

May Claims Clues 2023

Clarification of Billing Requirements for Behavioral Health Outpatient Claims

Effective with claims received on and after May 3, 2023, Fee-For-Service providers billing more than 8 units of any of the following HCPCS codes in one day are required to provide the following documentation with the submission of the claim; ***a copy of the most recent comprehensive assessment, treatment plan, and the medical record documentation for the service billed on the service date.***

Billing Codes:

- H0004 (Behavioral Health Counseling and Therapy)
- H0038 (Self-Help/Peer Services)
- H2011 (Crisis Intervention Service)
- H2014 (Skills Training and Development)
- H2015 (Comprehensive Community Support Services)
- H2017 (Psychosocial Rehabilitation Services)
- H0025 (Behavioral Health Prevention Education Service)
- H2027 (Psychoeducational Service)
- S5150 (Unskilled Respite Care, Not Hospice)
- T1016 (Case Management)
- T1019 (Personal Care Services)

In addition, when billing more than 4 units of H0034 in one day, providers are required to provide documentation with the submission of the claim including a copy of the most recent comprehensive assessment, treatment plan, and the medical record documentation for the service billed on the service date.

Prior authorization or medical review of services does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the program.

*Failure to submit the required documentation will result in denial of the claim.

When billing behavioral health claims, each service must be billed on a single line to include the date of service, CPT/HCPCS Code and applicable Units. A claim line with multiple dates of services on a single line is not allowed and will result in a denial of the claim.

Claim Instruction: This change is applicable to claims submitted Electronically Data Interchange 837P (EDI), paper submissions and via the AHCCCS Online Provider Portal.

Providers are reminded to bill procedures with the correct modifier combinations, units of service provided and correct code combinations.

Questions may be sent via email to: Providertrainingffs@azahcccs.gov