



### **Reminder: Payment Responsibility for Behavioral and Physical Health Services**

To help expedite claims submission and payment for services provided to UnitedHealthcare Community Plan members, please review the following information about payment responsibility for behavioral and physical health services.

According to Arizona Health Care Cost Containment System (AHCCCS) policy 432, **payment responsibility is determined by the principal diagnosis on the claim.** This can be found as the principal diagnosis on a facility's UB claim form or the first-listed diagnosis on a CMS-1500 claim form. The principal diagnosis is the only factor when it comes to determining payment responsibility; neither the admitting diagnosis nor any other diagnoses on the claim should be considered.

Please review the following guidelines for more detail about payment responsibility:

- If physical health services are on a claim with a principal diagnosis of behavioral health, the member's behavioral health program must pay for both physical and behavioral health services.
- If behavioral health services are on a claim with a principal diagnosis of physical health, the member's medical insurance carrier must pay for both behavioral and physical health services.
- For professional services associated with an inpatient stay, the principal diagnosis on the professional claim determines responsibility. This means the inpatient facility claim and associated professional services may be paid by different entities.
- The member's insurance carrier is responsible for claims for emergency department visits in an acute care facility, regardless of the facility claim's principal diagnosis. Payment responsibility for any professional services associated with that visit will be determined by the professional claim's principal diagnosis. This means different entities may be responsible for the professional services claim and the emergency department claim.
- Any primary care physician (PCP) services for diagnosis and treatment of depression, anxiety and/or attention deficit hyperactive disorder will be covered under physical health. PCPs treating members with these conditions may provide medication services and other tests necessary for diagnosis and treatment in accordance with UnitedHealthcare Community Plan guidelines.
- AHCCCS Fee-For-Service (FFS) will pay claims for any physical or behavioral health services provided by an Indian Health Service or a tribally owned and/or operated facility to Title XIX members. This applies whether those members are enrolled in managed care or FFS.

For more information on payment responsibility for behavioral and physical health services, please see the AHCCCS Contractor Operations Manual, Chapter 400, Policy 432. This is located at **[AZAHCCCS.gov](http://AZAHCCCS.gov) > Resources > Guides, Manuals & Policies > AHCCCS Contract Operations Manual (ACOM) > ACOM Chapter 400 > [Policy 432](#)**. Any exceptions to the above rules can be found in Attachment A of that policy.