

PROVIDER NOTICE:
Provider Manual Revision

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

Provider Notice

Final Changes to ADHS/DBHS Covered Services Guide, Version 6.8

Date: July 1, 2009

Notice number: 73

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.

Final Changes to ADHS/DBHS Covered Services Guide, Version 6.8

The revised ADHS/DBHS Covered Behavioral Health Services Guide is now available at www.azdhs.gov/bhs/covserv.htm.

Below is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 6.8. Please note that Provider Notice 71, distributed on June 11, 2009, included PROPOSED changes to the guide. The changes described in this Notice represent the FINAL changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section I. A. C., General Guidelines

1. Delete paragraphs three through ten.

Section II .D. 1., Case Management

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

Section II. D. 6., Unskilled Respite Care

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

etc.)"

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

1. Add 3rd paragraph under "General Definition" stating: T/RBHAs will use state funds to cover Medicare Part D premiums and co-payments for adult dual eligible persons determined to have a Serious Mental Illness (SMI).
2. Move "Billing Limitations" for HCPCS code S9986 (Flex Funds) after the "Billing Unit" shown for this code.
3. Add 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 1st sentence under "Billing Limitations for Medicare Part D Premium (Not considered use of flex funds), remove "...and behavioral health recipients..."

Section II. F., Inpatient Services

1. 2nd paragraph, remove 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.

REPLACE PAGES 7-182

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

THERE ARE NO CHANGES TO APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

1. Remove 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. Remove 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 pages |
| 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.

