

# Arizona Crosswalk of HealthySteps-Aligned Services with Billing Codes and Provider Types

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## About This Document

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Have you ever wanted a list of the reimbursable HealthySteps (HS)-aligned services and corresponding list of providers who can render the services to assist with hiring decisions or to quickly identify “open” codes in the Arizona Medicaid program? If so, this document will provide you with helpful guidance. Knowing the HS-aligned services open in the Arizona Medicaid program, their associated billing codes, and the professionals eligible to render the service and/or receive insurance carrier reimbursement for each service will assist your site in understanding potential billing opportunities available through Medicaid and may assist you in the decision-making process when hiring a HS Specialist.

The following table outlines HS-aligned services, the service types, and the provider types that can provide and/or render the services. At the bottom of the table, you will find a tally of the number of billable codes for each provider type.

In summary, the top provider types with the most opportunities to currently bill for HS-aligned services in Arizona, under Medicaid, are:

- Psychologists
- Licensed Marriage and Family Therapists
- Licensed Professional Counselors
- Licensed Independent Social Workers

<u>Service Description</u>	<u>Service Billing Code(s)</u>	<u>Primary Care Physician (PCP) or Physician that can practice behavioral/mental health</u>	<u>Psychologist</u>	<u>Licensed Independent Social Worker</u>	<u>Licensed Marriage and Family Therapist</u>	<u>Licensed Professional Counselor</u>	<u>Licensed Board-Certified Behavioral Analyst</u>	<u>Behavioral Health Para-Professional</u>	<u>Behavioral Health Technician</u>	<u>Community Health Worker/ Community Health Representative</u>
Brief emotional or behavioral assessments (used for ADHD scale and depression inventory for patients other than postpartum depression). Might have an age restriction - verification required.	96127	X - can only be used once per EPSDT visit (e.g., well-child visit)								
Patient-focused health risk assessment (postpartum depression screening using a health hazard appraisal with scoring). Verification required for health-related social needs screening.	96160	X – can only be used for 4 EPSDT visits (e.g., well-child visit)								
Caregiver-focused health risk assessment instrument (postpartum depression screening using a depression inventory for the benefit of the patient, with scoring and documentation - for birthing parent billed with F43.0 to indicate services are performed for the mother but being billed under the child).	96161	X – can only be used for 4 EPSDT visits (e.g., well-child visit)								
Developmental screening (e.g., developmental milestone survey, speech and language delay screen) with scoring and documentation and report, per standardized instrument. Modifier EP required.	96110	X – verification required on how many screenings allowed								
Developmental test administration; first hour of services.	96112		X							
Developmental test administration, each additional 30 minutes.	96113		X							
Psychiatric diagnostic evaluation.	90791	X – Physician that can practice behavioral/ mental health	X		X	X				
Psychological testing evaluation; first hour of service.	96130		X							
Psychological testing evaluation; each additional hour of service.	96131		X							
Psychotherapy-individual patients.	90832, 90834, 90837		X	X	X	X				

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Family psychotherapy.	90846, 90847		X	X	X	X				
Group psychotherapy.	90849, 90853		X	X	X	X				
Interpretation or explanation of results of psychiatric, other medical exams & procedures, or other accumulated data to family/ responsible person(s), or advising them how to assist or manage patient.	90887		X		X					
Health and behavior assessments.	96156		X	X	X	X	X			
Health and behavior interventions.	96158 96159 96164 96165 96167 96168 96170 96171		X	X	X	X	X			
Alcohol and/or drug assessment.	H0001			X	X	X	X			
Behavioral health counseling and therapy per 15 minutes.	H0004						X		X	
Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior). Billing Unit: 30 minutes.	H0025		X	X	X	X				
Mental health assessment, by non-physician.	H0031		X	X	X	X	X			
Case management, each 15 minutes.	T1016		X	X	X	X		X	X	
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with patient (could include caregiver/family) each 30 minutes; individual patient.	98960									X

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Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with patients (could include caregiver/family) each 30 minutes; 2-4 patients.	98961									X
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with patient (could include caregiver/family) each 30 minutes; 5-8 patients.	99862									X
<b>Number of Billable Codes Eligible for Reimbursement</b>		4 - PCP 1 - Physician that can bill for behavioral/mental health services	14	9	11	10	5	1 - additional verification required	2 - additional verification required	3

## Notes:

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1. If the Crosswalk indicates additional verification is required, it is because published guidance is unclear regarding applicability to HS practice type and site-specific guidelines.
2. The Arizona Health Care Cost Containment System (AHCCCS) covered Behavioral Health Services Manual contains valuable information on providing and billing behavioral health services. The manual can be located at:  
<https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/AHCCCScoveredBHServicesManual.pdf>.
3. Behavioral Health Technicians (BHTs) and Behavioral Health Paraprofessionals (BHPPs):
  - A BHT is a professional who is not a Behavioral Health Professional (BHP), that provides behavioral health services at/or for a licensed health care institution in accordance with a patient's treatment or service plan, in accordance with the health care institution's policies and procedures in place for the BHT. The policies and procedures must meet the best practice standards AHCCCS Policy- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>, and Arizona Department of Health Services (ADHS) licensure requirements-<https://www.azdhs.gov/licensing/index.php>). They address a patient's behavioral health needs. A BHT's scope of service is limited to services that are within the scope of practice of the provider that is overseeing the work.
  - A BHPP is a professional who is not BHP or BHT. They provide services to support and enhance a patient's behavioral health and/or substance use treatment goals, at or for a health care institution according to the patient's treatment or service plan and the health care institution's policies and procedures in place for the BHPP. BHPPs are limited to providing services under an Arizona Department of Health Services (ADHS) licensed health care institution/agency and under supervision requirements that are specified in ADHS licensure requirements. BHPPs providing services that would otherwise require a license if provided outside of a licensed health care facility, must be under the direct observation of a BHP during service delivery. Services that would not require a license, such as supportive services, do not require direct observation but are still subject to supervision requirements as specified within applicable ADHS licensure requirements. Additional Information on BHTs and BHPPs can be located in the AHCCCS Covered Behavioral Health Services Guide at:  
<https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/AHCCCScoveredBHServicesManual.pdf>.

Claims for services rendered by a non-independent biller (such as a BHT or BHPP) must be submitted utilizing the licensed behavioral health facility NPI as the rendering provider. Professional oversight of BHTs and BHPPs can be provided by the following BHPs:

- Physician
- Psychiatrist
- Psychologist
- Behavioral Analyst
- 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](#).

This Arizona crosswalk for behavioral health services, provided by the HealthySteps National Office, contains those professionals that can render/bill HS-aligned services. The services indicated in the crosswalk are those found in the billing guidance found in the AHCCCS Behavioral Health Services Manual, which also indicates that behavioral health services provided by a BHPP and BHT. **Verification with your policies and procedures for additional services that can be rendered by a BHT and BHPP should be made at your practice.**

4. When billing for psychotherapy services, BHPs able to bill CPT codes (those allowed to independently bill for services) should use psychotherapy CPT codes (90832-90853). All other behavioral counseling and therapy services should be billed using HCPCS code H0004 (Behavioral Health Counseling and Therapy, per 15 minutes, up to 8 units per day). BHTs are allowed to provide counseling/therapy services utilizing H0004 when working for an ADHS licensed behavioral health facility (verification required to determine if your HS site qualifies) with clinical oversight of a behavioral health professional. Behavioral health paraprofessionals are not allowed to conduct psychotherapy.
5. Community Health Workers (CHWs) or Community Health Representatives (CHRs):
  - Certified CHWs or CHRs employed by AHCCCS as registered providers, can bill for reimbursable services. A certified CHW means the Arizona Department of Health Services (ADHS) has issued a certificate to an individual who meets the qualifications to practice as a certified CHW in the state of Arizona. Certification rules can be located at: [https://apps.azsos.gov/public\\_services/register/2022/39/contents.pdf](https://apps.azsos.gov/public_services/register/2022/39/contents.pdf).
  - CHW services must be medically necessary and recommended by an eligible physician or other licensed practitioner working within the scope of their practice.
  - CHW services are not recognized for separate reimbursement when billing the Prospective Payment System/Alternate Payment Methodology (PPS/APM) rate, at Federally Qualified Health Centers (FQHCs).
  - Information on CHW services, patient eligibility (medical necessity), education and training for CHWs, and billing requirements for CHW services are located in the AHCCC Medical Policy Manual: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-W.pdf>.
6. AHCCCS registered providers who are behavioral health professionals (independent billers) are to only utilize Current Procedural Terminology (CPT) codes when billing for services. The only allowable exception is for alcohol and/or drug services which are billed with a Healthcare Common Procedure Coding System (HCPCS) code.
7. A diagnosis is not needed to receive behavioral health treatment, unless indicated such as with case management, but a diagnostic code is needed for submission of a medical claim. The diagnosis code selected should describe a patient's condition to the highest specificity and

must be within the scope of practice of the rendering provider. Appropriate diagnosis codes include Z-codes, if the Z-code's description represents the patient's condition to the highest specificity (if there is no other diagnosis code that represents the patient's condition). Approved Z-codes include those that are social determinants of health (SDOH) codes (Z55-Z65). A list of the approved Z codes can be located at: <https://azahcccs.gov/Resources/Downloads/BHDiagnosisListApproved.pdf>

8. When health promotion education and training is provided about health-related topics, behavioral health prevention and education services (billed with HCPCS code H0025) can be reported. Services can be rendered in single or multiple sessions provided to a patient or a group of patients and/or their families (if provided in a group setting, billing modifier HQ must be applied to the code upon billing). Health promotion sessions are usually presented using a standardized curriculum with the purpose of increasing an individual's behavioral knowledge of a health-related topic such as the nature of an illness, relapse and symptom management, medication management, stress management, safe sex practices, human immunodeficiency virus (HIV) education, parenting skills education, and healthy lifestyles (e.g., diet, exercise).
9. Case Management (billed with HCPCS code T1016) is a supportive service provided to improve treatment outcomes and meet the patient's service needs and treatment plan goals. Information on case management can be found in the AHCCCS Medical Policy Manual at: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/500/570.pdf>.

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