

Notification to Stakeholders: Provider Registration Requirements for licensed Board Certified Behavior Analysts (BCBAs)

Overview

The Arizona Health Care Cost Containment System (AHCCCS) is now accepting applications from licensed Board Certified Behavior Analysts (BCBAs). This new AHCCCS provider type will be effective October 1, 2016 and will be designated as *BC* in the AHCCCS Provider Registration system.

AHCCCS has finalized the code set to be linked to the new AHCCCS provider type for BCBAs as attached. BCBAs will have a dual code set that includes traditional codes and the Category III codes (T Codes).

Provider Registration and Other Requirements

1. BCBAs currently providing services through AHCCCS-registered providers

Licensed and credentialed BCBAs who are currently working under an AHCCCS-registered provider through a contract with an AHCCCS Managed Care Organization (MCO) will need to submit a provider registration packet no later than **August 15, 2016** to AHCCCS Provider Registration. The Provider Registration application can be found at www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html. Providers will not be able to submit claims beginning with date of service October 1, 2016 for BCBA services unless there is an active AHCCCS-registered BCBA provider submitted as the rendering/service provider.

Licensed BCBAs who are currently working under an AHCCCS-registered provider and providing services through AHCCCS Fee for Service will need to submit a provider registration packet no later than August 15, 2016 to AHCCCS Provider Registration. Providers will not be able to submit claims beginning with date of service October 1, 2016 for BCBA services unless there is an active AHCCCS-registered BCBA provider submitted as the rendering/service provider.

2. BCBAs not currently employed by an AHCCCS-registered provider who wish to practice independently starting on October 1, 2016

Licensed BCBAs who wish to practice independently starting on October 1, 2016 will need to submit a provider registration packet no later than **August 15, 2016** to AHCCCS Provider Registration. The Provider Registration application can be found at www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html. In order to submit claims for AHCCCS Fee for Service programs, an active unrestricted license in the state of Arizona and an active AHCCCS provider registration number is required. In order to submit claims for AHCCCS managed care programs, BCBAs will need to be credentialed and contracted with AHCCCS MCOs in addition to being registered through AHCCCS provider registration. Credentialing requirements for BCBAs are outlined in AHCCCS Medical Policy Manual (AMPM) [Chapter 900](#).

For additional questions regarding the provider registration process please contact Angelica Quezada; Health Program Manager II within the Provider Registration section at (602)417-4098 or Angelica.Quezada@azahcccs.gov. Applications can be faxed to Angelica Quezada's attention at (602)256-1474.

Code	Description
90791	Psychiatric diagnostic evaluation
96110	Developmental testing; limited (e.g., developmental screening test II, early language milestone screen), with interpretation and report
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
A0160	Non-emergency transport; mile - case worker or social worker
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission
H0004	Office, individual behavioral health counseling and therapy, per 15 minutes
H0015	Alcohol and/or Drug services: intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0031	Mental health assessment, by non-physician
H0034	(Health promotion) medication training and support, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Supervised behavioral health day treatment, per hour up to 5 hours
H2014	Group skills training and development, per 15 minutes per person
H2015	Comprehensive community support services, supervised day program per 15 minutes, 5-10 hours
H2016	Comprehensive community support services (peer support), per diem
H2017	Psychosocial rehabilitation living skills training services, per 15 minutes
H2019	Therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours
H2020	Therapeutic behavioral services, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psychoeducational service (pre-job training and development), per 15 minutes
S5109	Home care training to home care client, per session (child)
S5109	Home care training to home care client, per session (adult)
S5109	Home care training to home care client, per session (adult geriatric)
S5110	Home care training, family (family support), per 15 minutes
S5151	Unskilled respite care, not hospice, per diem
T1016	Office case management by behavioral health professional, each 15 minutes
T1016	Out of office case management by behavioral health professional, each 15 minutes
T1016	Office case management, each 15 minutes
T1016	Out of office case management by BHT, each 15 minutes
T2016	Habilitation, residential, wavier, per diem
T2017	Habilitation, residential, wavier, 15 minutes
S5115	Home care training, non-family; per 15 minutes
0359T	Behavior identification assessment, by the physician or other qualified health care professional (QHCP), face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report

0360T	Observational behavioral follow-up assessment includes physician or other QHCP direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient
0361T	Observational behavioral follow-up assessment includes physician or other QHCP direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)
0362T	Exposure behavioral follow-up assessment includes physician or other QHCP direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient
0363T	Exposure behavioral follow-up assessment includes physician or other QHCP direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time (billed per individual participant)
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure, billed per individual participant)
0368T	Adaptive behavior treatment with protocol modification, administered by physician or other QHCP with one patient; first 30 minutes of patient face-to-face time
0369T	Adaptive behavior treatment with protocol modification, administered by physician or other QHCP with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)
0370T	Family adaptive behavior treatment guidance, administered by physician or other QHCP (without the patient present, 30 minutes.)
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other QHCP (without the patient present, billed per individual child, 30 minutes.)
0372T	Adaptive behavior treatment social skills group, administered by physician or other QHCP face-to-face with multiple patients (billed per individual participant, 30 minutes)
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)