

PROVIDER NOTICE:
Provider Manual Revision

Maricopa County Regional Behavioral Health Authority
Magellan Health Services of Arizona, Inc.

Provider Notice

Revision to ADHS/DBHS Covered Services Guide, Version 6.8

Date: June 11, 2009

Notice number: 71

In accordance with ADHS/DBHS guidelines, providers are required to comply with the updated policies and procedures presented in provider notices. Where applicable, this information is incorporated into the ADHS/DBHS Provider Manual, Magellan Health Services of Arizona Edition. The full provider manual and provider notices are available at the [For Providers](#) area of Magellan's Web site, www.MagellanofAZ.com.

Revision to ADHS/DBHS Covered Services Guide, Version 6.8

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has provided the following summary of **Proposed Revisions** to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 6.8. A follow-up memorandum containing the final revisions to the guide will be distributed in approximately 30 days, and the final revisions will be posted to the ADHS/DBHS Web site at that time. **PLEASE NOTE THAT SOME OF THE PROPOSED REVISIONS MAY NOT BECOME FINAL REVISIONS.**

REPLACE OLD PAGES 7-182 WITH NEW PAGES 7-181

Section I. C., General Guidelines

1. Deleted paragraphs three through ten.

Section II .D. 1., Case Management

1. Billing limitation number 2; changed "The provider..." to "A single provider..."

Section II. D. 6., Unskilled Respite Care

1. 1st paragraph under "Service Standards/Provider Qualifications" added "and applicable requirements of other local authorities (i.e. county, city, etc.)."

Section II. D. 9., Non-Medically Necessary Covered Services

1. Added 3rd paragraph under "General Definition" stating: T/RBHAs will use state funds to cover Medicare Part D premiums and copayments for adult dual eligible persons determined to have a Serious Mental Illness (SMI).
2. Moved "Billing Limitations" for HCPCS code S9986 (Flex Funds) after the "Billing Unit" shown for this code.
3. Added 7th billing limitation for HCPCS code S9986 (Flex Funds) stating: Billing for payment of co-payments will be done by using the Universal Pharmacy Claim Form. The form must indicate the amount paid by the Medicare Part D plan and any applicable cost sharing required.
4. In the first sentence under "Billing Limitations for Medicare Part D Premium (Not considered use of flex funds)," removed "...and behavioral health recipients..."

Section II. F., Inpatient Services

1. Second paragraph, removed footnote number 5 that stated:

5The following exception applies:

Based on behavioral health recipient needs, the following support service may be provided and billed on the same day that Level I services are provided:

- Self-help /Peer Services (H0038)
- Home Care Training Family Services (S5110)

The support service indicated above may be billed on the same day as inpatient services through a manual over-ride process. The clinical rationale for providing these additional services must be specifically documented in the Service Plan and Progress Note.

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

THERE ARE NO CHANGES TO APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

1. Removed level I restriction for procedure codes H0038, H2016, H0038HQ and S5110 per clinical decision that this type of staff are not employed by or provided by level I facilities.
2. Removed level I restriction from flex fund code.

REPLACE APPENDIX B-5

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Behavioral Health Services Guide	Replace old pages 7-182 with new pages 7-181 due to pagination
Appendix B-2	No Changes to Appendix B-2
Appendix B-5	Entire Appendix

If you have any questions about this provider notice, please contact your provider relations liaison.

