



# Clarification of Billing Requirements for Behavioral Health Outpatient Claims Effective May 3, 2023

# Behavioral Health Billing Updates

## Effective May 3, 2023

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.***

# Behavioral Health 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)

# Behavioral Health Billing Codes (cont.)

In addition, when billing more than 4 units of **H0034 (Medication Training and Support)** 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.*

# Behavioral Health Billing Codes (cont.)

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.

# Behavioral Health Billing Codes (cont.)

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.

**Billing:** 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](mailto:Providertrainingffs@azahcccs.gov)