Arkansas Department of Human Services
Division of Medical Services
Donaghey Plaza South
P.O. Box 1437
Little Rock, Arkansas 72203-1437
Internet Website: www.medicaid.state.ar.us
Telephone (501) 682-8292 TDD (501) 682-6789 or 1-877-708-8191
FAX (501) 682-1197

TO: **Arkansas Medicaid Health Care Providers - Rehabilitative Services for Youth and Children (RSYC)**

DATE: **July 1, 2005**

SUBJECT: **Provider Manual Update Transmittal No. 14**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
201.000	10-13-03	201.000	7-1-05
262.100 – 262.200	10-13-03	262.100 – 262.200	7-1-05

Explanation of Updates

Section 201.000 is included to explain that persons and entities excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll or to remain enrolled as Medicaid providers.

Sections 262.100 and 262.200 are included to add modifiers to procedure codes and to change modifier 52 to UB.

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.

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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.

201.000 Introduction 7-1-05

Medicaid (Medical Assistance) is designed to assist eligible Medicaid recipients in obtaining medical care within the guidelines specified in Section I of this manual. Reimbursement may be made for Rehabilitative Services for Youth and Children (RSYC) when provided to eligible Medicaid recipients by qualified providers.

Persons and entities that are excluded, or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.

262.100 Division of Youth Services (DYS) Special Billing Codes 7-1-05

The following pages contain a listing of Arkansas Medicaid Rehabilitative Services for Youth and Children (RSYC) Codes that pertain to services covered by the Division of Youth Services (DYS). It is important to use the Medicaid code listing. All codes must have five digits.

Procedure Code	Required Modifier	Description
96100	UB	PSYCHOLOGICAL TESTING BATTERY This code will only be used for the retroactive billing period. 1 unit = test battery
H2020	—	EMERGENCY SHELTER 1 unit = 1 day
H2020	U1	THERAPEUTIC FOSTER CARE 1 unit = 1 day
H2020	U2	THERAPEUTIC GROUP HOME 1 unit = 1 day
H2020	U4	RESIDENTIAL TREATMENT SERVICES 1 unit = 1 day
90801	—	DIAGNOSIS AND EVALUATION 1 unit = 15 minutes
90804	—	INDIVIDUAL PSYCHOTHERAPY 1 unit = 15 minutes
90853	—	GROUP PSYCHOTHERAPY 1 unit = 15 minutes

262.200 Division of Children and Family Services (DCFS) Special Billing Codes 7-1-05

The following pages contain a listing of Arkansas Medicaid Rehabilitative Services for Youth and Children (RSYC) codes that pertain to services covered by the Division of Children and Family Services (DCFS). It is important to use the Medicaid code listing. All codes must have five digits.

Procedure Code	Required Modifier	Description
90801	—	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION 1 unit = 1 visit
T1023	U1	ASSESSMENT, REASSESSMENT AND PLAN OF CARE DEVELOPMENT 1 unit = 1 visit
H0032	U1	PERIODIC REVIEW OF PLAN OF CARE 1 unit = 15 minutes. Maximum of 2 units per day.
H2020	U1	THERAPEUTIC FOSTER CARE 1 unit = 1 day
H2020	U1	RESIDENTIAL TREATMENT SERVICES 1 unit = 1 day