



Covered Behavioral Health Services Guide

Overview for IHS/638 Tribal Facilities



Questions about billable services

Are Mental Health Counseling services billable for clinics operating under a hospital? It depends because if it's an IHS/638 then it would fall under the per diem rate. If the clinic is a non IHS/638 then they would bill on the 1500, refer to chapter 19 of the IHS Billing Manual.

Are Licensed Clinical Social Workers(LCSW) billable? Yes, please refer to the B2 and A2 Billing Matrices for that specific Provider Type (85) for the codes and service descriptions.

If there is Mental Health Counseling services are provided by LCSW, and visits are reviewed and co-signed by an MD, is that service billable? The licensed clinical social worker does not require any further signatures in order to bill as they are considered a Behavioral Health Professional.

Behavioral Health Providers 638 Billing Matrix

Behavioral Health Provider Designation	Requires Clinical Supervision per the Arizona Board of Behavioral Health Examiners	AHCCCS registered Provider	Bills <u>under the facility</u> at the appropriate rate described for those services in the Medicaid State Plan if the IHS facility or tribal health program (638 providers) is registered as an AHCCCS Provider	Can bill as Independent Biller
Licensed Baccalaureate Social Worker (LBSW)	Yes*	No	Yes	No
Licensed Master Social Worker (LMSW)	Yes	No	Yes	No
Licensed Clinical Social Worker (LCSW)	No	Yes	Yes / No***	Yes
Licensed Professional Counselor (LPC)	No	Yes	Yes/No***	Yes
Licensed Associate Counselor (LAC)	Yes	No	Yes	No
Licensed Marriage/Family Therapist (LMFT)	No	Yes	Yes/No***	Yes
Licensed Associate Marriage/Family Therapist (LAMFT)	Yes	No	Yes	No
Licensed Substance Abuse Technician (LSAT)	Yes	No	Yes	No
Licensed Associate Substance Abuse Counselor (LASAC)	Yes	No	Yes	No
Licensed Independent Substance Abuse Counselor (LISAC)	Yes	Yes	Yes/No***	Yes
Behavioral Health Technician (BHT)	Requires Supervision per R9-20-205	No	Yes	No
Behavioral Health Paraprofessional (BHPP)	Requires Supervision per R9-20-205	No	Yes	No

*No supervision is required if 2 years of supervised work experience is approved by Arizona Board of Behavioral Health Examiners.

***If the facility is billing for the service the individual cannot bill as an Independent Biller.

What is the Covered Behavioral Health Services Guide?

The Covered Behavioral Health Services Guide describes covered behavioral health services, provider types, and service codes that 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:

<https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/CoveredBehavioralHealthServiceGuide.pdf>

Treatment Services

Rehabilitation Services

Medical Services

Support Services

Crisis Intervention Services

Inpatient Services

Residential Services

Behavioral Health Day Programs

Why do I need to know about the Covered Behavioral Health Services Guide?

The Guide defines services for the behavioral health system, it tells you:

- 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 is the Covered Behavioral Health Services Guide important to IHS/638 Tribal Facilities?

- The Indian Health Service facilities bill for behavioral health services directly to AHCCCS.
- As of October 1, 2011, tribal health programs operated under P.L. 93-638 started billing AHCCCS directly for behavioral health services.

What are Provider Types?

- Provider Types indicate what type of providers can bill for certain types of services.

Some examples are:

- *02 - Level I Hospital*
- *77 - Behavioral Health Outpatient Clinic*
- *B1 - Level I Residential Treatment Center (Secure IMD)*
- *B5 - Level I Sub-Acute Facility (Non-IMD)*
- *B8 - BH Residential Treatment Facility (Group Home)*
- *C2 - Federally Qualified Health Centers (FQHCs)*

What are Places of Service?

Place of Service (POS) codes indicate where services were provided. POS codes must be submitted on claims and encounters.

For example, IHS and 638 Tribal Facilities can use:

- *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
- UB04 Revenue Codes

Service Codes (continued)

- CPT codes are restricted to independent practitioners with specialized behavioral health training and licensure.

Example: 90889 - 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.

- HCPCS codes may be used by independent practitioners and agencies that employ behavioral health paraprofessionals and behavioral health technicians.

Example: T1016 HO – Case Management by BHP Out-of-Office

Service Codes (continued)

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

Some examples:

- GT – Telecommunication by audio/video
- HQ – Group setting

(Example: H2014 HQ – Skills Training and Development – Group)

What are Billing Limitations?

Billing limitations indicate when billing a service is appropriate. General Core Billing Limitations are for all services and Core Billing Limitations are for a specific service.

- 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.”
- Core 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 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-5 Matrix is a crosswalk of service codes that may not be billed on the same day as other services.

Example: H0004 HQ (Group Behavioral Health Counseling and Therapy) may not be billed on the same day as Level I Residential Treatment Center.

Appendices A and B

Covered Behavioral Health Services Guide 

Covered Behavioral Health Services Appendices

- Appendix A: Billing for Behavioral Health Services: IHS and 638 Tribal Factsheets
 - A-1: Memorandum 
 - A-2: 638 Billing Matrix 
 - A-3: PowerPoint 
 - A-4: Case Management Billing Guidelines 
- #: Reference Tables
 - B-1: Rehabilitation & Support Services Billing Crosswalk 
 - B-2: Allowable Procedure Codes And Provider Types 
 - B-3: Encounter/Claims Principle Behavioral Health ICD-9 Diagnostic Codes 
 - B-4: ICD 10 Diagnosis Codes Effective 06-15-2016 
 - B-5: Procedure and Transportation Codes Billing Limitations 

Who do I contact if I have questions about the Covered Behavioral Health Services Guide?

Requests for clarification to the Guide and re-occurring questions/concerns should be submitted to the OPS email box (OPS@azahcccs.gov).

Requests for changes to the Guide should be submitted to the DHCM Policy Office (602-417-4295).

Thank you!

