

NOTICE: Therapeutic Foster Care Code S5145 Billing Update

December 30, 2021

Dear provider,

In an effort to support youth requiring a behavioral health service which provides daily behavioral interventions within a licensed family setting, AHCCCS has developed a Therapeutic Foster Care (TFC) tiered rate structure through the use of per diem modifiers.

Effective October 1st, 2021, the below modifiers are based on services provided to children and youth residing in a Therapeutic Foster Care home and in alignment with AHCCCS AMPM Policy 320-W (<https://azahcccs.gov/shared/MedicalPolicyManual/>), will determine which youth qualify for specified tiered modifier as follows:

- Significant co-morbid behavioral and physical health conditions;
- Co-occurring Behavioral health needs and cognitive impairment; or
- Primary psychotic conditions.

These services should be billed with the following procedure code and corresponding modifier:

Code Description S5145: PROCEDURE CODE: S5145 PROCEDURE DESCRIPTION: FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM

Corresponding modifier to be billed with S5145:

HA: Child/Adolescent Program

UF: Co-occurring BH-PH Cond.

UG: Co-occurring BH Cognitive

UH: Primary Psychotic Cond.

Health Choice determines the appropriate tier based on the ICD codes submitted on the TFC prior authorization request. The requestor will receive a copy of the authorization letter with the assigned tier based on PA request. The claims submitted should reflect the tier on the authorization letter you received.

As a reminder, Health Choice Arizona requires Prior Authorization for TFC services, please refer to the appropriate Health Choice Prior Authorization grid at:

<https://www.healthchoicaz.com/providers/pa-guidelines/>

Thank you for your continued commitment to serving our members and providing quality care and services. If you have any questions please reach out to your Network Services Provider Performance Representative, or contact us at 1-800-322-8670.

