



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Care Providers – DDS Alternative Community Services (ACS) Waiver

DATE: March 1, 2005

SUBJECT: Provider Manual Update Transmittal No. 46

REMOVE

Section	Date
272.100	10-13-03

INSERT

Section	Date
272.100	3-1-05

Explanation of Updates

Section 272.100 is being revised. It has been determined that when providers bill procedure code S5165, the U1 modifier must also be added in order for the claim to be processed. The change is being made retroactive for dates of services on and after October 13, 2003. Several procedure codes and related modifiers are being incorporated from official notices. Local codes and obsolete information is being removed from the section. A column has been added to indicate the need for prior authorization for each of the services indicated in the list.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

272.100 DDS Alternative Community Service (ACS) Waiver Procedure Codes

3-1-05

The following procedure codes and any associated modifier(s) must be billed for DDS Alternative Community Services (ACS) Waiver Services. Prior authorization is required for all services.

National Code	M1	M2	PA	Description	Unit of Service	POS for Paper Claims	POS for Electronic Claims
H2016			Y	ACS Supported Living (Individual)	1 Day	4, 0	12, 99
H2016	52		Y	ACS Supported Living (Group)	1 Day	4, 0	12, 99
H2023 ¹			Y	ACS Supported Employment	15 Minutes	0	99
T2028 ²			Y	ACS Specialized Medical Supplies	1 Month	4, 0	12, 99
T2022			Y	ACS Case Management Services	1 Month	4, 0	12, 99
T2025 ³			Y	ACS Consultation Services	1 Hour	4, 0	12, 99
T2034			Y	ACS Crisis Center Services	1 Day	0, 4	99, 12
T2034 ⁴	U1	22	Y	ACS Crisis Intervention Services	1 Hour	0, 4	99, 12

¹Individuals are limited to a maximum of 32 units (8 hours) of supported employment services per date of service.

A breakdown of the supported employment units of service include:

- One unit = 15 minutes to 21 minutes
- Two units = 22 minutes to 37 minutes
- Three units = 38 minutes to 52 minutes
- Four units = 53 minutes to 67 minutes

²Reimbursement cannot exceed \$300 per month.

³Individuals may receive twenty-five (25) hours of ACS consultation services per waiver-eligible year.

⁴Crisis intervention services may require a maximum of 24 hours of service during any one day.

The following list contains the procedure codes used for ACS physical adaptations. Physical adaptations have a benefit limit of \$7500 per year.

National Code	M1	M2	PA	Description	POS for Paper Claims	POS for Electronic Claims
K0108			Y	Other accessories	4	12
S5160			Y	Emergency response system; installation and testing	4	12

National Code	M1	M2	PA	Description	POS for Paper Claims	POS for Electronic Claims
S5161			Y	Emergency response system; service fee, per month (excludes installation and testing)	4	12
S5162			Y	Emergency response system; purchase only	4	12
S5165	U1		Y	Home modifications, per service	4	12

Refer to Section 272.200 for definitions of the place of service codes listed above.