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| **SERVICE CATEGORY** | **FORM TYPE** | **MODIFIER (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **MODIFIER ALTERNATIVE or ADDITIONAL ELEMENT (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **RELATED DOCUMENTATION** | **EFFECTIVE DATE** | **PLEASE NOTE** |
| **Crisis – applicable only the RBHA’s for first 24 hours responsibility** | Inpatient UB | N/A | |  |  | | --- | --- | | Value Code of 21 – Catastrophic: Medicaid determined at State level |  | | FFS Provider Billing Manual | 3/1/2019 |  |
|  | Professional and Outpatient UB | ET – Emergency Treatment | Emergency Indicator of “Y” | FFS Provider Billing Manual | 3/1/2019 | The ET modifier should only be used per this directive to indicate Crisis, it should not be used on non-crisis related ED or other type of claims. |

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| **SERVICE CATEGORY** | **FORM TYPE** | **MODIFIER (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **MODIFIER ALTERNATIVE or ADDITIONAL ELEMENT (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **RELATED DOCUMENTATION** | **EFFECTIVE DATE** | **PLEASE NOTE** |
| **COE** outlined as a potential provider system option to define when to generate an invoice vs. a claim. **– applicable only the RBHA’s for the period from the pre-petition to the Court Appearance paperwork filed** | Inpatient UB | N/A | Bill type ending in “0” which indicates zero payment. And/or Condition Code 04 – Information Only Bill | ACC RBHA Affiliated Plans must include this in their provider billing instructions. | Suggest 3/1/19 | This should not result in any Encounters to AHCCCS and should be used only between providers and RBHA’s. |
|  | Professional and Outpatient UB | 32 – Mandated Service | N/A | ACC RBHA Affiliated Plans must include this in their provider billing instructions. | Suggest 3/1/19 | This should not result in any Encounters to AHCCCS and should be used only between providers and RBHA’s. |

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| **SERVICE CATEGORY** | **FORM TYPE** | **MODIFIER (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **MODIFIER ALTERNATIVE or ADDITIONAL ELEMENT (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **RELATED DOCUMENTATION** | **EFFECTIVE DATE** | **PLEASE NOTE** |
| **COT – Applicable to all ACC and ALTCS MCO’s for Members in COT, including the days between when the paper work is filed and when actual treatment initiates.** | Inpatient UB | N/A | Admission Source/Point of Origin – 8 Court or Law  Enforcement | FFS Provider Billing Manual | 3/1/2019 | Under AHCCCS billing policy the only requested us of this admission type is related to Courts not to Law Enforcement. |
|  | Professional and Outpatient UB | H9 – Court-Ordered | N/A | FFS Provider Billing Manual | 3/1/2019 | Under AHCCCS billing policy the only requested us of this admission type is related to Courts not to Law Enforcement. |

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| **SERVICE CATEGORY** | **FORM TYPE** | **MODIFIER (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **MODIFIER ALTERNATIVE or ADDITIONAL ELEMENT (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **RELATED DOCUMENTATION** | **EFFECTIVE DATE** | **PLEASE NOTE** |
| **MHBG FUNDING SOURCE -applicable only the RBHA’s** | Professional and Outpatient UB | UB – (ALTCS)  Monthly Services per member*/(BH) MHBG funded* |  | ACC RBHA Affiliated Plans must include this in their provider billing instructions. | 3/1/19 | Does not change the AHCCCS reporting requirement for funding source in Encounter submissions as previously defined. |

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| **SERVICE CATEGORY** | **FORM TYPE** | **MODIFIER (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **MODIFIER ALTERNATIVE or ADDITIONAL ELEMENT (IF APPLICABLE) TO BE BILLED TO DESIGNATE** | **RELATED DOCUMENTATION** | **EFFECTIVE DATE** | **PLEASE NOTE** |
| **SABG FUNDING SOURCE -applicable only the RBHA’s** | Professional and Outpatient UB | U7 – (ALTCS)  Agency with Choice*/(BH) SABG funded* |  | ACC RBHA Affiliated Plans must include this in their provider billing instructions. | 11/1/19 | Does not change the AHCCCS reporting requirement for funding source in Encounter submissions as previously defined. |