



AUGUST 2018 TIPS AND TRICKS: BEHAVIORAL HEALTH VS PHYSICAL HEALTH – BILLING SERVICES TO HEALTH CHOICE FOR CLAIMS DOS PRIOR TO 10/01/2018

DID YOU KNOW?

Health Choice Arizona offers dual Medicaid and Medicare (D-SNP, Medicare Advantage Plan, Fee-for-Service Medicare) adult members medically necessary physical and behavioral covered services. This is an integrated program designed to improve service delivery for people covered by both Medicare and Medicaid. Non-dual members receive their covered behavioral health services from the Regional Behavioral Health Authority (RBHA) in their general service area.

MEDICARE CLAIM SUBMISSIONS

Providers must bill Medicare first for any services covered by Medicare. Health Choice Arizona will coordinate benefits with the primary Medicare plan when the claim is submitted to us along with the Medicare Explanation of Benefits (EOB). If the member's primary Medicare plan is Health Choice Generations, there is no need to submit a second claim with an Explanation of Benefits. We will automatically coordinate benefits with Health Choice Arizona claims.

PAYMENT RESPONSIBILITIES FOR NON-DUAL HEALTH CHOICE ARIZONA MEMBERS WITH CLAIM DATES OF SERVICE PRIOR TO 10/01/2018

- Providers must first bill a member's primary payor. Health Choice Arizona will coordinate benefits with the primary payor when the claim is submitted to us along with the EOB (see exception above under the heading "Medicare Claim Submissions").
- Claims must meet all regulatory and contractual billing submission requirements, which include but are not limited to; timeliness, accuracy and authorization requirements.
- Reimbursement responsibility for AHCCCS-covered physical health and behavioral health services are determined by the principal diagnosis* on a claim except in limited circumstances as described in attachment A of the AHCCCS Contractor Operations Manual (ACOM), Chapter 432. <https://azahcccs.gov/shared/ACOM/>
- If physical health services are listed on a claim with a principal diagnosis* of behavioral health, the member's RBHA reimburses for covered physical health services as well as behavioral health services.
- If behavioral health services are listed on a claim with a principal diagnosis* of physical health, Health Choice Arizona reimburses for covered physical health services as well as behavioral health services.
- Payment responsibility for professional services associated with an inpatient stay is determined by the principal diagnosis* on the professional claim. Payment responsibility for the inpatient facility claim and associated professional services is not necessarily the responsibility of the same entity.
- Reimbursement for an emergency department facility claim of an acute care facility, when there is no admission to the facility is the responsibility of Health Choice Arizona, regardless of the principal diagnosis*. Reimbursement responsibility for professional services associated with the emergency department visit is determined by the principal diagnosis* on the professional claim. Reimbursement

responsibility of the emergency department visit and the associated services is not necessarily the same entity.

- Services associated with a PCP visit for diagnosis and treatment of depression, anxiety and/or attention deficit hyperactive disorder and/or opioid use disorder including professional fees, related prescriptions, laboratory and other diagnostic tests is covered under Health Choice Arizona. PCPs who treat members with these behavioral health conditions may provide medication management services including prescriptions and other tests necessary for diagnosis and treatment in accordance with Health Choice Arizona guidelines. (see HCA Provider Manual Chapter 18 Behavioral Health Services for additional details: <http://www.healthchoiceaz.com/provider-manual/>).
- Emergency transportation to an Acute Hospital or Emergency Department is the responsibility of Health Choice Arizona. The behavioral health program is responsible for transportation from an acute setting to a behavioral health facility.

AHCCCS FFS Administration pays for physical and behavioral health service claims provided by an IHS or a tribally owned and/or operated facility to Title XIX members whether enrolled in managed care or FFS.

* **Principal Diagnosis:** The condition established after study to be chiefly responsible for occasioning the admission or care for the member (as indicated by the Principal Diagnosis on a UB-04 claim form from a facility or the first listed diagnosis on a CMS 1500 claim line).

The principal diagnosis should not be confused with the admitting diagnosis or any other diagnoses on the claim. Neither the admitting diagnosis nor other diagnoses should be used to assign payment responsibility.

PHYSICAL HEALTH SERVICE AND BEHAVIORAL HEALTH SERVICE CLAIMS

Please see Chapter 18: Behavioral Health Services, of the HCA Provider Manual for additional details in regards to reimbursement responsibility of Physical Health and Behavioral Health Services. <http://www.healthchoiceaz.com/provider-manual/>

MAILING ADDRESS FOR PAPER CLAIMS OF PHYSICAL HEALTH/ACUTE CARE SERVICES:

Health Choice Integrated Care - Acute Care Claims Dept
410 N 44th Street, Ste 900 | Phoenix, AZ 85008
(480) 968-6866 or Toll Free: (800) 322-8670
HCA Electronic Payor ID: 62179

MAILING ADDRESS FOR PAPER CLAIMS OF BEHAVIORAL HEALTH SERVICES:

Health Choice Integrated Care - Behavior Health Claims Dept
1300 S Yale Street | Flagstaff, AZ 86001
(928) 774-7128 (ask for claims)
HCIC Electronic Payor ID: 22100