

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
NARBHA Edition**

**Section 10.14**    **Notifying NARBHA of Intent to Pay Fee-For-Service  
Provider Services**

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**10.14.1    Introduction**

NARBHA has delegated the function of securing services and prior authorizing services for eligible persons to its Responsible Agencies (RAs) and their qualified clinicians as per [Section 3.14, Securing Services and Prior Authorization](#).

Services directly delivered by RAs do not require any notification to NARBHA. RAs notify NARBHA of decisions to utilize non-RA fee-for-service (FFS) or single case agreement (SCA) providers so that NARBHA can ensure timely and appropriate payment for those services.

NARBHA requires written notification of Intent to Pay for services delivered by a contracted Fee-for-Service (FFS) or Single Case Agreement (SCA) Provider, including the Arizona State Hospital (ASH).

**10.14.2    Definitions**

[Emergency Behavioral Health Services](#)

[Inpatient Services](#)

[NARBHA Intent to Pay Letter](#)

[Intent to Pay Number](#)

**10.14.3    Scope**

This section applies to all Responsible Agencies (RAs).

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**10.14.4 Procedures**

**10.14.4-A Routine Placements**

If an eligible member requires medically necessary covered services not otherwise available the RA network, then that member is referred for services to a non-RA, Fee-for-Service (FFS) Provider. Once an eligible member has been appropriately referred for services, the RA submits a Covered Services Notice of Intent to Pay Form to NARBHA via the following procedures:

- Within three (3) calendar days of the start of services, RA completes the Covered Services Notice of Intent to Pay Form (See [PM Form 10.14.1](#)), using the Covered Services Notice of Intent to Pay Form Data Collection Instructions (See [PM Form 10.14.2](#)).
- Upon completion, the RA distributes the Covered Services Notice of Intent to Pay Form as follows:
  - Copy faxed to NARBHA MIS Specialist at 928-913-0399. If the provider chooses to submit the ITP by secure email they may do so at [ITPrequests.narbha@narbha.org](mailto:ITPrequests.narbha@narbha.org).
  - Copy faxed/delivered to the facility providing services.
  - Original filed in the member's clinical chart.
  - Copy to RA internal finance staff.
- If the Covered Services Notice of Intent to Pay Form contains no errors, the NARBHA MIS Specialist enters the request into the CMHC database within one (1) business day.
- If the Covered Services Notice of Intent to Pay Form does contain errors:
  - The NARBHA MIS Specialist returns an Error Notice (See [PM Form 10.14.3](#)) to the author of the Covered Services Notice of Intent to Pay Form within one (1) business day. Specific error types are listed on the Notice.
  - The RA makes all necessary corrections and re-submits the accurate Covered Services Notice of Intent to Pay Form to the MIS Specialist within one (1) business day from receipt of the Error Notice.
- One (1) business day following the correct and complete entry of the Covered Services Notice of Intent to Pay Form into CMHC, a NARBHA Intent to Pay Letter containing the Intent to pay number is automatically generated. The NARBHA MIS Specialist then:
  - Reviews and faxes a copy of the Intent to Pay Letter to the requesting RA.

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- Mails the original Intent to Pay Letter to the FFS Provider. (Note: In the case of Opioid Replacement Services, a copy is immediately faxed to the providing facility, rather than mailed.) In some cases the FFS or SCA provider may prefer that the ITP letter be faxed. In this case the fax number prints in lieu of a mailing address on the ITP letter and these are faxed.
- Maintains a copy on file for six (6) years.
- The Intent to Pay number on the Intent to Pay Letter is used by the FFS Provider to claim payment for services.

**10.14.4-B Emergency Behavioral Health Services**

As per [Section 3.14, Securing Services and Prior Authorization](#), the following conditions apply with respect to coverage and payment of emergency behavioral health services for persons who are Title XIX or Title XXI eligible:

- Emergency behavioral health services must be covered and reimbursement made to providers who furnish the services regardless of whether the provider has a contract with a T/RBHA
- A T/RBHA may not refuse to cover emergency behavioral health services based on the failure of a provider to notify the T/RBHA of a person's screening and treatment within ten (10) calendar days of presentation for emergency services

RAs must submit post-facto a Covered Services Notice of Intent to Pay Form (See [PM Form 10.14.1](#)) for emergency services within one (1) business day after a referral that an eligible person has received a covered emergency behavioral health service from a fee-for-service provider.

**10.14.4-C Continued Stay for Fee-for-Service Inpatient/Residential Services**

Within three (3) calendar days after the end date of the initial stay, the RA submits (to the NARBHA MIS Specialist) a Covered Services Notice of Intent to Pay Form (See [PM Form 10.14.1](#)) with an Action Code of **3**, indicating an extension to the end date. The original Intent to Pay Number must be referenced on the form.

Upon completion, the RA distributes the revision as follows:

Copy faxed to NARBHA MIS Specialists at 928-913-0399. If the provider chooses to submit the ITP by secure email they may do so at [ITPrequests.narbha@narbha.org](mailto:ITPrequests.narbha@narbha.org). Original filed in the member's clinical chart.

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- Copy to RA internal finance staff.

The NARBHA MIS Specialist amends the dates of stay in CMHC for that segment of care, and generates a Modified Intent to Pay Letter reflecting the extension. The NARBHA MIS Specialist then:

- Reviews and faxes a copy of the Modified Intent to Pay Letter to the RA.
- Mails the Modified Intent to Pay Letter to the FFS Provider. (Note: In the case of Opioid Replacement Services, a copy is immediately faxed to the providing facility, rather than mailed.)
- Maintains a copy on file for six (6) years.

The FFS Provider is able to use the same Intent to Pay Number to claim payment for the extension of services during that segment of care

**10.14.4-D Changes/Updates**

Changes to any element must also be submitted to the NARBHA MIS Specialist using the Covered Services Notice of Intent to Pay Form as follows:

- The RA submits (to the NARBHA MIS Specialist) a Covered Services Notice of Intent to Pay Form (See [PM Form 10.14.1](#)) with an Action Code of **2**, indicating a change to an existing notification. Where possible, the original Intent to pay number should be referenced on the form.
- Upon completion, the RA distributes the revision as follows:
  - Copy faxed to NARBHA MIS Specialists.
  - Original filed in the member's clinical chart.
  - Copy to RA internal finance staff.
- The NARBHA MIS Specialist amends the services in CMHC to reflect the change(s), and generates a Modified Intent to Pay Letter reflecting the changes. In most cases, the Intent to Pay number will remain the same.
- The NARBHA MIS Specialist then:
  - Reviews and faxes a copy of the Modified Intent to Pay Letter to the RA.

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- Mails the Modified Intent to Pay Letter to the FFS Provider. (Note: In the case of Opioid Replacement Services, a copy is immediately faxed to the providing facility, rather than mailed.) In some cases the FFS or SCA provider may prefer that the ITP letter be faxed. In this case the fax number prints in lieu of a mailing address on the ITP letter and these are faxed.
- Maintains a copy on file for six (6) years.

The Modified Intent to Pay Letter is used by the FFS Provider to claim payment for services.

**10.14.4-E Arizona State Hospital**

For Title-XIX eligible admissions to Arizona State Hospital, an initial Covered Services Notice of Intent to Pay Form is completed and submitted using the steps described above. For Non-Title-XIX eligible admissions to Arizona State Hospital, a special service code of “N19” must be used. For additional details on procedures regarding services at the Arizona State Hospital, see [PM Form 10.14.2](#), Covered Services Notice of Intent to Pay Data Collection Instructions.

**10.14.4-F Opioid Replacement Providers**

For additional details on procedures regarding the Intent to pay for Opioid Replacement Services, refer to [Section 10.3](#), Care Delivery.

**10.14.4-G Training**

NARBHA provides an annual training for RAs on Covered Service Procedures.