

90870

Refer to the endnotes in this Exhibit for pertinent information regarding coverage for Service/Funding Source indicated.

SERVICES <sup>1</sup>		GENERAL FUNDS <sup>2</sup>	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS	Service Codes
			SMI	SED			
Behavioral Health Counseling and Therapy	Individual	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0004, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90880, 90846, 90847, 90849
	Group and Family	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	
Screening, Assessment, and Evaluation Services	Screening, Evaluation, Assessment, and Testing	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0002, H0031, 90791, 90792, 99201, 99202, 99203, 99204, 99205

SERVICES		GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS	Service Codes
			SMI	SED			(SHCA's interpretation)
Other Professional	Alcohol and/or drug services: Intensive Outpatient Program that operates at least nine hours per week over a minimum of three days and is based on an individualized treatment plan) including assessment, counseling, crisis intervention and activity therapies or education	Not Covered <sup>5</sup>	Not Covered <sup>4</sup>	Not Covered <sup>4</sup>	Covered	N/A <sup>3</sup>	H0015



EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES

SERVICES		GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS	Service Codes
			SMI	SED			
Other Professional	Multisystemic Therapy for Juveniles	N/A	N/A	Covered	Covered <sup>6</sup>	N/A <sup>3</sup>	H2033
	Mental Health Services (Traditional Healing Services) <sup>7</sup>	Covered	Covered	Covered	Covered	Covered	H0046
	Auricular Acupuncture <sup>7</sup>	Covered	Covered	Covered	Covered	Covered	97810, 97811, 97813, 97814
Skills, Training and Development, and Psychosocial Rehabilitation Living Skills Training		Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H2014, H2014HQ, H2017
Cognitive Rehabilitation		Covered	Covered	Covered	Covered	N/A <sup>3</sup>	97532

SERVICES	GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS	Service Codes
		SMI	SED	SUD	SMI, SED, OR SUD	(SHCA's interpretation)
Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0025 & H0034
Psycho Educational Services and Ongoing Support to Maintain Employment	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H2025, H2026 & H2027
Medication Services <sup>8</sup>	Covered <sup>2,8</sup>	Covered	Covered	Covered	N/A <sup>3</sup>	96372, J0515, J1200, J1630, J1631, J2680, J2794, J3410, T1002, T1003, H2010 HG & H0020 HG



EXHIBIT 300-2B, AHCCCS COVERED NON-TITLE XIX/XXI BEHAVIORAL HEALTH SERVICES

SERVICES	GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS	Service Codes
		SMI	SED	SUD	SMI, SED, OR SUD	(SHCA's interpretation)
Laboratory, Radiology, and Medical Imaging	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	36415 and all medically necessary lab codes (80,000 codes plus 70450, 70460, 70470, 70551, 70552, 70553, 93000, 93005, 93010, 93040, 93041, 93042 & 95819) G0431
Medical Management	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	90853, 99211, 99212, 99213, 99214, 99215, 99354, 99355, 99358, 99359,
Electro-Convulsive Therapy (Outpatient)	Covered	Covered	N/A	Not Covered	N/A <sup>3</sup>	0901, 00104 & 90870



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		SMI	SED	SUD	SMI, SED, OR SUD	(SHCA's interpretation)
Transcranial Magnetic Stimulation (Outpatient)	Covered	Covered	N/A	Not Covered	N/A <sup>3</sup>	90867, 90868, 90869
Case Management	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	T1016, 90887, 90889, 98966, 98967, 98968, 99367, 99368, 99441, 99442, 99443 & H0006
Personal Care Services	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	T1019 & T1020
Home Care Training Family (Family Support)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	S5110
Self-Help/Peer Services	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0038, H0038HQ & H2016
Therapeutic Foster Care	Not Covered	Not Covered	Covered	Not Covered	N/A <sup>3</sup>	S5109
Adult Behavioral Health Therapeutic Home	Covered	Covered	Not Covered	Not Covered	N/A <sup>3</sup>	S5140
Unskilled Respite Care <sup>9</sup>	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	S5150 & S5151
Supported Housing Services <sup>10</sup> (wraparound services)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0043



SERVICES		GENERAL FUNDS	MENTAL HEALTH BLOCK GRANT (MHBG) FUNDS		SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS	SABG OR MHBG FUNDS FOR TITLE XIX/XXI MEMBERS	Service Codes
			SMI	SED			
Transportation	Emergency	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	A0382, A0398, A0422, A0427, A0429
	Non-Emergency <sup>11</sup>	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	A0090, A0100, A0110, A0120, A0120TN, A0130, A0130TN, A0160, T2003, S0209, S0209 TN, S0215, S0215TN, T2005, T2005TN, T2049 AND T2049TN, A0425, A0428
Child Care <sup>5</sup>		Not Covered	Not Covered	Not Covered	Covered	Covered	T1009
Crisis Intervention Services	Mobile Community Based	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H2011 & H2011 HT
	Stabilization, Facility Based	Covered <sup>12</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	Covered <sup>11</sup>	N/A <sup>3</sup>	S9484 & S9485
	Telephone	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	T1016 HO & T1016 HN



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		SMI	SED	SUD	SMI, SED, OR SUD	(SHCA's interpretation)
Hospital	Not Covered <sup>13</sup>	Not Covered <sup>12</sup>	Not Covered <sup>12</sup>	Not Covered <sup>12</sup>	N/A <sup>3</sup>	0114, 0124, 0134, 0116, 0126 & 0136
Subacute Facility	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	0114, 0124, 0134, 0116, 0126 & 0136
Residential Treatment Center	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	0124



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		SMI	SED	SUD	SMI, SED, OR SUD	(SHCA's interpretation)
Behavioral Health Residential Facility (Without Room and Board)	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0018
Mental Health Services NOS (Room and Board) <sup>6, 14</sup>	Covered	Covered	Covered	Covered	Covered	H0046 SE
Supervised Behavioral Health Treatment and Day Programs	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H2012, H2015 & H0014
Therapeutic Behavioral Health Services and Day Programs	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H2019, H2019 TF & H2020
Community Psychiatric Supportive Treatment and Medical Day Programs	Covered	Covered	Covered	Covered	N/A <sup>3</sup>	H0036, H0036 TF & H0037

SHCA Note: Medications on the BH formulary are covered by state funds  
H0043, 97810, 97811, 978413 & 97814 are covered by federal block grant funds

<sup>1</sup> Provided based upon available funding, these services are not entitlements.

<sup>2</sup> SMI General Fund appropriation can be used for Non-Title XIX/XXI covered services as shown in the Table for Non-Title XIX/XXI funded members who are designated SMI. These funds can also be used for Title XIX/XXI members who are designated SMI who need services that are only available through Non-Title XIX/XXI funding.

<sup>3</sup> Title XIX/XXI Covered Benefit

<sup>4</sup> Screening/assessments may be covered for Non-Title XIX/XXI eligible Members when the screening is a primary screening and the screenings are being considered for admission to State mental health facilities to determine the appropriateness of such admission. A secondary provider and screening to decide determinations is unallowable.

<sup>5</sup> Non-Title XIX funded members determined to have an SMI or SED who are in need of Substance Use Disorder (SUD) services could be eligible for this SUD service under SABG.

<sup>6</sup> This service is only available for adolescents up until the age of 18 who have an identified Substance Use Disorder.

<sup>7</sup> These services are only available through Non-Title XIX/XXI funding.

<sup>8</sup> Refer to the AHCCCS Behavioral Health Drug List for further information on covered medication. Per Refer to AMPM Policies 320-T1 and 320-T2 for coverage limitations.

<sup>9</sup> No more than 600 hours of respite care per contract year (October 1 through September 30) per individual.

<sup>10</sup> Limited to comprehensive wraparound services addressing needed support to treat behavioral health symptoms impacting a member's stability in housing, which cannot otherwise be billed under other services. This does not pertain to funding for housing expenses including rental subsidies, move-in kits, assistance with deposits, utility payments, eviction prevention efforts, and property improvements.

<sup>11</sup> Transportation Services for Non-Title XIX/XXI funded members are to be provided in compliance with the requirements in AMPM Policy 310-BB in addition to AMPM Policy 320-T1 and 320-T2 requirements regarding access to care.

<sup>12</sup> Limited to 72 hours

<sup>13</sup> Refer to coverage under Crisis Stabilization facility based

<sup>14</sup> Refer to AMPM Policy 320-T1 and 320-T2 for coverage limitations.