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).

# IHS and 638 Tribal Facilities (continued)

- 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:
  - Physicians' Current Procedural Terminology (CPT) codes;
  - Healthcare Procedure Coding System (HCPCS) codes;
  - National Drug Codes (NDC); and
  - UBo4 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
  - HQ – Group setting (Example: H2014 HQ – Skills Training and Development – Group)

# 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](mailto:OPS@azdhs.gov)).
- Requests for changes to the Guide should be submitted to the ADHS/DBHS Policy Office (602-364-4670).