AHCCCS Fee-For-Service

Covered Behavioral Health Services Guide Overview

Part 2

August 13, 2024

AHCCCS
Arizona Health Care Cost Containment System

Introduction
AHCCCS Covered Behavioral Health Services Guide

Covered Behavioral Health Services Guide (CBHSG)

The CBHSG is a resource for BH providers for basic billing and coding information. The purpose of this document is to compile billing and compliance information and clarify rules for service delivery, billing, and encounters.

These are pending changes. The CBHSG will go into effect 10/1/2024.

Covered Behavioral Health Services Guide (CBHSG)

Effective Date: 10/1/2024

AHCCCS is posting the AHCCCS CBHSG on July 1, 2024 with an effective date of 10/1/2024. The CBHSG is not subject to public comment, however, AHCCCS will be collecting questions on the guide between 7/15/2024 and 9/15/2024. Questions will be used to inform a frequently asked questions (FAQ) document as well as develop training materials for providers and stakeholders. Please submit all questions via email to CBHSGCodingQuestions@azahcccs.gov.

YELLOW HIGHLIGHT - INDICATES THAT AN UPDATED LINK IS COMING SOON

B2 Matrix

	C	D	E	F	G	H
d Associated Provider Types, Category of Service, Place of Service and Modifiers [1][2]						
		This is a guide and not used to approve or deny services.		Documentation must support all services submitted!		
	Provider Type	Provider Type Description	AHCCCS Coverage Code	Category of Service Aggregated	Place of Service Aggregated	Modifer Aggregated
THERAPY	08	MD-PHYSICIAN	01	01	06, 08, 19, 21, 22, 23, 24	QZ, GJ, HW, 73, GY, GC, QS, H9, P3, G9, XS, CR, QK, P5, 53, 22, GR, XU, QJ, GZ, GA, 77, 99, AA, P2, 52, P4, 23, KX, Q5, ET, Q6, PO, QY, 76, XE, 59, QX, P6, XP, 51, AD, P1
THERAPY	18	PHYSICIANS ASSISTANT	01	01	06, 08, 19, 21, 22, 23, 24	QZ, GJ, HW, 73, GY, GC, QS, H9, P3, G9, XS, CR, QK, P5, 53, 22, GR, XU, QJ, GZ, GA, 77, 99, AA, P2, 52, P4, 23, KX, Q5, ET, Q6, PO, QY, 76, XE, 59, QX, P6, XP, 51, AD, P1
THERAPY	31	DO-PHYSICIAN OSTEOPATH	01	01	06, 08, 19, 21, 22, 23, 24	QZ, GJ, HW, 73, GY, GC, QS, H9, P3, G9, XS, CR, QK, P5, 53, 22, GR, XU, QJ, GZ, GA, 77, 99, AA, P2, 52, P4, 23, KX, Q5, ET, Q6, PO, QY, 76, XE, 59, QX, P6, XP, 51, AD, P1
BY VENIPUNCTURE	02	HOSPITAL	01	12	20, 21, 22, 23, 24, 25, 11, 12, 13, 14, 15, 17, 19, 31, 32, 33,	22, 23, 32, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 91, 99, CC, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, FP, GA, GC, GJ, GR, GY, GZ, H9, KX, PA, PB, PC, PO, Q1, Q5, Q6, QJ, U7, U8, UB, V1, X1, X2, X3, X4, X5, XE, XP, XS, XU
BY VENIPUNCTURE	04	LABORATORY	01	12	20, 21, 22, 23, 24, 25, 11, 12, 13, 14, 15, 17, 19, 31, 32, 33,	22, 23, 32, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 91, 99, CC, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, FP, GA, GC, GJ, GR, GY, GZ, H9, KX, PA, PB, PC, PO, Q1, Q5, Q6, QJ, U7, U8, UB, V1, X1, X2, X3, X4, X5, XE, XP, XS, XU
BY VENIPUNCTURE	05	CLINIC	01	12	20, 21, 22, 23, 24, 25, 11, 12, 13, 14, 15, 17, 19, 31, 32, 33,	22, 23, 32, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 91, 99, CC, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, FP, GA, GC, GJ, GR, GY, GZ, H9, KX, PA, PB, PC, PO, Q1, Q5, Q6, QJ, U7, U8, UB, V1, X1, X2, X3, X4, X5, XE, XP, XS, XU
BY VENIPUNCTURE	08	MD-PHYSICIAN	01	12	20, 21, 22, 23, 24, 25, 11, 12, 13, 14, 15, 17, 19, 31, 32, 33,	22, 23, 32, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 91, 99, CC, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, FP, GA, GC, GJ, GR, GY, GZ, H9, KX, PA, PB, PC, PO, Q1, Q5, Q6, QJ, U7, U8, UB,

- Excel file showing the appropriate combinations of provider types, service codes, place of service, and modifers
- https://azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/B2Matrix2024.xlsx

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Arizona Health Care Cost Containment System

Reminders

- There will be frequent updates. Always refer to the most recent version online.
- These are pending directives until the finalized manual is released 10/1/24.
- This training will not address pre payment review or denial codes. Please direct questions pertaining to these issues to DFSMclaimsassistance@azahcccs.gov.
- This training is specific to Division of Fee for Service programs such as AIHP. The MCOs will release their own trainings.

Behavioral Health Day Programs

Behavioral Health Day Programs

This section covers the various day programs and therapeutic approaches.

- Supervised Behavioral Health Day Programs
- Therapeutic Behavioral Health Services and Day Programs General
- Community Psychiatric Supportive Treatment and Medical Day Programs
- Rehabilitation Services, Skills Training and Development
- Psychosocial Rehabilitation and Cognitive Rehabilitation
- Health Promotion and Psychoeducational Services and Ongoing Support to maintain Employment and other services.

Supervised BH Day Programs H2012 & H2015

- A regularly scheduled program of services designed to improve the ability of the person to function in the community.
- May include: skills training and development, BH promotion, medication training and support, pre-vocational services and ongoing support to maintain employment, peer and recovery support, and family support.
- May be provided by either licensed behavioral health agencies or Title XIX certified Community Service Agencies (CSA).

Billing Limitations: H2012 & H2015

- School attendance and education hours are not included as part of this service and may not be provided simultaneously with this service.
- Meals are included in the rate and should not be billed separately.
- H2012 and H2015 are all inclusive codes and separate services must not be billed at the same time that supervised behavioral health day program services are provided.

Therapeutic BH Services & Day Programs H2019 & H2020

Regularly scheduled program of active treatment modalities which may include services such as individual, group and/or family behavioral health counseling and therapy, skills training and development, behavioral health prevention/promotion, medication training and support, pre-vocational services and ongoing support to maintain employment, home care training family (family support), medication monitoring, case management, peer and recovery support, and/or medical monitoring.

Provided by an appropriately licensed Outpatient Treatment Center and as specified with applicable service requirements set forth in A.A.C. Title 9, Chapter 10, Article 10.

Billing Limitations: H2019 & H2020

1. School attendance and education hours are not included as part of this service and may not be provided simultaneously with this service.
2. A registered nurse who supervises therapeutic behavioral health services and day programs may not bill this function separately. Employee supervision has been built into the procedure code rates.
3. Meals provided as part of therapeutic behavioral health services and day programs are included in the rate and should not be billed separately.
4. H2019 and H2020 are all inclusive codes and separate services such as H2014, H0025, etc. should not be separately billed during the same time period.

Community Psychiatric Supportive Treatment & Medical Day Programs H0036, H0037, H2041

- A regularly scheduled program including medical interventions, in a group setting.
- May include BH counseling and therapy, skills training and development, BH promotion, medication training and support, ongoing support to maintain employment, pre-vocational services, family support, peer and recovery support, and/or other nursing services such as medication monitoring, methadone administration and medical/nursing assessments.
- Provided by an appropriately licensed behavioral health agency and under the direction of a licensed physician, nurse practitioner, or physician assistant.

Skills Training and Development H2014

- Teaching independent living, social, and communication skills to persons and/or their families to maximize a person's ability to live independently, participate in the community, and manage their behavioral health needs.
- Areas that may be addressed include self- care, household management, appropriate social engagement , friendships and relationships, avoidance of exploitation, budgeting, recreation, development of social support networks and use of community resources.

Psychosocial Rehabilitation H2017

- Intended to help individuals compensate for or eliminate functional deficits and environmental and interpersonal barriers associated with mental illness.
- The goal is to help individuals achieve the fullest possible integration as an active and productive member of their family and community with the least possible ongoing professional intervention. Activities are done to achieve the goals for the individual.
- This is a face-to-face intervention, and the services may be provided in a group or an individual setting. Report this codes for psychosocial rehabilitation services in 15-minute increments.
- H2038, Skills Training and Development and Service code H2018, Psychosocial Rehabilitation cannot be billed on the same day.

Cognitive Rehabilitation: 97129 & 97130

Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity such as:

- managing time or schedules,
- initiating, organizing, and sequencing tasks,
- direct (one-on-one) patient contact.

Health Promotion H0025

- Education and training about health-related topics that can be provided in single or multiple sessions provided to an individual or a group of people and/or their families.
- Usually presented using a standardized curriculum with the purpose of increasing an individual's behavioral knowledge of a health-related topic such as the nature of an illness, relapse and symptom management, medication management, stress management, safe sex practices, Human Immunodeficiency Virus (HIV) education, parenting skills education, and healthy lifestyles (e.g., diet, exercise).

Psychoeducational Services H2027

Services which prepare a person to engage in meaningful work-related activities may include but are not limited to the following:

- career/educational counseling,
- job shadowing, job training, Work Adjustment Training (WAT)
- study skills and use of educational resources necessary to obtain employment;
- attendance to RSA/VR Information Sessions and Job Fairs;
- training in resume preparation and job interview skills
- study skills,
- budgeting skills (when it pertains to employment),
- professional decorum,
- time management,
- assistance in finding employment.

Ongoing Support to Maintain Employment H2025 & H2026

Includes support services that enable a person to maintain employment. Services may include monitoring and supervision, assistance in performing job tasks, and supportive counseling.

Billing Limitations H2025-H2027

1. Services are provided only if not available through ADES-RSA.
2. The availability of services administered by ADES-RSA must be documented in the comprehensive assessment and service plan.
3. When serving more than 1 member during the same time use the HQ modifier.
4. Costs associated with training an agency’s own employees are non-reimbursable.
5. Observing a member while they are working is not reimbursable.
6. Time spent in assessment for level of functionality, assessment of interpersonal effectiveness skills, and any interventions utilized by the provider per the member’s treatment plan goals and objectives must be documented in order for the service to be eligible for reimbursement.

Medical Services

Medical Services

This section focuses on the definition of medical services and addresses service standards and provider qualifications.

- Medication Services
- Laboratory, Radiology, and Medical Imaging General Information, and Medical Management
- Electroconvulsive Therapy
- Transcranial Magnetic Stimulation(TMS)

Laboratory

New guidelines issued on July 30, 2024 regarding definitive & presumptive drug testing.

https://www.azahcccs.gov/PlansProviders/Downloads/ClaimsClues/2024/UrineDrugTestingforSubstanceUseDisorderMedicalNecessityandBillingGuidelines.pdf

Medical Management

- Codes in this section of the CBHSG contain Evaluation and Management, Nursing Facility and Home or Residence services.
- There are specific guidelines set by the AMA CPT codebook for these types of services.
- The type and level of E/M service is selected based medical decision making or time as outlined in the AMA CPT Professional codebook.
- Some E/M codes have specific time rules that **must be met or exceeded**, as outlined per the code.
- Please refer to the CBHSG for CPT codes in this section.

Billing Limitations: Medical Management

- RN and LPN Services (T1002 and T1003) provided on the same day as a higher level of service (e.g., services by a psychiatrist or other physician) are considered incident to the services of the provider and are not separately billable.
- Nursing services provided in an ADHS licensed inpatient, residential or medical day program setting are included in the rate and cannot be billed separately.
- Medical management using CPT codes is not reimbursable when billed with a clinic ID as the servicing provider. The servicing provider NPI must belong to the individual person delivering the service.

Support Services

Support Services

This section focuses on the day-to-day service needs for the member.

- Case Management
- Personal Care Services
- Home Care Training to Home Care Family (Family Support)
- Self-Help/Peer Services (Peer Support)
- Unskilled Respite Care
- Transportation
- Housing Support Services

Case Management

- A supportive service provided to improve treatment outcomes and meet member's service or treatment plan goals.
- For all 15 minute codes, coding rules state you must meet at least half the time plus 1 minute which would be 8 minutes to report this code.
- AMPM Chapter 500 Care Coordination Requirements

Billing Limitations: Case Management

1. CM services provided by an ADHS licensed inpatient, behavioral health residential facility or in a therapeutic/medical day program setting are included in the rate for those settings and cannot be billed separately. However, providers other than the inpatient, residential facility or day program can bill case management services provided to the person residing in and/or transitioning out of the inpatient or residential settings or who is receiving services in a day program.
2. When multiple providers bill during the same time period (e.g., a staffing) each must complete unique documentation of the specific service they provided.

Billing Limitations: Case Management (cont)

Billing for case management is limited to individual providers who are directly involved with service provision to the person (e.g., when a clinical team comprised of multiple providers, physicians, nurses etc. meet to discuss current case plans).

a. Outreach and communication needing to be clinical in nature and directly related to member needs and access to services.
b. Email and voicemails counted and billed as case management shall contain substantive clinical notes and or communication and do not include administrative or quick check-ins.
c. When billing multiple units/types of case management for the same member on the day providers shall ensure all services are rolled up together versus billed as separate service/units (see core billing limitations #11).

Self-Help/Peer Services Billing Limitations

1. Services provided in an ADHS DLS licensed inpatient, residential or day program setting are included in the rate for those settings and cannot be billed separately, with certain exceptions.
2. Transportation provided to persons and/or family members is not included in the rate and should be billed separately using the appropriate transportation procedure codes.
3. Self Help/Peer Services (H0038) and Comprehensive Community Support Services (H2016) cannot both be billed on the same day by any provider.
4. More than one provider agency may bill for (H0038) self-help/peer services provided to a behavioral health recipient on the same day only when indicated by the person's clinical needs as documented in their comprehensive assessment and service plan.

Self-Help/Peer Services Billing Limitations (cont)

5. Only individuals holding a PRSS credential may deliver peer support services.
6. Providers must have evidence of credentialing on file for all individuals delivering Medicaid reimbursable peer support services.
7. Providers serving 2 or more members for 3 or more hours must use the H2016 per diem code paired with the HQ (group) modifier.

Unskilled Respite Care Billing Limitations

- Respite services billed using the two HCPCS codes S5150 and S5151 are limited to no more than 600 hours of respite services per year (October 1 through September 30) per member.
- Travel time by the provider is included in the rates.
- Transportation provided to persons and/or family members to medically necessary services should be billed separately using the appropriate transportation procedure codes.
- Respite services cannot be billed for persons who are residing and receiving treatment in a DHS licensed Behavioral Health Inpatient Facility, Behavioral Health Residential Facility, group home or nursing home.
- A Community Service Agency cannot provide respite services.
- S5150 and S5151 cannot be billed on the same date for the same member.
- S5151 must not be billed with any other per diem code.
- When respite services are provided to more than one member at a time the following modifiers shall be paired with the S5150 or S5151 codes:
    a. UN-For 2 members served,
    b. UP-For 3 members served,
    c. UQ-For 4 members served
    d. UR-For 5 members served,
    e. US-For 6+ members served.

Housing Support Services

Specific details on permanent supportive housing service delivery and housing practices can be found in AMPM Policy 320-H.

(AMPM 320-H This section will be added once published.)

Crisis Intervention Services

Crisis Intervention Services

This section focuses on the billing requirement for Crisis services which includes the rules for billing crisis intervention services and more.

- Crisis Services,
- Crisis Hotline,
- Billing emergency crisis services,
- RHBA/TRBHA, and more.

Crisis Intervention Services

- Codes in this section of the CBHSG contain both Psychotherapy and Evaluation and Management services.
- There are specific guidelines set by the AMA CPT codebook for Psychotherapy on the same day as E/M services, time, crisis and add-on codes.
- The type and level of E/M service is selected based medical decision making as outlined in the AMA CPT Professional codebook.

Crisis Intervention Services: 90791-90792

Requirements for crisis care coordination and crisis providers as applicable to AHCCCS Contracted health plans are found in AMPM Chapter 500, Section 590

- 90791-Psychiatric diagnostic evaluation.
- 90792-Psychiatric diagnostic evaluation with medical services.

Crisis Intervention Services: H2011, S9484-S9485 and H0030

- H2011-Crisis Intervention Service, per 15 minutes– multidisciplinary mobile team. H2011 is only to be used by mobile units providing crisis intervention services in the community.
  - ***H2011 should be paired with the ET Modifier when ACC-RBHA or TRBHA contracted mobile teams are dispatched by the Statewide crisis call center or TRBHA dispatching system, to respond to an emergency crisis situation.***

- S9484-Crisis Intervention Mental Health Services, per hour– (Stabilization) < 5 hours in duration.

- S9485-Crisis Intervention Mental Health services, per diem– (Stabilization) > 5 hours to 24 hours

- H0030-Behavioral Health Hotline Service
  - ***H0030 should be paired with the ET Modifier when billing an ACC-RBHA or TRBHA for contracted emergency crisis call center services.***

Crisis Billing Considerations

- Can only be billed by a ***mobile crisis provider.***
- First 24 hours are paid by the Regional Behavioral Health Authority (RBHA) in most areas of the state.
- Bill to AIHP only when services are provided within the boundaries of a Tribal Nation or billed by an IHS/638.

Outpatient Residential Treatment

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Outpatient Residential Treatment

This section focuses on Outpatient residential treatment services, provided in various settings, definitions and billing.

- Behavioral Health Residential Facility Services (BHRF)
- Adult Behavioral Health Therapeutic Homes (ABHTH)
- Therapeutic Foster Care (TFC)

Housing

- In accordance with A.A.C. R9-22-1204, room and board is not a Medicaid covered service for persons residing in behavioral health residential facilities.
- Please review Arizona Revised Statute 13-3730. 13-3730: https://www.azleg.gov/ars/13/03730.htm
- H0018 may only be provided by ADHS licensed behavioral health agency pursuant to licensure requirements set forth in A.A.C. Title 9, Chapter 10, Article 7.

***Sober living facilities are not a covered service for AHCCCS.**

BHRF H0018 Billing Limitations

- H0018 is inclusive of all screening, assessment, counseling, case management, rehabilitation, and supportive services.
- H0018 may be paired with the U9 modifier at intake and during discharge planning (limit 2 per year) when using the ASAM to determine appropriate level of care.
- Admission requires prior and continued authorization.
- H0018 may only be billed on days when the member is present overnight (present at 11:59 p.m. and 12:01 a.m. the following morning).
- The per diem rate cannot be billed for the day of discharge.
- H0018 cannot be billed when a person is incarcerated, admitted inpatient, absent without leave (AWOL), or on leave.

Inpatient Services

Inpatient Services

These facilities provide a structured treatment setting with 24-hour supervision and an intensive treatment program, including medical support services.

- Hospital
- Subacute Facilities
- Residential Treatment Centers (RTC)

Billing Limitations: Inpatient Services

1. Nursing services, medications, labs, radiology, imaging, meals, medical supplies, and NEMT provided to a person while in a hospital/psychiatric hospital are included in the rate and should not be billed separately.
2. Miscellaneous costs such as insurance, housekeeping supplies, laundry, clothing, resident toiletries and expenses, and staff training materials, are included in the rate.
3. NEMT is covered on the day of discharge because the per diem code is not paid for on that day.
4. Outpatient provider types 77 (outpatient behavioral health clinic) and IC (integrated clinic) are prohibited from billing on a UB-04 form or using revenue codes.

Questions?

Medical Coding Resources

Providers can contact the AHCCCS Medical Coding Unit for questions related to specific coding and/or AHCCCS policy.

- Email: CodingPolicyQuestions@AZAHCCCS.gov
  - ***REMINDER* AHCCCS Medical Coding Unit does NOT advise providers/entities on how to code, nor do we review documentation or investigate denials.**
- Request for coding updates can be submitted via an RTRU form and there are instructions on how to fill this out. It must be sent to the coding unit in WORD format, or it will be returned.
- Refer to the AHCCCS Medical Coding Resources page for instructions on how to complete the RTRU form.

CBHSGCodingQuestions@azahcccs.gov

This email should be used for questions directly related to the Covered Behavioral Service Guide

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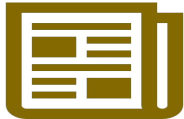
Training Resources

New requirements for Fee for Service claims are added to the monthly electronic newsletter titled "Claims Clues." These helpful documents can be found at this web site: AHCCCS Claims Clues. AHCCCS encourages all providers to sign up to receive e-news from DFSM as well. To sign up for Constant Contact notifications, visit: Constant.

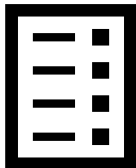
Resources for providers billing MCOs can be found on the individual MCOs provider websites. Additional information may also be found on the AHCCCS Medical Coding Resources website.

Stay Informed
AHCCCS Newsletters and Resources

Providers can **Sign Up Here** to receive email news alerts, which provides information directly *to your email inbox* regarding upcoming provider trainings, claims and billing updates and requirements, changes to the program, system changes, forums and other business news.



Providers can also access **DFSM Monthly Provider Claims Clues Newsletter** , which is a publication of the claims department. This is a monthly newsletter that provides FFS updates regarding billing, coding, system and programmatic changes.



Providers can view the **Medical Coding Resources** webpage which publishes news and updates related to AHCCCS claims and encounters processing, place of service, modifiers, new procedure codes, new diagnoses, and coding rules and more.

DFSM Provider Education and Training

The Provider training team conducts training webinars and E-learning presentations for Fee-for-Service (FFS) providers who service FFS members. Provider trainings are held weekly via Zoom.

AHCCCS offers free web-based applications for claims and prior authorization submissions through the AHCCCS Online Provider Portal and accompanying claim documentation using the 275 Foresight Transaction Insight Portal.

Additional training opportunities include NEMT, behavioral health services, Voids and Replacements, behavioral health, Claim Disputes, member verification, AHCCCS policies, systems and benefit changes, updates and more.

Fee-For-Service Provider Training Requests

FFS Providers can submit training requests to ServiceDesk@azahcccs.gov.

Your training request must include:

- Business email address,
- Full name and position title,
- AHCCCS Provider NPI or 6-digit provider ID number,
- Telephone number,
- Number of attendees,
- The specific type of training and include any questions you may have.

DFSM Training Contacts & Resources

For provider training requests email:

- ServiceDesk@azahcccs.gov

Provider Training Web Page:

- Division of Fee-For-Service-Management: Training Resources

AHCCCS Claims Clues:

- AHCCCS Claims Clues

Sign Up for the AHCCCS DFSM Email Alerts:

- DFSM Email Alerts Sign Up

Thank You.