



Division of Fee-for-Service Behavioral Health Services Overview

DFSM Provider Training Team

May 2023



About This Course

The materials are designed for the AHCCCS Fee-For-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

Throughout this course, we will discuss general but common behavioral health information for behavioral health providers.

If you have any questions about this training presentation, please email the Provider Training Unit at:

- ProviderTrainingffs@azahcccs.gov

General Billing

AHCCCS can offer *general* billing guidance through its policies and billing manuals; however, AHCCCS does not instruct providers on how to code or bill for a particular service. *We may only offer general guidance.*

It is up to each provider and organization to determine what they can and cannot bill for under their individual licensures.

- AHCCCS cannot advise on these topics.

Participating Provider Reporting Requirements

The participating provider reporting requirements deadline was extended to January 1, 2023. The AHCCCS system will not edit against this requirement until 7/1/2023.

Participating provider reporting requirements will apply to the following AHCCCS provider types (billing facilities):

- 05 – Clinic
- 77 - Outpatient Behavioral Health Clinic
- IC – Integrated Clinic

Reporting Participating Provider Claim Information

- In order to retain information related to the actual professional practitioner (provider) participating in/performing services associated with clinic visits reported with the IC, 77 or 05 provider type as the service/rendering provider, that professional practitioner (provider) participating in/performing services must also be reported on all CMS 1500 and ADA 2012 claims.
- For additional guidance- [Exhibit 10-1](#)

Behavioral Health Providers

AHCCCS Registered vs. Non-AHCCCS Registered

42 C.F.R. 455.410 of the Affordable Care Act

Per [42 CFR 455.410](#) of the Affordable Care Act, the State Medicaid agency (AHCCCS) **must** require all ordering or referring physicians, or other professionals providing services under the State plan or under a waiver of the plan, to be enrolled as participating providers.

All providers, including but not limited to out-of-state providers, attending and servicing providers both within and outside of a hospital setting, and billing providers must be registered with AHCCCS in order to be reimbursed for covered services provided to AHCCCS members.

Effective 01/01/2016, if a provider is not enrolled with AHCCCS as a valid and/or active provider, claims will deny.

42 C.F.R. 455.410 of the Affordable Care Act

This means that all rendering, ordering, prescribing and attending providers must be registered with AHCCCS, to receive reimbursement for an AHCCCS covered service.

- This requirement includes out-of-state providers.

Reminder provider enrollment with AHCCCS is done via the AHCCCS Provider Enrollment Portal (APEP).

- For additional information on enrolling as a provider, please visit the Provider Enrollment web page at:
- <https://www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html>

42 C.F.R. 455.410 of the Affordable Care Act

For a list of provider types that are registered with AHCCCS, please visit the AHCCCS Medical Policy Manual (AMPM), and review AMPM 610, Provider Qualifications, Attachment A – AHCCCS Provider Types at:

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>
- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/600/610/AttachmentA.pdf>

Please note, that there are behavioral health providers, who do not register with AHCCCS, but who may render certain behavioral health services within their scope of practice, such as BHTs and BHPPs.

- The upcoming slides detail providers that must register with AHCCCS and those that do not.

Behavioral Health Providers AHCCCS Registered

Provider Type	Description
BC	BOARD CERTIFIED BEHAVIOR ANALYST (BCBA)
11	PSYCHOLOGIST
08	MD-PHYSICIAN
18	PHYSICIAN'S ASSISTANT
19	REGISTERED NURSE PRACTITIONER
31	DO – PHYSICIAN OSTEOPATH
85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
86	LICENSED MARRIAGE & FAMILY THERAPIST (LMFT)
87	LICENSED PROFESSIONAL COUNSELOR (LPC)
A4	LICENSED INDEPENDENT SUBSTANCE ABUSE COUNS (LISAC)

Behavioral Health Providers AHCCCS Registered

Provider Type	Description
A5	BEHAVIORAL HEALTH THERAPEUTIC HOME
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY
B1	RESIDENTIAL TREATMENT CENTER Secure (17+ BEDS) (IMD)
B2	RESIDENTIAL TREATMENT CENTER Non-Secure (1-16 BEDS)
B3	RESIDENTIAL TREATMENT CENTER Non-Secure (17+ BEDS) (IMD)
B5	SUBACUTE FACILITY (1-16 BEDS)
B6	SUBACUTE FACILITY (17+ BEDS) (IMD)
B7	CRISIS SERVICES PROVIDER
B8	BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)
C2	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Behavioral Health Providers AHCCCS Registered

Provider Type	Description
C5	638 FEDERALLY QUALIFIED HEALTH CENTER (638 FQHC)
IC	INTEGRATED CLINIC
02	HOSPITAL
05	CLINIC
29	COMMUNITY RURAL HEALTH CLINIC (RQHC)
71	PSYCHIATRIC HOSPITAL
77	BH OUTPATIENT CLINIC
78	MENTAL HEALTH RESIDENTIAL TREATMENT CENTER

Behavioral Health Providers Non-AHCCCS Registered

The behavioral health providers listed below do not independently register with AHCCCS.

They can provide behavioral health services within their scope of practice, but they operate under the supervision of a Behavioral Health Professional (BHP).

Provider Type	Description
BHPP	Behavioral Health Para-Professional
BHT	Behavioral Health Technician

Behavioral Health Providers

Definitions of BHP, BHPP and BHT; and
Independent Billers

Behavioral Health Professional (BHP) Defined

1. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in AAC. R4-6-101,
2. A psychiatrist as defined in A.R.S. §36-501,
3. A psychologist as defined in A.R.S. §32-2061,
4. A physician,
5. A behavior analyst as defined in A.R.S. §32-2091,
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
7. A registered nurse with:
 - a. A psychiatric-mental health nursing certification, or
 - b. One year of experience providing behavioral health services.

Behavioral Health Independent Billers

Independent provider types that can bill for category of service 47 (mental health) include:

Behavioral Health Independent Billers			
08 – MD	19 - Registered Nurse Practitioner	85 - Licensed Independent Social Worker (LISW)	A4 - Licensed Independent Substance Abuse Counselor (LISAC)
11 – Psychologist	31 – DO Physician Osteopath	86 - Licensed Marriage and Family Therapist (LMFT)	BC - Board Certified Behavioral Analyst
18 – Physician Assistant	77 – BH Outpatient Clinic	87 - Licensed Professional Counselor (LPC)	IC - Integrated Clinic

NOTE: If the facility is billing for the service, the independent provider cannot bill as an independent biller.

Behavioral Health Independent Billers

Not all provider types can bill for all services. For a list of allowable procedure codes by provider type refer to the Behavioral Health Services matrix available on the Medical Coding Resources web page:

- <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

Providers can bill for services permitted within the scope of their licensure and AHCCCS provider type registration.

If billing the Capped Fee-For-Service Rate, claims from the above-listed providers must be submitted under the individual provider ID number.

Behavioral Health Para-Professional (BHPP) Defined

As set forth in A.A.C. R9-10-101(27), this is an individual who is not a behavioral health professional (*i.e. not a physician, psychiatrist, registered nurse practitioner licensed as an adult psychiatric and mental health nurse, etc.*), who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

- a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S, Title 32, Chapter 33; and
- b. Are provided under supervision by a behavioral health professional.

Behavioral Health Technician (BHT)

As specified in A.A.C. R9-10-101, an individual who is not a BHP (*i.e. not a physician, psychiatrist, registered nurse practitioner licensed as an adult psychiatric and mental health nurse, etc.*), who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a behavioral health professional.

Supervision and Clinical Oversight of BHPPs and BHTs

Oversight of a BHPP or BHT

Any Behavioral Health Technician providing services in the public behavioral health system shall have clinical oversight done by a Behavioral Health Professional.

Any Behavioral Health Paraprofessional providing services in the public behavioral health system shall have supervision by a Behavioral Health Professional (BHP).

Providing Oversight To A BHPP Or BHT

Who can provide oversight of a BHPP or BHT?

- Physicians;
- Psychiatrists;
- Psychologists;
- Behavioral Analysts;
- A registered nurse practitioner licensed as an adult psychiatric and mental health nurse;
- A registered nurse with either a psychiatric-mental health nursing certification, or one year of experience providing behavioral health services; or
- Individuals licensed under [A.R.S. Title 32, Chapter 33.](#)

Behavioral Health Technician's

Clinical oversight requirements for services provided by a Behavioral Health Technician:

- BHT's must receive clinical oversight from a BHP.
 - Provided after a BHT performs a behavioral health service.
 - Provided by a BHP, not another BHT.

Behavioral Health Para-Professional (BHPP)

Supervision Requirements:

- BHPP's must receive supervision from a Behavioral Health Professional (BHP).
- Supervision must be provided by a BHP, not a BHT or BHPP.

What is Clinical Oversight?

“Clinical oversight” means:

- Monitoring the behavioral health services provided by a BHT to ensure that the BHT is providing the behavioral health services according to the health care institution’s policies and procedures;
- Providing on-going review of a BHT’s skills and knowledge related to the provision of behavioral health services;
- Providing guidance to improve a BHT’s skills and knowledge related to the provision of behavioral health services; and
- Recommending training for a BHT to improve the BHT’s skills and knowledge related to the provision of behavioral health services.

Clinical Supervision and Scope of Services for a BHT

Scope of services (BHTs require clinical supervision per the AZ Board of Behavioral Health Examiners)

- A BHT's scope of service is **limited to services which the overseeing provider may delineate to the BHT**, based on the overseeing provider's defined scope of service in combination with the healthcare institution's policies and procedures.

An overseeing provider could be but are not limited to: a licensed psychologist, an RN with at least one year of full time BH work experience, a BH medical practitioner, or a licensed social worker, LPC, MFT, or behavior analyst.

- Examples of services include, but are not limited to: psychoeducation, psychotherapy, and substance abuse counseling.

Licensing Requirements

Behavioral Health Technician Licensing Standards

Neither the Board of Behavioral Health Examiners nor the Arizona Department of Health Services (ADHS) license Behavioral Health Technicians (BHTs).

- It is up to the employer of each BHT to ensure they meet the educational standards, as outlined in the next slide.
- There is no specific license for a BHT or a BHPP, but this does not preclude a BHT/BHPP from being licensed in something else.
- Each employer is responsible for what that criteria is and what they are willing to accept. They must review and certify that everything is current (i.e. if an employer mandates certain educational standards beyond what is listed in the next slide, then they are responsible for ensuring those are met by their employees.)

Additional information regarding BHT educational requirements pertaining to Medicaid reimbursement can be found in the Arizona Medicaid State Plan.

- <https://www.azahcccs.gov/Resources/Downloads/StatePlans/EntireStatePlan.pdf>

BHT Education Standards

Per AHCCCS documentation on Behavioral Health Technicians (BHTs) education requirements (per the AHCCCS State Plan) are outlined below. A BHT must meet one of the following:

- Master's degree or bachelor's degree in a field related to behavioral health;
- Is a registered nurse;
- Is a physician assistant who is not working as a medical practitioner;
- Has a bachelor's degree and at least one year of full time behavioral health work experience;
- Has an associate's degree and at least two years of full time behavioral health work experience;
- Has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full time behavioral health work experience totaling at least two years;
- Is licensed as a practical nurse, with at least three years of full time behavioral health work experience; or
- Has a high school diploma or high school equivalency diploma at least four years of full time behavioral health work experience.



CADAC Information

Certified Addiction and Drug Abuse Consultant

What is a CDAC?

- A CADAC is an individual who is a Certified Addiction and Drug Abuse Consultant (CADAC).
- CADAC's are not recognized as a licensure category in the state of Arizona.



Substance Abuse Counselors

Licensed Independent Substance Abuse Counselor (LISAC)

LISACs are AHCCCS-Registered Providers (Provider Type A4) and can bill as independent billers.

- Note: if the facility is billing for a service provided by a LISAC, the LISAC cannot also bill for the same service. If the facility is billing for the service, the individual cannot bill as an Independent Biller.

To register as a LISAC with AHCCCS, Provider Enrollment requires the following (in addition to all standard application processing items, such as NPI, Tax ID, etc.):

- Proof of licensure from the Arizona Board of Behavioral Health Examiners.



Registering as an AHCCCS Provider

Registering as an AHCCCS Provider

The Division of Member and Provider Services (DMPS) is responsible for the timely enrollment and revalidation of eligible fee-for-service and managed care health care providers in the AHCCCS program.

The AHCCCS Provider Enrollment Portal (APEP) offers a secure web-based enrollment portal for the provider to complete their enrollment. It decreases processing time and allows the provider to submit a new enrollment or modification to an existing provider ID effectively any time of the day.

To establish a New User Sign On for APEP go to: [APEP Account Registration](#)

To access APEP directly go to: [APEP - AZAPEPLogin.com](#)

Registering as an AHCCCS Provider

When enrolling via the AHCCCS Provider Enrollment Portal (APEP) it will prompt the provider in “Step 4” to enter in necessary documentation and licensure information.

Based off the provider type and specialty input into the application, when they reach the “add license and certification” screen, it shall prompt the provider on what they need to submit.

This streamlines the process for AHCCCS Registered Provider Types, when registering, by eliminating the question about “what certification do they require?”

Registering as an AHCCCS Provider

If a provider has questions regarding the Provider Enrollment (APEP) process, please contact Provider Assistance at:

- Email: PRNotice@azahcccs.gov

Or by Phone:

- Maricopa County: (602) 417-7670
- Outside Maricopa County: 1-800-794-6862
- Out-of-State: 1-800-523-0231

Billing for Behavioral Health Services

General Billing Instructions

General Billing Reminders for Behavioral Health Services

For AHCCCS reimbursement, services must be medically necessary, cost-effective, Medicaid compensable services provided by an AHCCCS registered provider.

AHCCCS requires that providers ensure behavioral health services are administered in accordance with state standards, including state licensure standards established by the behavioral health board of examiners.

More information on this topic can be found here:

- <https://www.azbbhe.us/>

General Billing Reminders for Behavioral Health Services

Note: If the facility is billing for the service, the independent provider cannot also bill as an independent biller for the same service.

Providers can bill for services permitted within the scope of their licensure and AHCCCS provider type registration.

IHS/638 Providers

Billing for Behavioral Health Services

IHS and 638 facilities may provide behavioral health services in accordance with the scope of services as outlined within their P.L. 93-638 contract or compact.

Behavioral Health Professionals that provide behavioral health services at IHS facilities or tribal health programs operated under P.L. 93-638 are eligible to bill for their services under the facility 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.

Billing for Behavioral Health Services

However, if the Behavioral Health Professional is an Independent Biller *and* the BHP provides services at an IHS or 638 facility, then either the facility *or* the Independent Biller can bill for the service. The facility and the Independent Biller cannot bill for the same service.

- i.e. The facility cannot bill the AIR for a counseling session, while the psychiatrist also bills for the counseling session as a professional fee at the fee-for-service rate.

Billing for Behavioral Health Services

Independent Billers vs. Non-Independent Billers

As a reminder, Behavioral Health Professionals, who are considered Independent Billers (such as PT 11 Psychologist; PT 85, Licensed Clinical Social Worker; PT A4 Licensed Substance Abuse Counselor; PT 08 MD-Physician; etc.) can bill for their own services either:

- Independently, using their own NPI; or
- Under the facility NPI, with the Independent Biller listed as the Attending.

NOTE: *Services provided by an Independent Biller cannot be billed for by both the facility and the independent biller.*

However, providers such as a Behavioral Health Paraprofessional (BHPP) or a Behavioral Health Technician (BHT) are not considered Independent Billers. They also do *not* register with AHCCCS.

Billing for Behavioral Health Services

Independent Billers vs. Non-Independent Billers

BHT/BHPP do not have an NPI number, are not registered on an individual basis with AHCCCS, are not considered an independent biller and cannot bill for their own services.

A BHT and BHPP must be affiliated with a licensed behavioral health agency/facility, clinic, alternative residential facility or outpatient hospital.

- NOTE: Affiliated settings must be AHCCCS registered providers.

Services provided by a BHT/BHPP are provided under the clinical oversight/supervision of a BHPP. The BHT/BHPP are employed by a facility. Thus, their services are billed for under the facility NPI.



Billing Information – Provider Type 77 Outpatient Behavioral Health Clinic

Billing Behavioral Health Services

Provider Type: 77 – Outpatient Behavioral Health Clinic

Form Type: CMS 1500

Diagnosis Code: ICD-10

Codes: Applicable CPT / HCPCS codes

- AHCCCS does not accept DSM-IV codes. Claims submitted with DSM-IV codes will be denied.

NOTE: The attending practitioner's NPI must be listed as the rendering provider if they are an AHCCCS covered provider type.

- Exception: If services were provided by a BCBA, BHPP, or BHT professional, then the clinic NPI is billed as the attending provider.

Billing Behavioral Health Services

The attending practitioner's NPI must be listed as the rendering provider if they are an AHCCCS covered provider type.

- Exception: If services were provided by a BCBA, BHPP, or BHT professional, then the clinic NPI is billed as the attending provider.
- AHCCCS does not accept DSM-IV codes.
- Claims submitted with DSM-IV codes will be denied.

Behavioral Health Outpatient Clinic Provider Type 77

- Provider type 77 (BHOC) must use their facility NPI as the billing and attending provider, unless the attending provider is a registered AHCCCS provider, in which case in the attending provider field the NPI number of the attending provider must be entered.
- Non-registerable provider types participating information must be reported on all claim submissions.

Behavioral Health Outpatient Clinic Provider Type 77 (cont.)

All other behavioral health professionals (i.e. a BHT or BHPP) must be affiliated with a licensed behavioral health agency/facility, clinic, alternative residential facility or outpatient hospital, and those services must be billed through the affiliated setting.

Billing for Behavioral Health Services

Not all provider types can bill for all services. For a list of allowable procedure codes by provider type refer to the Behavioral Health Services Matrix online at:

- <https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/BehavioralHealthServicesMatrix.xlsx>

Billing for Behavioral Health Services Provided to Title XIX Members

General Billing Instructions

Member Type: Title XIX Members

Where to send claims?:

- Non-Pharmacy Claims for services provided to American Indian/Alaskan Native, Title XIX Members, at an IHS/638 facility should be sent to the AHCCCS Division of Fee-for-Service Management (DFSM) for processing.
- Pharmacy Claims for American Indian/Alaskan Native Title XIX Members should be sent to OptumRx.

Types of Behavioral Health Services that can be offered?:

- All services must be medically necessary, cost-effective, Medicaid compensable services provided by an AHCCCS registered provider.
- The Policy regarding AHCCCS Behavioral Health Services Coverage can be found in <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf>

Billing for Services Provided by a BHT/BHPP to a Title XIX Member for Reimbursement at the AIR

How is an IHS 638 provider/facility supposed to bill for services rendered by a BHT/BHPP, or any other behavioral health provider who is not an Independent Biller and not registered with AHCCCS? (For Title XIX Members)

Services provided by non-AHCCCS registered behavioral health professionals, for example BHTs/BHPPs, may be billed for by IHS/638 facilities, with the following caveats:

- These outpatient behavioral health services, so long as the service being provided meets the definition of clinic services and is within the “Four Walls” (when applicable; the “Four Walls” is not applicable to hospitals) may be billed using revenue code 0510 for reimbursement at the AIR.
- However, in order to bill for these services (of a BHT, BHPP, etc.) the claim **must** be submitted using the facility NPI as the attending provider.

Billing for Services Provided by a BHT/BHPP to a Title XIX Member for Reimbursement at the AIR

How is an IHS 638 provider/facility supposed to bill for services rendered by a BHPP/BHT, or any other behavioral health provider who is not an Independent Biller and not registered with AHCCCS? (For Title XIX Members)

- Provider Rendering the Service: BHT/BHPP
- Provider Supervising the BHT/BHPP: A Behavioral Health Professional, as defined in <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf>
- Claim Form (when billing the AIR): UB-04 Claim Form
- Revenue Code: 0510
- Diagnosis Code: ICD-10
- Attending Provider (when using the UB-04 Claim Form to bill at the AIR): Use the Clinic/Facility NPI number.

Billing for Services Provided by a BHT/BHPP to a Title XIX Member for Reimbursement at the AIR

How is an IHS 638 provider/facility supposed to bill for services rendered by a BHPP/BHT, or any other behavioral health provider who is not an Independent Biller and not registered with AHCCCS? (For Title XIX Members)

- Please note that Case Management and Group Therapy are not billable services at the All-Inclusive Rate (AIR).

Billing for Professional Services Provided by a Behavioral Health Provider to a Title XIX Member

How is an IHS 638 provider/facility supposed to bill for professional services that are not a part of the AIR? (For Title XIX Members in, for example, a hospital setting)

Professional services not included as a part of the AIR must be billed on a CMS 1500 claim form with appropriate ICD diagnosis codes and CPT procedure codes.

AHCCCS does not accept DSM-IV codes. Claims submitted with DSM-IV codes will be denied.

- **Claim Form:** CMS 1500 Claim Form
- **Codes:** CPT/HCPCS
- **Diagnosis Codes:** ICD-10

Clinical Supervision and Billing

Clinical Supervision is not a separately billable service.

When billing at the capped FFS rate for services, the service code (CPT or HCPCS) incorporates the clinical supervision component, when a Behavioral Health Professional is providing any type of supervision or clinical oversight to a BHPP or a BHT.

The same policy applies when billing at the All-Inclusive Rate, if a clinic defined, AIR-eligible service was provided.

Billing for Behavioral Health Services Provided to Title XXI (KidsCare) Members

General Billing Instructions

Member Type: Title XXI (KidsCare) Members

Where to send claims?:

- Non-Pharmacy Claims for services provided to American Indian/Alaskan Native, Title XXI (KidsCare) Members, at an IHS/638 facility should be sent to their Health Plan of Enrollment.
 - AIHP Enrolled Title XXI Members: Claims should be sent to the AHCCCS Division of Fee-for-Service Management (DFSM) for processing.
 - ACC Health Plan Enrolled Title XXI Members: Claims should be sent to the ACC Health Plan the member is enrolled with for processing.

General Billing Instructions (cont)

Member Type: Title XXI (KidsCare) Members

Where to send claims?:

- Pharmacy Claims for services provided American Indian/Alaskan Native Title XXI (KidsCare) Members, at an HIS/638 pharmacy, should be sent to:
 - KidsCare Members enrolled in AIHP and a TRBHA, CMDP, or DDD: OptumRx.
 - KidsCare Members enrolled in an ACC Health Plan: The ACC Health Plan's Pharmacy Benefit Manager (PBM)

General Billing Instructions

Types of Behavioral Health Services that can be offered?:

- All services must be medically necessary, cost-effective, Medicaid compensable services provided by an AHCCCS registered provider.
- The Policy regarding AHCCCS Behavioral Health Services Coverage can be found in
- [AMPM Policy 310-B Behavioral Health Services](#)

Billing for Behavioral Health Services Provided to KidsCare (Title XXI) Members

The AIR is not billed for Title XXI KidsCare Members.

For Title XXI (KidsCare) members, when physician services are provided, except when BCBA, BHPP, or BHT professional services are provided, the physician's NPI number must be listed on the claim as the billing provider.

When BCBA, BHPP, or BHT professional services are provided, the clinic NPI must be listed on the claim as the billing provider.

Billing for Services Provided by a BHT/BHPP to KidsCare (Title XXI) Members

How is an IHS 638 provider/facility supposed to bill for services rendered by a BHT/BHPP, or any other behavioral health provider who is not an Independent Biller and not registered with AHCCCS?

Provider Rendering the Service: BHT/BHPP

- **Provider Supervising the BHT/BHPP:** A Behavioral Health Professional, as defined in <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf>
- **Claim Form:** CMS 1500 Claim Form for Professional and Outpatient Services (follow standard practices)
- **Codes:** Standard CPT/HCPCS – Follow National Coding Standards
- **NPI to List on the Form:** Use the Clinic/Facility NPI

Clinical Supervision and Billing

Clinical Supervision is not a separately billable service.

When billing at the capped FFS rate for services, the service code (CPT or HCPCS) incorporates the clinical supervision component, when a Behavioral Health Professional is providing any type of supervision or clinical oversight to a BHPP or a BHT.

*****Clinical supervision is not a separately billable service.*****



Title XIX/XXI Behavioral Health Service Benefit AMPM Policy 310-B

Available Behavioral Health Services

A common question received from providers is, “What services can our facility offer?”

- This varies widely, as it depends on the facility and its certifications, and the individuals employed at that facility and their individual licensures.
- Each licensed behavioral health professional is responsible for knowing what services they can legally provide under their licensure. This is a part of each practitioner's individual training and applies to behavioral health professionals.
- For example, a licensed Psychologist (a BHP) will know what services they can provide, and they will also know what services they can supervise and delegate to a BHT/BHPP.

AHCCCS Behavioral Health Services and Coverage

AHCCCS covers Title XIX/XXI behavioral health services (behavioral health and/or substance use) within certain limits for members when medically necessary.

These behavioral health service categories and subcategories, along with their requirements can be found in [AMPM Policy 310-B Behavioral Health Services](#)

For information and requirements regarding Non-Title XIX/XXI behavioral health services see [AMPM Policy 320-T1](#)

AHCCCS Behavioral Health Services and Coverage

Assessment, Evaluation, and Screening Services, and Behavioral Health Counseling and Therapy shall be provided by individuals who are qualified BHPPs or BHTs supervised by BHPs when clinically appropriate.

For additional information regarding behavioral health assessment and treatment/service planning for AHCCCS members, see, [AMPM Policy 320-O Behavioral Health Assessments, Service, And Treatment Planning](#)

Psychophysiological Therapy and Biofeedback shall be provided by qualified BHPs.

AMPM Policy 310-B

Title XIX/XXI Behavioral Health Services Benefit

This is not an all-inclusive list of services but is provided only as a source of reference. Please refer to Policy 310-B for more detailed information and guidance.

- 2 (i) **Skills training and development and psychosocial rehabilitation living skills training** shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or qualified BHT.
- B (i). **Cognitive rehabilitation** services shall be provided by qualified BHPs.

AMPM Policy 310-B

Title XIX/XXI Behavioral Health Services Benefit

- C (i) **Health promotion** shall be provided by qualified BHPs or BHTs supervised by BHPs, and
- D. (iv) **Psychoeducational Services** (pre-vocational services) to Maintain Employment shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs or Qualified BHTs.
- (4) **Support services** shall be provided by individuals who are qualified BHPs or BHTs/BHPPs supervised by BHPs.

AMPM Policy 310-B

Title XIX/XXI Behavioral Health Service Benefit

- 8 (A) **Telephonic crisis intervention** services shall be provided by individuals who are qualified BHPs and/or BHTs supervised by BHPs,
- 8 (i) **Mobile crisis intervention** services shall be provided by qualified BHPs or BHTs supervised by BHPs. If a BHT is providing the mobile crisis intervention services, a BHP shall be directly available for consultation.



Behavioral Health Professional (BHP) AMPM Policy 320-0



Arizona Administrative Code A.A.C. R9-10-115

Supervision of BHP / BHPP / BHT

A.A.C. R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

Arizona Administrative Code R9-10-115 covers the following for BHPPs and BHTs:

- b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
- c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
- d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution.

A.A.C. R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

- 1. Policies and procedures are established, documented, and implemented that:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;

A.A.C. R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

- e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
- f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
- g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and

A.A.C. R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

- h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
2. A behavioral health paraprofessional receives supervision according to policies and procedures;
3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:

A.A.C. R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

- a. The scope and extent of the services provided,
- b. The acuity of the patients receiving services, and
 - a. The number of patients receiving services;
- 4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;

A.A.C. R9-10-115 Behavioral Health Paraprofessionals; Behavioral Health Technicians

5. When clinical oversight is provided electronically:
 - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
 - b. A secure connection is used, and
 - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and

A.A.C. R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.



Behavioral Health Technicians (BHT) & Behavioral Health ParaProfessionals (BHPPs)

Additional Information Regarding Treatment Plans

Treatment and Assessment Plans - BHTs

Treatment and Assessment plans can be completed by the BHT but must be reviewed and cosigned by the Behavioral Health Professional (BHP).

- (c) In the event the assessment or Treatment/Service Plan is completed by the BHT, the requirements of A.A.C. R9-10-1011(B)(3) shall be met.
- (m) Assessments and Treatment/Service Plans shall be completed by BHPs or BHTs under the clinical oversight of a BHP that meets credentialing and training requirements as specified in AMPM Policy 950,



Behavioral Health Telehealth Services

Telehealth Services

AHCCCS updated its telehealth policies on 07/1/2022. Updates can be found in:

- [The AHCCCS Medical Policy Manual \(AMPM\) 320-I, Telehealth Services](#)
- [Chapter 10, Individual Practitioner Services, of the Fee-for-Service Provider Billing Manual](#)
- [Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manuals](#)

In light of these updates, the Telehealth Training Manual was retired, as it contained outdated information (our policies were provided expanded telehealth services).

Telehealth Services

AHCCCS covers medically necessary, non-experimental, cost-effective telehealth services provided by an AHCCCS registered provider. There are no geographic restrictions for telehealth; services delivered via telehealth are covered by AHCCCS in rural and urban regions.

Telehealth may include healthcare services delivered via teledentistry, telemedicine, or asynchronous (store and forward).

What services are covered via telehealth?

The first thing to know is that there is a difference between real time telehealth (synchronous) and store and forward (asynchronous), and the types of services that that are covered.

- *Asynchronous* provides access to data after it has been collected and involves communication tools such as secure email or telehealth software solutions.
- *Synchronous* is the “real time” two-way interaction between the patient and provider, using interactive audio and video.

Telehealth Services

In order for a service to be covered via telehealth, it must be:

1. An AHCCCS covered service;
2. Rendered by an AHCCCS registered provider; and
3. Must meet the requirements as outlined in AHCCCS Medical Policy and within AMPM 320-I, Telehealth Services.

Synchronous Telehealth Services

The following list is not comprehensive, but are examples of services covered by real time telehealth:

Real Time (Synchronous) Telehealth Service Examples

*Not all inclusive list.

Behavioral Health	Cardiology	Dentistry	Endocrinology
Hematology / Oncology	Home Health	Infectious Diseases	Inpatient Consults
Medical Nutrition Therapy (MNT)	Outpatient Consultations	Office Visits (adults & pediatrics)	Oncology / Radiation
Ophthalmology	Orthopedics	Obstetrics/Gynecology	Neurology
Pain Clinic	Pathology & Radiology	Pediatrics & Pediatric Subspecialties	Pharmacy Management
Rheumatology	Surgery Follow-Up	Surgery Consultations	

Asynchronous Telehealth Services

- The following services are covered via asynchronous telehealth (store & forward):

Asynchronous (Store & Forward) Telehealth Services *All inclusive list.			
Behavioral Health	Cardiology	Dermatology	Neurology
Ophthalmology	Pathology	Radiology	Infectious Disease

AMPM Policy 320-I

Behavioral Health Telehealth Services

D. CONDITIONS AND LIMITATIONS

1. All Telehealth reimbursable services shall be provided by an AHCCCS registered provider.
2. Non-emergency transportation (NEMT) is a covered benefit for member transport to and from the Originating Site where applicable.
3. Informed consent standards for Telehealth services should adhere to all applicable statutes and policies governing Telehealth, including A.R.S. §36-3602.
4. Confidentiality standards for Telehealth services should adhere to all applicable statutes and policies governing Telehealth.
5. There are no Place of Service (POS) restrictions for Distant Site.
6. The POS on the service claim is the Originating Site.

Behavioral Health Telehealth Information

Covered Behavioral Health Services

Behavioral health telehealth services are covered for Title XIX (Medicaid) and Title XXI (KidsCare) members. Covered behavioral health services can include, but are not limited to:

- Diagnostic consultation and evaluation,
- Psychotropic medication adjustment and monitoring,
- Individual and family counseling, and
- Case management.

*This includes Naturalistic Observation Diagnostic Assessment (NODA).

Behavioral Health Telehealth Information Telepresenters

For real time behavioral health services, the member's physician, case manager, behavioral health professional, or tele-presenter may be present with the member during the telehealth service, but their presence is not required.

What is a Telepresenter?

- At the time of service delivery via real time telehealth an individual who is familiar with the member's condition may be present with the member.
- Telepresenter services are **not** billable.



General Telehealth Information

Information for coding requirements for Telehealth services, modifiers and place of service (POS) available:

- <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>.

For additional information on Telehealth services for IHS/638 providers, please refer to Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manual at:

- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap08IndivPractitionerSvcs.pdf>



Telehealth Billing Information

Telehealth Billing for IHS/638 Providers – Reimbursement at the AIR

IHS/638 Providers billing for reimbursement at the All-Inclusive Rate (AIR) should continue to bill using the UB-04 Claim Form.

- Reimbursement Rate: All-Inclusive Rate (AIR)
- Claim Form: UB-04 Claim Form
- Caveats: IHS/638 Providers and Facilities may bill the AIR, only when rendering a *qualifying service*.

Telehealth Billing for IHS/638 Providers – Reimbursement at the Capped FFS Rate

IHS/638 Providers billing for reimbursement at the Capped FFS Rate should continue to bill using the CMS 1500 Claim Form.

- Reimbursement Rate: Capped FFS Rate
- Claim Form: CMS 1500 Claim Form
- CPT/HCPCS Codes and Units
- Place of Service Codes

Telehealth Billing for IHS and 638 Providers - Coding

Providers should follow national coding standards when using HCPCS, CPT and UB-04 Revenue Codes.

- When billing for reimbursement at the AIR, providers should continue to use the appropriate Revenue Code: 0510 Clinic Visit; 0512 Dental Visit; or 0516 Urgent Clinic.

For a complete code set of services, along with their eligible place of service and modifiers, that can be billed as telehealth please visit the AHCCCS Medical Coding Resources web page at:

- <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

Telehealth Billing for IHS and 638 Providers – Coding and Modifiers

For IHS and 638 providers submitting for reimbursement at the All Inclusive Rate (AIR), who are using the UB-04 Claim Form and submitting revenue codes, the submission of telehealth and telephonic modifiers is optional (not required).

For IHS and 638 providers submitting for reimbursement at the capped FFS rate, the appropriate CPT/HCPCS code must be used, along with the applicable modifier to indicate telehealth and/or telephonic services.

Telehealth Billing for IHS and 638 Providers - Modifiers

*For use when billing at the Capped FFS Rate on the CMS 1500.

MODIFIER	DESCRIPTION
GQ	Asynchronous (“store and forward”) telehealth services must be billed using the “GQ” modifier to designate the service being billed as a telehealth service.
GT	Real time (interactive audio and video) telehealth services must be billed using the “GT” modifier to designate the service being billed as a telehealth service.
UD	Indicates the service provided was telephonic.

What minimum qualifications does a BHT need?

Answer: Per AHCCCS documentation on Behavioral Health Technicians (BHTs) education requirements (per the AHCCCS State Plan) are outlined below. A BHT must meet one of the following:

- Master's degree or bachelor's degree in a field related to behavioral health;
- Is a registered nurse;
- Is a physician assistant who is not working as a medical practitioner;
- Has a bachelor's degree and at least one year of fulltime behavioral health work experience;
- Has an associate's degree and at least two years of fulltime behavioral health work experience;

What minimum qualifications does a BHT need? (cont)

Answer: Per AHCCCS documentation on Behavioral Health Technicians (BHTs) education requirements (per the AHCCCS State Plan) are outlined below. A BHT must meet one of the following:

- Has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and fulltime behavioral health work experience totaling at least two years;
- Is licensed as a practical nurse, with at least three years of fulltime behavioral health work experience; or
- Has a high school diploma or high school equivalency diploma at least four years of fulltime behavioral health work experience.

Resources

Resources

- **Article 5 Social Work** [32-3291](#) Licensed baccalaureate social worker; licensure; qualifications; supervision
- [32-3292](#) Licensed master social worker; licensure; qualifications; supervision
- [32-3293](#) Licensed clinical social worker; licensure; qualifications

- **Article 6 Counseling** [32-3301](#) Licensed professional counselor; licensure; requirements
- [32-3303](#) Licensed associate counselor; licensure; requirements; supervision

Resources

- **Article 7 Marriage and Family Therapy**
- [32-3311](#) Licensed marriage and family therapist; licensure; qualifications
- [32-3313](#) Licensed associate marriage and family therapist; licensure; requirements; supervision

- **Article 8 Substance Abuse Counseling**
- [32-3321](#) Licensed substance abuse technician; licensed associate substance abuse counselor; licensed independent substance abuse counselor; qualifications; supervision

Resources

- R4-6-702. Licensed Associate Substance Abuse Counselor Curriculum
- R4-6-703. Licensed Independent Substance Abuse Counselor Curriculum
- R4-6-604. Clinical Supervision for Marriage and Family Therapy Licensure
- R4-6-705. Supervised Work Experience for Substance Abuse Counselor Licensure
- R4-6-706. Clinical Supervision for Substance Abuse Counselor Licensure

Questions?

Thank You.