





Behavioral Health Residential Facility (BHRF) Behavioral Health Professionals (BHP) Responsibilities

Division of Fee-for-Service Management

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AHCCCS
Arizona Health Care Cost Containment System

Topics

- BHRF facilities (Provider Type B8) and IHS 638 BHRFs
- Criteria for Admission/Exclusionary Criteria
- Prior authorization documentation requirements
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  - Continued Length of Stay requests
- Submitting a BHRF Prior Authorization Request
- Billing and Limitations
- Common PA Denials and Reminders
- Specialized Services outside of the BHRF
- Personal Care Services
- Resources




Behavioral Health Residential Facility (BHRF) Provider Type B8

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What is a Behavioral Health Residential Facility

A Behavioral Health Residential Facility is a healthcare facility, licensed by ADHS, pursuant to A.A.C. Title 9, Chapter 10, Article 7 (Behavioral Health Residential Facility).

Care and services provided in a BHRF are based on a per diem rate (24-hour day), require prior and continued authorization and do not include room and board.

BHRF is considered a level of care that is inclusive of all treatment services provided by the BHRF, in accordance with the treatment plan created by the treatment team.

IHS/638 Tribal
Behavioral Health Residential Facility
Provider Type B8

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Prior Authorization and Indian Health Services (IHS)/Tribal 638 BHRFs

Behavioral Health Residential Facilities that are designated as an Indian Health Services (IHS) facility, or a Tribal 638 facility being operated by a Tribe or Tribal organization, **do not require** prior authorization.

Prior Authorization is **Not** required for IHS/638 tribal facilities, for members enrolled under Title XIX.




Behavioral Health Residential Facility Criteria for Admission

Criteria for BHRF Admission - AMPM Policy 320-V

Medical necessity for admission to a Behavioral Health Residential Facility (BHRF) may be based on a number of factors, including a patient's mental health diagnosis, their ability to function, and their level of distress.

BHRF providers are required to adhere to the elements listed in AMPM Policy 320-V Behavioral Health Residential Facility.

Note: AMPM Policy 320-V is open for revisions and updates, once the language is approved, the updates will be available for viewing effective 10/1/2024.

AHCCCS Medical Policy Manual

Criteria for BHRF Admission - AMPM Policy 320-V cont.)

AMPM 320-V (Section (A) (1)

- The Member has a diagnosed Behavioral Health Condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The Behavioral Health Condition causing the significant functional and/or psychosocial impairment shall be evidenced in the assessment by the following:

Criteria for Admission (Cont.)

A. At least one area of significant risk of harm within the past three months as a result of:

i. Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent;

ii. Impulsivity with poor judgment/insight;

iii. Maladaptive physical or sexual behavior;

iv. Member's inability to remain safe within his or her environment, despite environmental supports(i.e. Natural Supports); or

v. Medication side effects due to toxicity or contraindications

Criteria for Admission (Cont.)

B. At least one area of serious functional impairment as evidenced by:

i. Inability to complete developmentally appropriate self-care or self-regulation due to member's Behavioral Health Condition(s);

ii. Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition or medical care;

iii. Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders;

Criteria for Admission (Cont.)

B. At least one area of serious functional impairment as evidenced by:

iv. Inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, and long-acting injectable medications; or

v. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.

Criteria for Admission (Cont.)

C. A need for 24 hour behavioral health care and supervision to develop adequate and effective coping skills that will allow the member to live safely in the community;

D. Anticipated stabilization cannot be achieved in a less restrictive setting;

E. Evidence that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care; and

F. Member agrees to participate in treatment. In the case of minors, family/guardian/designated representative also agrees to and participates as a part of the treatment team.

Summary: Criteria for BHRF Admission (Cont.)

- The Member has a diagnosed Behavioral Health Condition which reflects the symptoms and behaviors necessary for a request for residential treatment.
- At least one area of significant risk of harm within the past three months.
- At least one area of serious functional impairment.
- A need for 24/7 care for member to learn, demonstrate, and generalize safety and security skills to the community.
- Stabilization cannot be achieved in a less restrictive setting.
- Lower levels of care have not achieved symptom remission and or is not available.
- Member, family/guardian, designated representative agrees to recommendation for BHRF and agrees to collaborate and participate with the treatment team for the duration of the treatment episode.




BHRF Exclusionary Criteria

Exclusionary Criteria for BHRF Admission

Admission to a BHRF shall ***not*** be used as a substitute for the following:

- An alternative to detention or incarceration.
- As a means to ensure community safety in circumstances where a member is exhibiting primarily conduct disorder behavior without the presence of risk or functional impairment.
- A behavioral health intervention when other less restrictive alternatives ***are*** available ***and*** meet the member's treatment needs, including situations when the member/HCDM are unwilling to participate in the less restrictive alternative.
- As an intervention for runaway behaviors unrelated to a behavioral health condition. AMPM 320-V – Page 3 of 7.

Exclusionary Criteria for BHRF Admission (cont.)

- A means of providing safe housing, shelter, supervision, or permanency placement.

❖ Sober living facilities **are Not** a behavioral health residential treatment facility.

❖ Sober living facilities **are Not** a covered service for AHCCCS Medicaid.

Resource: Please review Arizona Revised Statute 13-3730.

13-3730: https://www.azleg.gov/ars/13/03730.htm




BHRF Prior Authorization Documentation Requirements

Prior Authorization Document Requirements

It is the business owner's responsibility and billing staff to familiarize themselves with the following:

- BHRF Prior Authorization Requirements;
- Information contained within AMPM Policy 320-V, Behavioral Health Residential Facility;
- AHCCCS FFS Provider Billing Manual and the AHCCCS Online Provider Portal.
- https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/BHRFPriorAuthorizationDocumentation.pdf

Verify Member Enrollment and Eligibility

It is imperative for providers to verify a member's eligibility and enrollment ***before*** providing a covered service.

The verification process must be done before the member is admitted and prior to submitting a prior authorization request.

Taking these steps will ensure providers are adhering to program regulations.

Verify Member Enrollment: FFS Provider Manual, Chapter 2 Eligibility

Third Party Liability Training:
https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/TPL.pdf

AHIP Member Plan Changes

While the majority of Medicaid members in Arizona are enrolled in a managed care health plan, American Indians/Alaska Natives always have the option to enroll in managed care or AIHP, the Fee-for-Service Medicaid program for American Indians/Alaska Natives in Arizona. These members have the option to move from managed care into AIHP at any time.

It is highly recommended that providers check eligibility frequently throughout the member's episode of care. Providers should also be aware of fraudulent activity involving enrollment.

***Providers are prohibited from steering a member to any health plan.**

Urgent BHRF Prior Authorization Requests

Documentation must be submitted prior to the BHRF admission.

1. If the admission is urgent (eg. admission is needed within 24-48 hours) and documents are from the Crisis Clinic, the member's treating provider, *or* from the TRBHA; then admission notification must be sent to AHCCCS DFSM on the day of the admission.

Urgent Prior Authorization Requests (cont.)

Documentation must be submitted prior to the BHRF admission.

2.Admission date **must** be written on the documents.

3.The documents must be completed by the outpatient or inpatient treatment team (not the admitting BHRF) and must include:

a)Behavioral Health Assessment done by the BHP or cosigned by the BHP.

b)Treatment Plan that has recommendation for the member to be admitted to the BHRF.

Mandatory Documents Prior to BHRF Admission

Documentation from the **referring provider** to the BHRF, must be submitted **prior to** the Behavioral Health Residential Facility (BHRF) admission.

If admission is urgent and documents are from the crisis clinic or member's treatment provider, or the TRBHA, then admission notification must be sent to AHCCCS Division of Fee-For-Service Management (DFSM) **on the day of the admission.**

FFS Prior Authorization Forms

Mandatory Documents Prior to BHRF Admission (cont.)

The documents must be completed by the referring outpatient or inpatient treatment team (not the admitting BHRF) and must include:

- Behavioral Health Assessment done by the Referring Behavioral Health provider (BHP) or cosigned by a BHP within the last 12 months.
- BH referring provider treatment plan with recommendation for BHRF level of care.
- Admission date to the BHRF must be written on the documents from the referring provider.

Upload these documents to the PA portal and include the initial date span on the request.

Mandatory Documents - BHRF Intake Assessment

The BHRF Intake Assessment must be:

1. Completed within **48 hours of the admit date**, and
2. Completed by or co-signed by a BHP.
3. While the BHRF assessment is specific to each provider, details from the referring assessment may be included in the BHRF intake, if applicable.
4. The referring assessment may **not** take the place of the BHRF intake.

Mandatory Documents BHRF Treatment Plan

The Initial BHRF Treatment Plan shall not be older than 3 months from the prior authorization request submission date and must include:

1. Qualifying Diagnosis that aligns with the assessment.
2. Measurable, time-limited, and individualized treatment plan goals and objectives.
3. Treatment services/interventions provided to the member with duration and frequency of each.
4. BHRF Discharge Plan with individualized aftercare details.




BRHF Continued Length of Stay Criteria

Continued Length of Stay Criteria

A request to extend the current authorization is referred to as a "Continued length of stay request".

The following medical necessity criteria, at a minimum, shall be considered when determining continued stay:

- The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition.
- Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

Continued Length of Stay Criteria (cont.)

- Progress towards the treatment goals and response to the treatment interventions must be assessed and documented in the treatment plan updates.
- Crisis/safety planning, and targeted discharge shall be adjusted accordingly to support the need for continued stay.

Providers can submit a CLOS request via the AHCCCS Online Provider Portal using the prior authorization submission tab.

Continued Length of Stay Documents

<u>Mandatory</u> documents for Continued Length of Stay Requests:

- **Treatment Plan Update:**
  - Member progress/barriers towards goals - Increase or decrease in measures and updates to goals/objectives
  - Changes in diagnosis, modifiers, or symptom severity
  - Changes in interventions, type, duration, and frequency
  - Additions or redactions of referrals to specialists. (If Speciality Services are needed, documentation of medical necessity and outside provider information must be detailed and listed in the member's service plan.)
- **Assessment update or re-assessment, if applicable.**

Continued Length of Stay Documents (cont.)

Additional documents are highly recommended for Continued Length of Stay Requests:

- BHRF weekly/monthly treatment schedule
- BHRF 7 consecutive days of progress notes (group and individual)
- BHRF letter or highlighted in treatment plan that: all services are provided by the BHRF.
- BHRF letter or highlighted in the treatment plan: requesting continued length of stay with date span clearly indicated.

Continued Length of Stay Submission

- BHRF request for a Continued Stay should be submitted to the prior authorization team ***at least two weeks prior to the last approved prior authorized date of the BHRF stay or earlier.***
- Upload all documents that support the continued stay request, this can be completed on the **Event List** tab.
- Confirm the dates of services, all documents are signed and dated by the appropriate BHP's, and docs are scanned into your electronic device or computer to upload to the prior auth.

Coordination of Care

BHRF providers shall coordinate behavioral health services throughout the entire length of stay.

- The BHRF staff and the CFT/ART/TRBHA/Tribal ALTCS shall meet to review and modify the Treatment Plan at least once a month.
- Other individuals of the treatment team including physical health providers, as applicable.
- Contractors and BHRF providers shall ensure appropriate notification is sent to the Primary Care Physician and Behavioral Health Provider/Agency/TRBHA/Tribal ALTCS program upon ***intake to and discharge from the BHRF.***

Discharge Readiness

The following criteria shall be considered when determining discharge readiness:

1. Symptom or behavior relief is reduced as evidenced by completion of treatment plan goals or achieving symptom remission, as evidenced by DSM-V-TR/ICD-10 diagnostic criteria.
2. Functional capacity is improved, essential functions such as eating or hydrating necessary to sustain life has significantly improved or is able to be cared for in a less restrictive level of care.

Discharge Readiness

The following criteria shall be considered when determining discharge readiness:

3.Member can participate in needed monitoring, or a caregiver is available to provide monitoring in a less restrictive level of care, and

4. Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.

*****Upload Discharge notification to portal*****

Assessment and Treatment Planning

Providers can refer to AMPM 320-O, Behavioral Health Assessments and Treatment Service Planning the for additional information regarding the Behavioral Health assessment and treatment plan requirements.




Submitting A BHRF
Prior Authorization Request

AHCCCS Online Provider Portal

Here are the most commonly used options to access the AHCCCS Online Provider Portal:

1. Navigate to the main AHCCCS website www.azahcccs.gov Select - Plans & Providers > AHCCCS Online (located on the left side of the page)

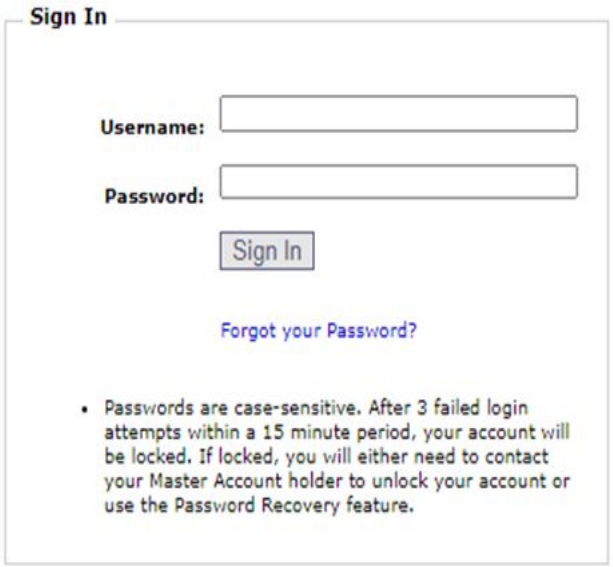
2. URL https://ao.azahcccs.gov/Account/Login.aspx

If you do not have an online account, you can register by clicking on the link above. Under the heading **"New Account"** click on Register for an AHCCCS Online Account and follow the instructions to submit a prior authorization request.

3. The link to the online portal is also found on the DFSM Provider Training Web page

Sign In - Enter your Username and Password

Thank you for visiting AHCCCS Online. Please sign in or register for a new account. For assistance with the registration process and other common inquiries, please visit the FAQs.



ID.me account now required!

- AHCCCS partnered with ID.me to provide secure identity verification and login services to its users. As of January 4, 2024, you are required to use ID.me to access the AHCCCS Online portal.

Set up your ID.me account to use for business

- If you already have an ID.me account, you must add your work email address to your personal account before signing in to AHCCCS with your ID.me login.
- If you have never created an ID.me account, create your account using your personal email, add your work email address, and then verify your identity to access the AHCCCS Online portal.

If you already have an ID.me account for personal use, do not create a duplicate account as it will cause delays.

For step-by-step instructions or to get help, visit the ID.me Help Center.

Getting Started!

What information do you need to complete the Prior Authorization Request

1. AHCCCS Member ID number.
2. Service / Rendering provider ID number.
3. Begin and End date(s) of service.
4. ICD-10 Diagnosis Code.
5. HCPCS code (H0018)
6. Total Units HCPCS code
7. Modifier (if applicable).

Four steps to Create and Submit a FFS Prior Authorization request

1. Case Search – verify if a current authorization exists for the member, provider and date of service.
2. Case List – Create the Case or PA number.
3. Event Type– The event type is **(BP)** for a behavioral health residential facility (B8)
4. Activity Type– HCPCS code **H0018** (daily per diem code and FFS rate) and service dates.

Prior Authorization Changes / Corrections

- If a correction or change is required to an **Approved** PA case, The Prior Authorization Correction Form *must be* used. The PA correction form must be completed in its entirety.
- Modifications to a Prior Authorization (PA) are permissible when the status indicates "Pending." If the status is marked as "Approved" or "Denied," changes or corrections cannot be made through the Online Prior Authorization portal, and it is necessary to upload the PA correction form.
- If additional documentation is required for review, the PA Correction Form is uploaded using the "***attachment tool***" located on the Event List tab.

Behavioral Health Residential Facility (B8)
Rate Change Effective 10/1/2024 and PA Submission Process

Effective for dates of service on and after October 1, 2024, AHCCCS FFS rates may change for some provider types. This change may impact prior authorization requests that overlap different fee-for-service rate periods.

- **Contract Year** - For AHCCCS Contractors and Fee-For-Service (FFS) Programs, the contract year runs from October 1 through September 30 of the following year.

In the following example, a behavioral health residential facility, provider type (B8), the client was admitted on 09/01/2024 and based on the treatment plan is expected to require medically necessary services for up to 90 days.

Submitting a PA Request that Overlaps Two Rates Periods (cont)

The BHRF would submit two prior authorization cases, the first case would be for the effective date span **09/01/2024 thru 09/30/2024**, (through the end of the current FFS rate period).

- The **Effective Date field** is used to report the current FFS contract year rate period.
- The **Authorized Dates field** shows the actual dates of services that you are requesting for the prior authorization.

Submitting a PA Request that Overlaps Two Rates Periods (cont)

Example PA case #1 shows how the information is entered for the current contract year. The authorized dates will be the actual dates requested for the authorization.

AHCCCS ID:
EFFECTIVE DATES: 09/01/2024 - 09/30/2024 ELG: IH BIRTHDATE SEX AGE
PA NUMBER: SEQ: 01 CASE TYPE: P CASE STATUS: A
PROVIDER ID: NPI: NAME: TYPE: B8
AUTHORIZED DATES: 09/01/2024 - 09/30/2024 ADMIT DATE: CCR: Y
EVENT TYPE: BP STA: A REAS: MEDICARE TYPE:
ICD 10 DIAGNOSIS: F10.20 DESC: ALCOHOL DEPENDENCE, UNCOMPLICA
REQUEST: BHRF

DATE SPAN: 30

SEL	LN	TYP	CODE	MOD	ALLOWED	USED	STA	REAS	UNIT PRICE	SRC
_	01	H	H0018		30.000		A		261.6700	S

The second PA case, the provider will create a new PA case that will be assigned a new PA case number. This case will cover the new FFS contract rate period. The **effective dates** on the new PA case will be **10/01/2024 thru 09/30/2025** (the end of the contract year). The authorized dates will be the actual dates requested for the authorization.

Example PA case #2 is for the new contract rate period.

Common BHRF PA Submission Errors

Providers should review their internal processes to align with AHCCCS requirements. These proactive steps can significantly reduce errors and delays associated with prior authorization submissions.

Common PA submission errors are:

- Incorrect or missing Event type,
- Incorrect or Missing activity type,
- Missing provider signatures on documentation,
- Missing diagnosis code, service span dates, units,
- Multiple and duplicate documentation uploads to a single PA case.

Behavioral Health Residential Facility Billing Information and Limitations

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BHRF Billing Standards

- H0018 is a comprehensive service code inclusive of all screening, assessment, counseling, case management, rehabilitation, and supportive services for a member within the rate.
- BHRF is a 24-hour therapeutic living environment.
- H0018 may only be billed on days when the member is present overnight.
- The Per diem rate cannot be billed for the day of discharge as the member is not there for the full day.
- 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.
- Per A.A.C. R9-22-1204, room and board is not a Medicaid covered service for persons residing in behavioral health residential facilities.

BHRF Billing Requirements

- Effective dates of services beginning December 1, 2023, BHRF claim services for behavioral health and substance use disorders must be submitted using Place of Service (POS) code 56 "Psychiatric Residential Treatment".
- Effective March 1, 2024, all BHRF claims - including replacement or correction claims for dates of service prior to March 1, 2024 - must be billed on the CMS 1500 claim form using ***H0018 on a single line item per date of service.***
- Claims that list a range of service dates or months on a single line item will be Denied.

Appropriate Usage of U9 Modifier - ASAM Continuum

H0018 may be paired with the U9 modifier at intake and during discharge planning (limit 2 per year) when using the American Society of Addiction Medicine (ASAM) to determine appropriate level of care.

Documentation to support this service is required.

BHRF Billing for Other Providers

Behavioral Health Residential Facility cannot submit to AHCCCS and or bill for services on behalf of a independent provider.

For services that are offered by providers or community members outside of the BHRF such as Equine Therapy, Sweat Lodge, Yoga, etc., the BHRF is responsible for payment to those individuals and cannot submit a claim to AHCCCS on their behalf.

Common PA Denials and Reminders

Common PA Denials and Reminders

- Member does not meet medical necessity by referring provider, and BHRF admits the member before receiving an approved Prior Auth.
- Documentation submitted does not reflect full days of treatment provided by the BHRF in accordance with AMPM Policy 320-V.
- Printed names and signatures are unclear or illegible. Digital signatures do not meet criteria. Signers' credentials are not included on progress notes and are not authorized to provide the service.
- Treatment plans are not updated depicting progress and barriers towards treatment plan goals and objectives.
- Goals and objectives are not measurable and member has no quantifiable goals or next review dates to work towards.

Common Denials and Reminders (cont.)

REMINDERS:

- If the member was inpatient, prior to the BHRF admission, include the discharge plan/summary documents from the inpatient hospital that clearly shows BHRF as the appropriate level of care.
- Daily group notes should include group topics, connection to the member's Treatment Plan and details of member's participation.
- Discharge planning starts at the time of admission and plan should be updated throughout the member's episode of care.
- Communicate barriers to the PA process immediately as they arise. Providers can submit an email to servicedesk@azahcccs.gov and Attention DFSM PRIOR AUTHORIZATION
- Please include your name and title, provider ID number, contact telephone number, the PA number, and member's AHCCCS ID.

Common Denials and Reminders (cont.)

Member Discharge and Readmit:

- If the member has left the facility, providers must upload the discharge summary to the PA Case number. The discharge summary must also include the exact date of discharge.
- If a member returns to the facility, providers do not need to add another event to the PA request and will only need to upload documentation to the PA showing that the member has returned to the facility.
- Documentation must be uploaded to the PA Case number using the Attachment feature on the Event List page. Providers can check for updates to the PA request via the Online portal..

Specialized Services Outside of BHRF

Specialized Services

In the case a specialized treatment need is identified while a member is in a BHRF level of care, the treatment team, inclusive of all team members involved outside the BHRF, must:

- Meet to establish, based on clinical best practice, the appropriateness of service provision,
- Timeline for most appropriate implementation of service, and
- If established, the clinical need for the service to be initiated while the member is in BHRF care.

A member may receive specialty behavioral health services not provided by the BHRF only as specified in AMPM 320-V.

BHRF Billing for Personal Care Services

- BHRFs must be licensed by ADHS as a Behavioral Health Residential Facility, and must also be authorized by ADHS to provide personal care services as specified in A.A.C. Title 9, Chapter 10, Article 7 can provide personal care services.
- Per A.A.C. R9-10-715 -Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
- ***Personal care services are not separately billable.***

Specialized Services

The Treatment Team must agree that a Specialized Service is medically necessary and is a specific member need that cannot otherwise be met as required within the BHRF setting.

- The Specialized Service **must be listed in the treatment plan** and associated with appropriate diagnoses. Specialized Service interventions must detail the type, billing code, duration, frequency, and next review date.

Specialized Services (cont)

Members cannot receive treatment from the Specialized Service providers and only live in the BHRF.

- For example, if the member goes to the Day Hospital treatment program or Intensive Outpatient and only comes to the BHRF to eat and sleep, then the BHRF cannot submit the claim for payment.
- The BHRF can bill code H0018 only for full treatment day.

Example of Specialized Service

Examples:

1. A member who has been engaged in Eye Movement Desensitization and Reprocessing (EMDR) Treatment, and is responding well prior to entering a BHRF, may continue with EMDR if the continuation of treatment is indicated by the BHRF provider, the member, and the treatment team; indicating the service will continue to assist member with achieving goals and/or symptom remission.
2. A member's treatment team identifies that the primary diagnosis may be better treated if a referral to psychophysiological therapy incorporating biofeedback training is completed.
3. Sexually maladaptive behaviors have increased and a referral to a specialist is needed for further assessment and treatment outside the current BHRF BHP provider's scope.

BHRF and Licensing Requirements for Personal Care Services

Behavioral Health Residential Facility and Personal Care Services

Any member receiving personal care services must have had an assessment by a medical provider indicating that the member's condition requires assistance with personal care.

Reminders:

- BHRF must be licensed by Arizona Department of Health Services (ADHS) to provide personal care services.
- The need for personal care services must be documented in the members assessment and service/treatment plan and identify the specific personal care services required by the member.
- HCPCS code H0018 with the TF modifier (intermediate level of care).

BHRF with Personal Care Service License

BHRFs that provide personal care services shall be licensed to provide personal care services.

- Services offered shall be in accordance with A.A.C R9-10-702 and A.A.C R9-10-715.
- Contractors and BHRF providers shall ensure that all identified needs can be met in accordance with A.A.C. R9-10-814 (A)(C)(D) and (E).

BHRF with Personal Care Service License

Examples of services that may be provided include, but are not limited to:

- Administration of oxygen
- Application and care of orthotic & prosthetic devices
- Application of topical medications
- Bed baths
- Assistance with ambulation
- Blood sugar monitoring, diabetic care
- Dressing member
- Non-sterile dressing change and wound care
- Incontinence support; assistance with bed pans/bedside commodes/ bathroom supports
- Radial pulse monitoring
- Ostomy and surrounding skin care
- Use of pad lifts

See AMPM 320-V, section H for a listing of additional personal care services.

Provider Questions and Answers

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Provider Questions

- **What codes can the BHRF providers bill while a member is in BHRF?**
  - H0018 is per diem code.
- **As a BHRF provider, are we supposed to bill additional daily rate (H0004) when we provide Counseling for our residents per their treatment plan?**
  - No, counseling is included in the per diem rate.
- **Will BHRF's be expected to cover all Psychiatric and PCP service visits?**
  - No, CPT codes may be billed by an AHCCCS registered PCP or Psychiatric Provider outside of the BHRF on the same day as H0018.
- **Which types of groups are required to cap at 12 patients in a BHRF facility?**
  - Refer to the Covered Behavioral Health Services Guide.

Provider Training Resources

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Provider Training Resources

- Covered Behavioral Health Services Guide
- AMPM 320-V establishes requirements for the provision of care and services in a BHRF.
- AHCCCS Medical Policy Manual Section 320-O addresses clinical requirements related to behavioral health assessments, service, and treatment planning.
- FFS Provider Billing Manual, Chapter 19, Behavioral Health Services
- **BHRF Prior Authorization Documentation**

Provider Training Resources

- How to Submit a BHRF PA Request
- Selecting the Correct PA Event Type
- How to complete The Missing Activity Information
- BHRF Prior Authorization Submission Training
- How to Complete the Missing Activity Information

Provider Requirements and Regulatory Agencies

The AHCCCS Medical Policy Manual, Chapter 600 Provider Qualifications and Provider Requirements Section 610 provides the current procedures.

- A list of current provider types and the regulatory agencies overseeing them are listed on AMPM Policy 610-Attachment A-AHCCCS Provider Types: AMPM Policy 610 - Attachment A.

Please place all questions in the chat

Thank You.