

TOC required**231.000 Introduction to Prior Authorization and Extension of Benefits 4-1-14**

The Division of Medical Services contracts with ValueOptions to complete the prior authorization and extension of benefit processes.

231.001 Prior Authorization Request for Telemedicine 4-1-14

When a provider requests PA for services to be provided via telemedicine, the procedure codes and modifiers (if any) listed below must be shown on the claim form; “telemedicine” must be specified on the request.

231.002 Prior Authorization Request for Foster Child 4-1-14

A request for prior authorization for services to be provided to a foster child must specify that the request is for a foster child. A request for services to be provided to a child in the custody of the Division of Youth Services (DYS) must specify DHS custody.

231.003 Request for Beneficiary Released to DHS Care under Arkansas Code Annotated § 5-2-315 4-1-14

A prior authorization, extension of benefits and retroactive request for services to be provided to a beneficiary released to DHS care under Arkansas Code Annotated § 5-2-315 must:

- A. State that the request is for a beneficiary released to DHS care;
- B. Include or attach the prescribed regimen of medical, psychiatric or psychological care or treatment that has been:
 1. Prepared for the person acquitted;
 2. Certified to the circuit court as appropriate by the director of the facility in which the person acquitted is committed; and
 3. Found by the circuit court to be appropriate.

Requests for continuing care authorizations must include copies of the compliance monitor's periodic compliance documentation including, without limitation, any written notice(s) of the acquittee's failure to comply with the prescribed regimen of medical, psychiatric or psychological care or treatment and compliance documentation regarding:

- A. Medication;
- B. Treatment and therapy;
- C. Substance abuse treatment; and
- D. Drug testing.