

Updates: Covered Behavioral Health Services Guide including significant changes to Intensive Outpatient Programs (IOP)

Guide is effective 4/15/25.

Changes:

- Introduction
 - Section header used to be noted as “The Guide to Covered Behavioral Health Services.”
- Provision of Services
 - Language added to include requirements in the Provider Participation Agreement
- Core Billing Limitations
 - Item 1 – revised to note that the document is a guide and not a policy.
 - Item 4 – documentation timeliness moved to this section from the Counseling, Therapy, and Psychotherapy section. Documentation timeliness requirements are applicable to all services.
- Assessment, Evaluation, and Screening Services
 - Billing limitation 5 – revised to clarify non-clinical/non-clinically significant.
 - Billing limitation 8 – added reference for AHCCCS ASAM Continuum Implementation initiations and information.
- Behavioral Health Counseling, Therapy, and Psychotherapy
 - Billing limitation 5 – documentation timeliness requirements moved to Core Billing Limitations.
- Intensive Outpatient Programs (IOP)
 - *(see last 2 page for updates)*
- Community Psychiatric Supportive Treatment and Medical Day Programs
 - HCPCS Codes – code H0036 – added language regarding 5 hours in duration to align with January 1, 2025, updates to *HCPCS CPT Procedures with Daily Limits* document.

- Skills Training and Development/Psychosocial Rehabilitation
 - HCPC Codes – code H2014/H2017 – AHCCCS is working through the process to open applicable per diem codes to pair with H2014 and H2017 to support 8-hour days and will move 15 min code max to 5 hours when per diem codes are available.
- Psychoeducational Services/Pre-vocational Services and Ongoing Support to Maintain Employment
 - Section revised to clarify service descriptions.
 - HCPCS Codes – H2027 – revised for consistency and to remove duplicative language.
 - HCPCS Codes – H2025 – revised for consistency. Added 5 hours in duration to align with January 1, 2025, updates to *HCPCS CPT Procedures with Daily Limits* document.
 - HCPCS Codes – H2026 – added 5 hours in duration to align with format.
 - Billing limitation 3 – revised to clarify that prevocational services are part of Psychoeducational services as indicated in lead description. DES/RSA acronym spelled out.
 - Billing limitation 4 – moved information up to align with format.
 - Billing limitation 6 – revised to clarify that multiple service providers shall be identified in the service or treatment plan. Removed comprehensive assessment as this documentation would only indicate the identified need, not the identified provider(s).
 - Billing limitation 8 – added sentence to clarify billable time requirements.
 - Billing limitation 10 – added sentence to clarify reimbursable services must be provided by AHCCCS registered providers.
- Opioid Agonist Drugs
 - Billing limitation 1 – added setting to the end of the sentence.
- Laboratory, Radiology, and Medical Imaging General Information
 - Service Standards/Provider Qualification – revised section to add information to align with:

<https://azahcccs.gov/PlansProviders/Downloads/ClaimsClues/2024/UrineDrugTestingforSubstanceUseDisorderMedicalNecessityandBillingGuidelines.pdf>

- Crisis Intervention Services
 - HCPCS Codes – S9484 – added 4 hours in duration to align format.
- Inpatient Services
 - General section - first bullet – revised to align with ADHS Licensing rules as stated in AAC R9-10-306(J).
 - Hospital – revised language to align with ADHS Licensing rules as stated in AAC R9-10-306(J).

Intensive Outpatient Programs (IOP)

Updated guidance: S9480 billing limitation #6 and #7:

6. IOP treatment providers shall require the member to agree to actively participate in programming at least 3 hours per day for at least 2 or 3 days per week. If a patient does not show for two or more days the provider shall outreach the member and ensure they are safe, document the purpose of the absence in the medical chart, and notify the BHP of the absence and the reason for the absence. The BHP shall assess the member's need for continued IOP programming based on the reason for the absence.

7. If the member is late for IOP or leaves early and does not meet the daily requirement of 3 hours the provider shall not bill S9480 and shall bill appropriate codes for each individual service provided during the time they were able to attend scheduled programming. Providers shall document the purpose of the absence in the medical chart and notify the BHP of the absence and the reason for the absence. The BHP shall assess the member's need for continued IOP programming based on the reason for the absence.

H0015 billing limitation #4 and #5:

4. IOP treatment providers shall require the member to agree to actively participate in programming at least 3 hours per day for at least 3 days per week. If a patient does not show for all three days the provider shall outreach the member and ensure they are safe, document the purpose of the absence in the medical chart, and notify the BHP of the absence and the reason for the absence. The BHP shall assess the member's need for continued IOP programming based on the reason for the absence.

5. If the member is late for IOP or leaves early and does not meet the daily requirement of 3 hours the provider shall not use H0015 and shall bill appropriate codes for each individual service provided during the time they were able to attend scheduled programming. Providers shall document the purpose of the absence in the medical chart and notify the BHP of the absence and the reason for the absence. The BHP shall assess the member's need for continued IOP programming based on the reason for the absence.