

ARKANSAS REGISTER

Proposed Rule Cover Sheet



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Name of Department _____

Agency or Division Name _____

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Date of Publishing _____

Final Date for Public Comment _____

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TOC not required

252.111 Individual Behavioral Health Counseling

3-1-1910-1-
21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
90832, U4 90834, U4 90837, U4 90832, U4, GT – Telemedicine 90834, U4, GT – Telemedicine 90837, U4, GT – Telemedicine 90832, U4, U5 – Substance Abuse 90834, U4, U5 – Substance Abuse 90837, U4, U5 – Substance Abuse 90832, UC, UK, U4 – Under Age 4 90834, UC, UK, U4 – Under Age 4 90837, UC, UK, U4 – Under Age 4	90832: psychotherapy, 30 min 90834: psychotherapy, 45 min 90837: psychotherapy, 60 min	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Individual Behavioral Health Counseling is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration. Additionally, tobacco cessation counseling is a component of this service.	<ul style="list-style-type: none"> • Date of Service • Start and stop times of face-to-face encounter with beneficiary • Place of service • Diagnosis and pertinent interval history • Brief mental status and observations • Rationale and description of the treatment used that must coincide with Mental Health Diagnosis • Beneficiary's response to treatment that includes current progress or regression and prognosis • Any revisions indicated for the diagnosis, or medication concerns • Plan for next individual therapy session, including any homework assignments and/or advanced psychiatric directive or crisis plans • Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
Services provided must be congruent with the objectives and interventions articulated on the most recent Mental Health Diagnosis. Services	90832: 30 minutes 90834: 45 minutes	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED:

<p>must be consistent with established behavioral healthcare standards. Individual Psychotherapy is not permitted with beneficiaries who do not have the cognitive ability to benefit from the service.</p> <p>This service is not for beneficiaries under the age of <u>four (4) years of age</u> except in documented exceptional cases. This service will require a Prior Authorization for beneficiaries under the age of <u>four (4) years of age</u>.</p>	<p>90837: 60 minutes</p>	<p>One <u>(1)</u> encounter between all three <u>(3)</u> codes.</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiary: <u>Twelve (12)</u> encounters between all <u>three (3)</u> codes</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p> <p>Residents of Long-Long-Term Care Facilities</p>	<p>A provider may only bill one <u>(1)</u> Individual Behavioral Health Counseling Code per day per beneficiary. -A provider cannot bill any other Individual Behavioral Health Counseling Code on the same date of service for the same beneficiary. For Counseling Level Beneficiaries, there are <u>twelve (12)</u> total individual counseling encounters allowed per year regardless of code billed for Individual Behavioral Health Counseling, unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE (POS)	
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians Providers of services for beneficiaries under <u>age-four (4) years of age</u> must be trained and certified in specific evidence-based practices to be reimbursed for those services <ul style="list-style-type: none"> Independently Licensed Clinicians – Parent/Caregiver <u>&and</u> Child (Dyadic treatment of Children <u>age-from zero through forty-seven (0-47) months &of age and</u> Parent/Caregiver) Provider Non-independently Licensed Clinicians – Parent/Caregiver <u>&and</u> Child (Dyadic treatment of Children <u>age-from zero</u> 	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 32 (Nursing Facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

through forty-seven (0-47) months & of age and Parent/Caregiver) Provider	
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252.112 Group Behavioral Health Counseling

3-1-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
90853, U4 90853, U4, U5 – Substance Abuse	Group psychotherapy (other than of a multiple-family group)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Group Behavioral Health Counseling is a face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her<u>their</u> rehabilitation effort, and to minimize relapse. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition, or both. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p>	<ul style="list-style-type: none"> • Date of Service • Start and stop times of actual group encounter that includes identified beneficiary • Place of service • Number of participants • Diagnosis • Focus of group • Brief mental status and observations • Rationale for group counseling must coincide with Mental Health Assessment • Beneficiary's response to the group counseling that includes current progress or regression and prognosis • Any changes indicated for diagnosis, or medication concerns • Plan for next group session, including any homework assignments and/or crisis plans, or both • Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
<p>This does NOT include psychosocial groups. Beneficiaries eligible for Group Behavioral Health Counseling must demonstrate the ability to benefit from experiences shared by others, the ability to participate in a group dynamic process while respecting the others' rights to confidentiality, and must be able to integrate feedback received from other group members. For groups of beneficiaries aged eighteen (18) <u>years of age</u> and over, the minimum number that must be served in a specified group is <u>two</u> (2). -The maximum that may be served in a specified group is <u>twelve</u> (12). -For groups of beneficiaries under <u>eighteen</u> (18) years of age, the minimum number that must be served in a</p>	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One</u> (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiary: <u>Twelve</u></p>

<p>specified group is <u>two (2)</u>. -The maximum that may be served in a specified group is <u>ten (10)</u>. A beneficiary must be <u>four (4)</u> years of age to receive group therapy. -Group treatment must be age and developmentally appropriate, (i.e., <u>sixteen (16)</u> year-olds and <u>four (4)</u> year-olds must not be treated in the same group). Providers may bill for services only at times during which beneficiaries participate in group activities.</p>		<p><u>(12)</u> encounters</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one <u>(1)</u> Group Behavioral Health Counseling encounter per day. -For Counseling Level Beneficiaries, there are <u>twelve (12)</u> total group behavioral health counseling encounters allowed per year, unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face <u>Telemedicine (Adults, eighteen (18) years of age and above)</u></p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses<u>s</u> Physician<u>s</u> 	<p><u>02 (Telemedicine)</u>, 03 (School), 11 (Office), 49 (Independent Clinic), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substances Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

252.113

Marital/Family Behavioral Health Counseling with Beneficiary Present

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<p>90847, U4 90847, U4, U5 – Substance Abuse 90847, UC, UK, U4 – Dyadic Treatment *</p>	<p>Family psychotherapy (conjoint psychotherapy) (with patient present)</p>
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Marital/Family Behavioral Health Counseling with Beneficiary Present is a face-to-face treatment provided to one <u>(1)</u> or more family members in the presence of a beneficiary. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems, and needs. Services pertain to a beneficiary's (a) Mental Health <u>and/or</u> (b)</p>	<ul style="list-style-type: none"> Date of Service Start and stop times of actual encounter with beneficiary and spouse/family Place of service Participants present and relationship to beneficiary Diagnosis and pertinent interval history

Substance Abuse condition, or both.
Additionally, tobacco cessation counseling is a component of this service.

Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

***Dyadic treatment is available for parent/caregiver &and child for dyadic treatment of children agewho are from zero through forty-seven (0-through-47) months of age& and parent/caregiver. Dyadic treatment must be prior authorized and is only available for beneficiaries in Tier One (1). Dyadic Infant/Caregiver Psychotherapy is a behaviorally based therapy that involves improving the parent-child relationship by transforming the interaction between the two parties. -The primary goal of Dyadic Infant/Parent Psychotherapy is to strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning. -This service uses child directed interaction to promote interaction between the parent and the child in a playful manner. Providers must utilize a nationally recognized evidence-based practice. -Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).**

****Dyadic treatment by telemedicine must continue to assure adherence to the evidence-based protocol for the treatment being provided, i.e. PCIT would require a video component sufficient for the provider to be able to see both the parent and child, have a communication device (ear phones, ear buds, etc.) to enable the provider to communicate directly with the parent only while providing directives related to the parent/child interaction.**

- Brief mental status of beneficiary and observations of beneficiary with spouse/family
- Rationale~~for~~, and description of treatment used ~~that~~ must coincide with the Mental Health Diagnosis and improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family, or both.
- Beneficiary and spouse/family's response to treatment that includes current progress or regression and prognosis
- Any changes indicated for the diagnosis, or medication concerns
- Plan for next session, including any homework assignments and/or crisis plans, or both
- Staff signature/credentials/date of signature
- HIPAA compliant Release of Information, completed, signed, and dated

NOTES	UNIT	BENEFIT LIMITS
Natural supports may be included in these sessions if justified in service documentation and if supported in the documentation in the	Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One</u>

Mental Health Diagnosis. -Only one (1) beneficiary per family, per therapy session, may be billed.	(1) YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): Counseling Level Beneficiaries: <u>Twelve</u> (12) encounters
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS
Children, Youth, and Adults	A provider can only bill one (1) Marital-/Family Behavioral Health Counseling with (or without) Patient encounter per day. -There are <u>twelve</u> (12) total Marital/Family Behavioral Health Counseling with Beneficiary Present encounters allowed, per year, unless an extension of benefits is allow <u>ed</u> by the Quality Improvement Organization contracted with Arkansas Medicaid. The following codes cannot be billed on the Same Date of Service: 90849 - Multi-Family Behavioral Health Counseling 90846 – Marital/Family Behavioral Health Counseling without Beneficiary Present H2027 -- Psychoeducation
ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face <u>Telemedicine (Adults, Youth, and Children)</u>	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services <ul style="list-style-type: none"> Independently Licensed Clinicians - Parent/Caregiver <u>&and</u> Child (Dyadic treatment of Children <u>age from zero through forty-seven</u> (0-47) months <u>&-of</u> 	<u>02 (Telemedicine)</u> , 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

<p><u>age and</u> Parent/Caregiver) Provider</p> <ul style="list-style-type: none"> Non-independently Licensed Clinicians - Parent/Caregiver &-and Child (Dyadic treatment of Children age-from zero through forty-seven (0-47) months &of <u>age and</u> Parent/Caregiver) Provider 	
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252.114

Marital/Family Behavioral Health Counseling without Beneficiary Present

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
90846, U4 90846, U4, U5 – Substance Abuse <u>90846, U4, U5 – Substance Abuse, Telemedicine</u>	Family psychotherapy (without the patient present)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Marital/Family Behavioral Health Counseling without Beneficiary Present is a face-to-face treatment provided to one or more family members outside the presence of a beneficiary. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support, and to develop alternative strategies to address familial issues, problems, and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition, <u>or both</u>. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the beneficiary or family member(s), client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.</p>	<ul style="list-style-type: none"> Date of Service Start and stop times of actual encounter spouse/family Place of service Participants present and relationship to beneficiary Diagnosis and pertinent interval history Brief observations with spouse/family Rationale for, and description of treatment used that must coincide with the Mental Health Diagnosis and improve the impact the beneficiary's condition has on the spouse/family, and/or improve marital/family interactions between the beneficiary and the spouse/family, <u>or both</u>. Beneficiary and spouse/family's response to treatment that includes current progress or regression and prognosis Any changes indicated for the diagnosis, or medication concerns Plan for next session, including any homework assignments and/or crisis plans, <u>or both</u> Staff signature/credentials/date of signature HIPAA compliant Release of Information, completed, signed, and dated 	
NOTES	UNIT	BENEFIT LIMITS
Natural supports may be included in these sessions, if justified in service documentation.	Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT

and if supported in Mental Health Diagnosis. Only one (1) beneficiary per family per therapy session may be billed.		<p>MAY BE BILLED: <u>One (1)</u></p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiaries: <u>Twelve (12)</u> encounters</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults	<p>A provider can only bill one (1) Marital-/Family Behavioral Health Counseling with (or without) Beneficiary encounter per day.</p> <p>The following codes cannot be billed on the Same Date of Service:</p> <p>90849 – Multi-Family Behavioral Health Counseling</p> <p>90847 – Marital/Family Behavioral Health Counseling with Beneficiary Present</p> <p>H2027 -- Psychoeducation</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face <u>Telemedicine (Adults, Youth, and Children)</u>	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians 	<p><u>02 (Telemedicine)</u>, 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

252.115 Psychoeducation

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
H2027, U4 H2027, U4, GT—Telemedicine H2027, UK, U4 – Dyadic Treatment*	Psychoeducational service; per <u>fifteen (15)</u> minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS

<p>Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery. Psychoeducation can be implemented in two (2) formats: multifamily group and/or single-family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p> <p>*Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children age from zero through forty-seven (0-through-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized. Providers must utilize a national recognized evidence-based practice. Practices include, but are not limited to, Nurturing Parents and Incredible Years.</p>	<ul style="list-style-type: none"> • Date of Service • Start and stop times of actual encounter with beneficiary and spouse/family • Place of service • Participants present • Nature of relationship with beneficiary • Rationale for excluding the identified beneficiary • Diagnosis and pertinent interval history • Rationale for and objective used that must coincide with Mental Health Diagnosis and improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family, or both. • Spouse/Family response to treatment that includes current progress or regression and prognosis • Any changes indicated for the diagnosis, or medication concerns • Plan for next session, including any homework assignments and/or crisis plans, or both • HIPAA compliant Release of Information forms, completed, signed, and dated • Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
<p>Information to support the appropriateness of excluding the identified beneficiary must be documented in the service note and medical record. Natural supports may be included in these sessions when the nature of the relationship with the beneficiary and that support's expected role in attaining treatment goals is documented. Only one (1) beneficiary per family per therapy session may be billed.</p>	<p>Fifteen (15) minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: Four (4)</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): forty-eight (48)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill a total of forty-eight (48) units of Psychoeducation</p> <p>The following codes cannot be billed on the Same Date of Service:</p> <p>90847 – Marital/Family Behavioral Health Counseling with Beneficiary Present</p>	

	90846 – Marital/Family Behavioral Health Counseling without Beneficiary Present
ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurse Physician Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services <ul style="list-style-type: none"> Independently Licensed Clinicians - Parent/Caregiver &and Child (Dyadic treatment of Children age from zero through forty-seven (0-47) months &of age and Parent/Caregiver) Provider Non-independently Licensed Clinicians - Parent/Caregiver &and Child (Dyadic treatment of Children age from zero through forty-seven (0-47) months &of age and Parent/Caregiver) Provider 	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.117 Mental Health Diagnosis

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90791, U4 90791, U4, GT – Telemedicine 90791, UC, UK, U4 – Dyadic Treatment *	Psychiatric diagnostic evaluation (with no medical services)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness, or related disorder, as described in the current allowable DSM. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face or telemedicine component and will	<ul style="list-style-type: none"> Date of Service Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation Place of service Identifying information Referral reason Presenting problem(s), history of presenting problem(s), including duration, intensity, and

serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.	response(s) to prior treatment	
	<ul style="list-style-type: none">• Culturally and age-appropriate psychosocial history and assessment• Mental status/ (Clinical observations and impressions)• Current functioning plus strengths and needs in specified life domains• DSM diagnostic impressions• Treatment recommendations, and prognosis for treatment• Goals and objectives to be placed in Plan of Care• Staff signature/credentials/date of signature	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes</p> <p>This service can be provided via telemedicine to beneficiaries only ages 21 and above.</p> <p>*Dyadic treatment is available for parent/caregiver <u>&and</u> child for dyadic treatment of children <u>agefrom zero through forty-seven (0-through-47) months <u>&of age and</u> parent/caregiver. -A Mental Health Diagnosis will be required for all children through <u>forty-seven (47) months <u>of age</u> to receive services. This service includes up to four (4) encounters for children through the age of <u>forty-seven (47) months <u>of age</u> and can be provided without a prior authorization. This service must include an assessment of:</u></u></u></p> <ul style="list-style-type: none">○ Presenting symptoms and behaviors;○ Developmental and medical history;○ Family psychosocial and medical history;○ Family functioning, cultural and communication patterns, and current environmental conditions and stressors;○ Clinical interview with the primary caregiver and observation of the caregiver-infant relationship and	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One (1)</u></p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): <u>One (1)</u></p>

<p>interactive patterns; <u>and</u></p> <ul style="list-style-type: none"> Child's affective, language, cognitive, motor, sensory, self-care, and social functioning 		
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p> <p>Residents of Long-Term Care</p>	<p>The following codes cannot be billed on the Same Date of Service:</p> <p>90792 – Psychiatric Assessment</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, <u>Youth, and Children Only</u>)</p>	Counseling	
ALLOWABLE PERFORMING PROVIDER	PLACE OF SERVICE	
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services <ul style="list-style-type: none"> Independently Licensed Clinicians – Parent/Caregiver <u>&and</u> Child (Dyadic treatment of Children <u>age from zero through forty-seven (0-47) months &of age and</u> Parent/Caregiver) Provider Non-independently Licensed Clinicians – Parent/Caregiver <u>&and</u> Child (Dyadic treatment of Children <u>age from zero through forty-seven (0-47) months &of age and</u> Parent/Caregiver) Provider 	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 32 (Nursing Facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

252.118 Interpretation of Diagnosis

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<p>90887, U4</p> <p>90887, U4, GT – Telemedicine</p> <p>90887, UC, UK, U4 – Dyadic Treatment</p>	<p>Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data, to family or other responsible persons; (or advising them how to assist patient)</p>
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the	<ul style="list-style-type: none"> Start and stop times of face-to-face encounter with beneficiary and/or parent(s) or

results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and /or advising the beneficiary and his/her their family. Services pertain to a beneficiary's (a) Mental Health and /or (b) Substance Abuse condition, <u>or both</u> . Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.	<div>guardian(s)</div> <ul style="list-style-type: none">• Date of service• Place of service• Participants present and relationship to beneficiary• Diagnosis• Rationale for and objective used that must coincide with the Mental Health Diagnosis• Participant(s) response and feedback• Recommendation for additional supports including referrals, resources, and information• Staff signature/credentials/date of signature(s)	
NOTES	UNIT	BENEFIT LIMITS
<p>For beneficiaries under the age of eighteen (18) <u>years of age</u>, the time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of eighteen (18) <u>years of age</u>, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian, or significant other.</p> <p>This service can be provided via telemedicine to beneficiaries ages eighteen (18) <u>years of age</u> and above. This service can also be provided via telemedicine to beneficiaries ages <u>seventeen</u> (17) <u>years of age</u> and under with documentation of parental or guardian involvement during the service. -This documentation must be included in the medical record.</p> <p>*Dyadic treatment is available for parent/caregiver &and child for dyadic treatment of children <u>age from zero through forty-seven</u> (0-through 47) months <u>of age and</u> parent/caregiver. Interpretation of Diagnosis will be required <u>in order</u> for all children, through <u>forty-seven</u> (47) months <u>of age</u>, to receive services. This service includes up to four (4) encounters for children through the age of forty-seven (47) months <u>of age</u> and can be provided without a prior authorization. The Interpretation of Diagnosis is a direct service that includes an interpretation from a broader perspective, <u>based on</u> the history and information collected through the Mental Health Diagnosis.</p>	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One</u> (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiary: <u>One</u> (1)</p>

<p>This interpretation identifies and prioritizes the infant's needs, establishes a diagnosis, and helps to determine the care and services to be provided.</p>		
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>The following codes cannot be billed on the Same Date of Service:</p> <p>H2027 – Psychoeducation</p> <p>90792 – Psychiatric Assessment</p> <p>90849 – Multi-Family Behavioral Health Counseling</p> <p>H0001 – Substance Abuse Assessment</p> <p>This service can be provided via telemedicine to beneficiaries ages-eighteen (18) <u>years of age</u> and above. -This service can also be provided via telemedicine to beneficiaries ages-seventeen (17) <u>years of age</u> and under with documentation of parental or guardian involvement during the service. -This documentation must be included in the medical record.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine Adults, Youth and Children</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nursess Physicianss Providers of dyadic services must be trained and certified1 in specific evidence---based practices1 to be reimbursed for those services <ul style="list-style-type: none"> Independently Licensed Clinicians – Parent/Caregiver &and Child (Dyadic treatment of Children age-from zero through forty-seven (0-47) <u>months of age and-&</u> Parent/Caregiver) Provider Non-independently Licensed Clinicians – Parent/Caregiver &and Child (Dyadic treatment of Children age-from zero through forty-seven (0-47) <u>months &of age and</u> Parent/Caregiver) Provider 	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

252.119

Substance Abuse Assessment

~~3-4-19~~10-1-21

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
H0001, U4		Alcohol and/or drug assessment	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a beneficiary's substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DAABHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the beneficiary, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs, as identified by the beneficiary, and provided with cultural competence.</p>		<ul style="list-style-type: none"> • Date of Service • Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation • Place of service • Identifying information • Referral reason • Presenting problem(s), history of presenting problem(s), including duration, intensity, and response(s) to prior treatment • Culturally and age-appropriate psychosocial history and assessment • Mental status (Clinical observations and impressions) • Current functioning and strengths in specified life domains • DSM diagnostic impressions • Treatment recommendations and prognosis for treatment • Staff signature/credentials/date of signature 	
NOTES		UNIT	BENEFIT LIMITS
<p>The assessment process results in the assignment of a diagnostic impression, beneficiary recommendation for treatment regimen appropriate to the condition and situation presented by the beneficiary, initial plan (provisional) of care, and referral to a service appropriate to effectively treat the condition(s) identified. If indicated, the assessment process must refer the beneficiary for a psychiatric consultation.</p>		Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One (1)</u></p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): <u>One (1)</u></p>
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults		<p>The following codes cannot be billed on the Same Date of Service:</p> <p>90887 – Interpretation of Diagnosis</p>	
ALLOWED MODE(S) OF DELIVERY		TIER	
Face-to-face		Counseling	

<u>Telemedicine (Adults, Youth, Children)</u>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians 	<u>02 (Telemedicine)</u> , 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.121 Pharmacologic Management

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
99212, UB, U4 – Physician 99213, UB, U4 – Physician 99214, UB, U4 – Physician 99212, UB, U4, GT – Physician, Telemedicine 99213, UB, U4, GT – Physician, Telemedicine 99214, UB, U4, GT – Physician, Telemedicine 99212, SA, U4 – APN 99213, SA, U4 – APN 99214, SA, U4 – APN 99212, SA, U4, GT – APN, Telemedicine 99213, SA, U4, GT – APN, Telemedicine 99214, SA, U4, GT – APN, Telemedicine	99212: Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least <u>two (2)</u> of these <u>three (3)</u> key components: A problem focused history; A problem focused examination; <u>or</u> <u>s</u> Straightforward medical decision making.
	99213: Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least <u>two (2)</u> of these <u>three (3)</u> key components: An expanded problem focused history; An expanded problem-focused examination; <u>or m</u> Medical decision making of low complexity.
	99214: Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least <u>two (2)</u> of these <u>three (3)</u> key components: A detailed history, A detailed examination; <u>or m</u> Medical decision making of moderate complexity.
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Pharmacologic Management is a service tailored to reduce, stabilize, or eliminate psychiatric symptoms, with the goal of improving functioning, including management and reduction of symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and supervision, <u>and well as</u> informing beneficiaries regarding medication(s) and its potential effects and side effects <u>of medication(s)</u> , in order to make informed decisions regarding the prescribed medications.	<ul style="list-style-type: none"> Date of Service Start and stop times of actual encounter with beneficiary Place of service (When <u>ninety-nine (99)</u> is used for telemedicine, specific locations of the beneficiary, and the physician must be included) Diagnosis and pertinent interval history Brief mental status and observations

<p>Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p>	<ul style="list-style-type: none">• Rationale for and treatment used that must coincide with the Psychiatric Assessment• Beneficiary's response to treatment that includes current progress or regression and prognosis• Revisions indicated for the diagnosis, or medication(s)• Plan for follow-up services, including any crisis plans• If provided by physician that is not a psychiatrist, then any off-label uses of medications should include documented consult with the overseeing psychiatrist within <u>twenty-four (24)</u> hours of the prescription being written• Staff signature/credentials/date of signature	
NOTES	UNIT	BENEFIT LIMITS
Applies only to medications prescribed to address targeted symptoms as identified in the Psychiatric Assessment.	Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One (1)</u> YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): <u>Twelve (12)</u>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none">• Advanced Practice Nurse• Physician	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 11 (Office), 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)	

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
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90792, U4 90792, U4, GT—Telemedicine	Psychiatric diagnostic evaluation with medical services
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Psychiatric Assessment is a face-to-face psychodiagnostics assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age-eighteen (18) years of age). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder. This service is not required for beneficiaries to receive Counseling Level Services.</p>	<ul style="list-style-type: none"> • Date of Service • Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation • Place of service • Identifying information • Referral reason • The interview should obtain or verify all of the following: <ol style="list-style-type: none"> 1. The beneficiary's understanding of the factors leading to the referral 2. The presenting problem (including symptoms and functional impairments) 3. Relevant life circumstances and psychological factors 4. History of problems 5. Treatment history 6. Response to prior treatment interventions 7. Medical history (and examination as indicated) • For beneficiaries under the age of eighteen (18) years of age <ol style="list-style-type: none"> 1. an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker), and/or the primary caretaker (including foster parents) <u>as applicable</u> in order to: <ol style="list-style-type: none"> a) Clarify the reason for the referral b) Clarify the nature of the current symptoms c) Obtain a detailed medical, family, and developmental history. • Culturally and age-appropriate psychosocial history and assessment • Mental status/Clinical observations and impressions • Current functioning and strengths in specified life domains • DSM diagnostic impressions

	<ul style="list-style-type: none"> Treatment recommendations Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes (i.e. treatment plans, etc.).	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: <u>One (1)</u></p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): <u>One (1)</u></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults Telemedicine (Adults, Youth, and Children)	<p>The following codes cannot be billed on the Same Date of Service:</p> <p>90791 – Mental Health Diagnosis</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<p>A. an Arkansas-licensed physician, preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under <u>age-eighteen (18) years of age</u>)</p> <p>B. an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)</p> <p>The PMHNP-BC must meet all of the following requirements:</p> <p>A. Licensed by the Arkansas State Board of Nursing</p> <p>B. Practicing with licensure through the American Nurses Credentialing Center</p> <p>C. Practicing under the supervision of an Arkansas-licensed psychiatrist with whom the PMHNP-BC has a collaborative agreement. The findings of the Psychiatric Assessment conducted by the PMHNP-BC must be discussed with the supervising psychiatrist within <u>forty-five (45) days</u> of the beneficiary entering care. -The collaborative agreement must comply with all Board of Nursing requirements</p>	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 11 (Office), 12, (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

and must spell out, in detail, what the nurse is authorized to do and what age group they may treat.	
D. Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act	
E. Practicing within a PMHNP-BC's experience and competency level	

255.001

Crisis Intervention

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2011, HA, U4	Crisis intervention service, per <u>fifteen (15)</u> minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Crisis Intervention is unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. -(These activities include evaluating a Medicaid-eligible beneficiary to determine if the need for crisis services is present.)</p> <p>Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and <u>his/her/their</u> family.</p>	<ul style="list-style-type: none"> • Date of service • Start and stop time of actual encounter with beneficiary and possible collateral contacts with caregivers or informed persons • Place of service • Specific persons providing pertinent information in relationship to beneficiary • Diagnosis and synopsis of events leading up to crisis situation • Brief mental status and observations • Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized • Beneficiary's response to the intervention that includes current progress or regression and prognosis • Clear resolution of the current crisis and/or plans for further services • Development of a clearly defined crisis plan or revision to existing plan • Staff signature/credentials/date of signature(s) 	
NOTES	UNIT	BENEFIT LIMITS
A psychiatric or behavioral crisis is defined as an acute situation, in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm, or in which to prevent significant deterioration of the beneficiary's functioning.	<u>Fifteen (15)</u> minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: <u>twelve (12)</u></p> <p>YEARLY MAXIMUM OF UNITS THAT MAY</p>

<p>This service can be provided to beneficiaries that have not been previously assessed or have not previously received behavioral health services.</p> <p>The provider of this service MUST complete a Mental Health Diagnosis (90791) within <u>seven (7)</u> days of provision of this service, if provided to a beneficiary who is not currently a client. -If the beneficiary cannot be contacted or does not return for a Mental Health Diagnosis appointment, attempts to contact the beneficiary must be placed in the beneficiary's medical record. -If the beneficiary needs more time to be stabilized, this must be noted in the beneficiary's medical record and the Division of Medical Services Quality Improvement Organization (QIO) must be notified.</p>	<p>BE BILLED (extension of benefits can be requested): <u>seventy-two (72)</u></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS
Children, Youth, and Adults	
ALLOWED MODE(S) OF DELIVERY	TIER
<p>Face-to-face</p> <p><u>Telemedicine (Adults, Youth, and Children)</u></p>	Crisis
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral (must be employed by Behavioral Health Agency) Advanced Practice Nurses Physicians (must be employed by Behavioral Health Agency) 	<p><u>02 (Telemedicine)</u>, 03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 15 (Mobile Unit), 23 (Emergency Room), 33 (Custodial Care facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57(Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic), 99 (Other Location)</p>

255.003 Acute Crisis Units

3-4-1910-1-21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
H0018, U4	Behavioral Health; short-term residential
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons over the age of<u>eighteen (18) years of age and over,</u> who are experiencing a psychiatr<u>ic</u>- and/or substance abuse-related crisis, <u>or both,</u> and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and or substance</p>	

abuse services on-site at all times, as well as on-call psychiatry available <u>twenty-four (24)</u> hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.		
NOTES		EXAMPLE ACTIVITIES
APPLICABLE POPULATIONS	UNIT	BENEFIT LIMITS
Youth and Adults	Per Diem	<ul style="list-style-type: none">Ninety-six (96) hours or less per <u>encounter admission; Extension of Benefits required for additional days</u>1 encounter per month6 encounters per SFY
PROGRAM SERVICE CATEGORY		
Crisis Services		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	N/A	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Acute Crisis Units must be certified by the Division of Provider Services and Quality Assurance as an Acute Crisis Unit Provider.	<u>55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Center)</u>	
CPT@/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0018, U4	Behavioral Health; short-term residential	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons over the age of 18 who are experiencing a psychiatry and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and		

initiate referral mechanisms for independent assessment and care planning as needed.		
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATIONS	UNIT	BENEFIT LIMITS
Youth and Adults	Per Diem	<ul style="list-style-type: none"> 96 hours or less per encounter 1 encounter per month 6 encounters per SFY
	PROGRAM SERVICE CATEGORY	
	Crisis Services	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	N/A	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
N/A	21, 51, 55, 56	

255.004

Substance Abuse Detoxification

3-4-1910-1-
21

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0014, U4	Alcohol and/or drug services; detoxification	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary's body. Services are short-term and may be provided in a crisis unit, inpatient, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.		
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATIONS	UNIT	BENEFIT LIMITS
Youth and Adults	N/A	<ul style="list-style-type: none"> 1 encounter per

		<p>month</p> <ul style="list-style-type: none"> • <u>Six (6) encounters per SFY; Extension of Benefits required for additional encounters</u>
	PROGRAM SERVICE CATEGORY	
	Crisis Services	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	N/A	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Substance Abuse Detoxification must be provided in a facility that is certified by the Division of Provider Services and Quality Assurance as a Substance Abuse Detoxification provider.	21 (Inpatient Hospital) , 55 (Residential Substance Abuse Treatment Facility)	

TOC not required

305.000 Telemedicine Billing Guidelines

8-1-18 10-1-21

Telemedicine is defined as the use of electronic information and communication technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring. (See policy section I.)

Arkansas Medicaid shall provide payment for telemedicine healthcare services to licensed or certified healthcare professionals or entities that are authorized to bill Arkansas Medicaid directly for healthcare services. -Coverage and reimbursement for healthcare services provided through telemedicine shall be reimbursed on the same basis as healthcare services provided in person.

Payment will include a reasonable facility fee to the originating site, (the site at which the patient is located at the time telemedicine healthcare services are provided). In order to receive reimbursement, the originating site must be operated by a healthcare professional or licensed healthcare entity that is authorized to bill Medicaid directly for healthcare services. The distant site is the location of the healthcare provider delivering telemedicine services. Services at the distant site must be provided by an enrolled Arkansas Medicaid Provider who is authorized by Arkansas law to administer healthcare.

Coding Guidelines:

1. The originating site shall submit a telemedicine claim under the billing providers "pay to" information, using HCPCS code Q3014. -The code must be submitted for the same date of service as the professional code and must indicate the place of service (where the member was at the time of the telemedicine encounter). Except in the case of hospital facility claims, the provider who is responsible for the care of the member at the originating site shall be entered as the performing provider in the appropriate field of the claim. -For outpatient claims that occur in a hospital setting, the provider must also use Place of Service code twenty (22) with the originating site billing Q3014. -In the case of in-patient services, HCPCS code Q3014 is not separately reimbursable because it is included in the hospital per diem.
2. The provider of the distant site must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service delivered, ~~along with the telemedicine modifier GT. The GT modifier should appear in one of the four modifier fields on the claim.~~ The provider must ~~also~~ use Place of Service two (02) (telemedicine distant site) when billing the CPT or HCPCS codes ~~with a GT modifier.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED
2017-2021

July-October~~August~~ 1,

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan.
(Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxix. Crisis Care - De-escalation*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: Crisis Care – De-escalation provides temporary direct care for a beneficiary in the beneficiary’s community that is not facility-based. – Crisis Care – De-escalation services de-escalate stressful situations and provide a therapeutic outlet. – Crisis Care includes behavioral interventions that keep beneficiaries in their current situation and reduces the need for acute hospitalization or other higher levels of care. – Crisis Care shall be indicated in the treatment plan.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Crisis Care – De-escalation provider must be certified by the Department of Human Services as a Crisis Care – De-escalation provider.

Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor’s; and Qualified Behavioral Health Provider – Non-Degreed.

xxx. Acute Crisis Units*

Definition: Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons over the age of 17 who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Acute Crisis Unit must be certified by Department of Human Services as an Acute Crisis Unit.

Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.

An Extension of Benefit for medical necessity is required for admissions exceeding ninety-six (96) hours.

*All medically necessary 1905(a) services, that correct or ameliorate physical and mental illnesses and conditions, are covered for EPSDT eligible beneficiaries, ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED
20172021

July-OctoberAugust 1,

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

xxxi. Crisis Intervention*

DEFINITION: Crisis Intervention is an unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her/their family.- These services, which can include interventions, stabilization activities, evaluation, coping strategies, and other various activities to assist the beneficiary in crisis, are designed to stabilize the person in crisis, prevent further deterioration, and provide immediate indicated treatment in the least restrictive setting. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary.

Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinician~~s~~ – Master’s/Doctoral; Advanced Practice Nurse; Physician

xxxii. Substance Abuse Detoxification*

Definition: Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary’s body. Services are short-term and, may be provided in a crisis unit, residential, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Substance Abuse Detoxification Unit must be certified by the Department of Human Services as a Substance Abuse Detoxification provider.

Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinician~~s~~ – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor’s; and Qualified Behavioral Health Provider – Non-Degreed.

Six encounters are allowed per State Fiscal Year (July 1 through June 30). Extension of Benefits for Medically Necessary Encounters beyond the first six (6) is required.

*All medically necessary 1905(a) services, that correct or ameliorate physical and mental illnesses and conditions, are covered for- EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED
2017-2021

July-October~~August~~ 1,

MEDICALLY NEEDED

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
(Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxix. Crisis Care - De-escalation*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized
~~and must be prior authorized.~~

DEFINITION: Crisis Care – De-escalation provides temporary direct care for a beneficiary in the beneficiary's community that is not facility-based. – Crisis Care – De-escalation services de-escalate stressful situations and provide a therapeutic outlet. – Crisis Care includes behavioral interventions that keep beneficiaries in their current situation and reduces the need for acute hospitalization or other higher levels of care. – Crisis Care shall be indicated in the treatment plan.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Crisis Care – De-escalation provider must be certified by the Department of Human Services as a Crisis Care – De-escalation provider.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinician – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor's; and Qualified Behavioral Health Provider – Non-Degree.

xxx. Acute Crisis Units*

Definition: Acute Crisis Units provide brief, 96 hours or less, crisis treatment services to persons over the age of 17 who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Acute Crisis Unit must be certified by Department of Human Services as an Acute Crisis Unit.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinician – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor's; and Qualified Behavioral Health Provider – Non-Degree.

An Extension of Benefit for medical necessity is required for admissions exceeding ninety-six (96) hours.

*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for

EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

MARK-UP

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 5f17

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED
2017-2021

July-OctoberAugust 1,

MEDICALLY NEEDED

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

xxxi. Crisis Intervention*

DEFINITION: Crisis Intervention is an unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services, which can include interventions, stabilization activities, evaluation, coping strategies and other various activities to assist the beneficiary in crisis, are designed to stabilize the person in crisis, prevent further deterioration, and provide immediate indicated treatment in the least restrictive setting. The services provided are expected to reduce or eliminate the risk of harm to the person or others, in order to stabilize the beneficiary.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinician – Master's/Doctoral; Advanced Practice Nurse; Physician

xxxii. Substance Abuse Detoxification*

Definition: Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary's body. Services are short-term and may be provided in a crisis unit, residential, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.

Substance Abuse Detoxification Unit must be certified by the Department of Human Services as a Substance Abuse Detoxification provider.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinician – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor's; and Qualified Behavioral Health Provider – Non-Degree.

Six (6) encounters are allowed per State Fiscal Year (July 1 through June 30). Extension of Benefits for Medically Necessary Encounters beyond the first six (6) is required.

*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for- EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** 501-682-8155 **EMAIL:** Jason.Callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Extension of Benefits for Acute Crisis Units and Substance Abuse Detoxification, and Telemedicine for Specific Services

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☒ No ☐
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

If an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost;
N/A

(b) The reason for adoption of the more costly rule;
N/A

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;
N/A

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.
N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue	<u>\$0</u>
Federal Funds	<u>\$0</u>
Cash Funds	<u>\$0</u>
Special Revenue	<u>\$0</u>

Next Fiscal Year

General Revenue	<u>\$0</u>
Federal Funds	<u>\$0</u>
Cash Funds	<u>\$0</u>
Special Revenue	<u>\$0</u>

Other (Identify)	<u>\$0</u>
Total	<u>\$0</u>

Other (Identify)	<u>\$0</u>
Total	<u>\$0</u>

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue	<u>\$46,308</u>
Federal Funds	<u>\$116,862</u>
Cash Funds	<u>\$0</u>
Special Revenue	<u>\$0</u>
Other (Identify)	<u>\$0</u>
Total	<u>\$163,170</u>

Next Fiscal Year

General Revenue	<u>\$61,744</u>
Federal Funds	<u>\$155,816</u>
Cash Funds	<u>\$0</u>
Special Revenue	<u>\$0</u>
Other (Identify)	<u>\$0</u>
Total	<u>\$217,560</u>

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ 46,308

Next Fiscal Year

\$ 61,744

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose; N/A
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; N/A
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs; N/A

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; N/A

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; N/A

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and N/A

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;

(b) the benefits of the rule continue to justify its costs; and

(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives. N/A

Statement of Necessity and Rule Summary
Extension of Benefits for Acute Crisis Units and Substance Abuse Detoxification, and
Telemedicine for Specific Services

Statement of Necessity

The Division of Medical Services (DMS) revises the Outpatient Behavioral Health (OBH) Provider Manual and amends the State Plan to incorporate an extension of benefits to replace previous hard limits so that clients can access medically necessary services. Correspondingly, DMS adds provisions allowing for telemedicine for certain services. Finally, DMS updates section III of all provider manuals to reflect the telemedicine changes.

Rule Summary

DMS revises the OBH provider manual to incorporate an extension of benefit process when it is medically necessary for a client to exceed ninety-six (96) hours per admission in an Acute Crisis Unit, and when it is medically necessary to exceed six (6) encounters per State Fiscal Year of Substance Abuse Detoxification. The State Plan was amended to reflect the changes.

Correspondingly, updates to the manual include provisions allowing for telemedicine for:

- Group Behavioral Health Counseling, ages eighteen (18) and above
- Marital/Family Behavioral Health Counseling with Beneficiary Present
- Marital/Family Behavioral Health Counseling without Beneficiary Present
- Mental Health Diagnosis, under age twenty-one (21)
- Substance Abuse Assessment
- Crisis Intervention

The following catalogs the changes to the OBH provider manual and Section III of all provider manuals:

- Section 252.111 is revised to remove the GT informational modifier for telemedicine.
- Section 252.112 is revised to include use of telemedicine for ages eighteen (18) and over.
- Section 252.113 is revised to include use of telemedicine.
- Section 252.114 is revised to include use of telemedicine.
- Section 252.115 is revised to remove the GT informational modifier for telemedicine.
- Section 252.117 is revised to remove age limitations for use of telemedicine for mental health diagnoses, and to remove the GT informational modifier for telemedicine.
- Section 252.118 is revised to remove the GT informational modifier for telemedicine.
- Section 252.119 is revised to include use of telemedicine.
- Section 252.121 is revised to remove the GT informational modifier for telemedicine.
- Section 252.122 is revised to remove the GT informational modifier for telemedicine.
- Section 255.001 is revised to include use of telemedicine.
- Section 255.003 is revised to include extension of benefits for additional days when medically necessary and duplication of rule is deleted.
- Section 255.004 is revised to include extension of benefits for additional encounters when medically necessary.
- Section 305.000 is revised to remove reference to the GT modifier when billing for telemedicine.

NOTICE OF RULE MAKING

The Director of the Division of Medical Services of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 20-76-201, 20-77-107, and 25-10-129.

Effective October 1, 2021:

The Director of the Division of Medical Services (DMS) amends the State Plan and several rules in the Outpatient Behavioral Health Provider Manual to provide flexible treatment options to clients. DMS adds the use of telemedicine for certain behavioral health services and provides directions for claim submissions. DMS also amends rules to remove hard limits and add a process for the extension of benefits when it becomes medically necessary for a client to exceed certain behavioral health benefit limits. DMS updates section III of all provider manuals to reflect telemedicine coding changes.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at <https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than July 19, 2021. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing by remote access only through a Zoom webinar will be held on June 29, 2021, at 10:00 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/85403489592>. The webinar ID is 854 0348 9592. If you would like the electronic link, "one tap" mobile information, listening only dial-in phone numbers or international phone numbers, please contact ORP at ORP@dhs.arkansas.gov.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-396-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed, and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color, or national origin. 4501960528


Elizabeth Pitman, Director
Division of Medical Services
(Asst. Dir.)
on behalf of.