



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Providers - Rehabilitative Services for Persons with Mental Illness

DATE: October 1, 2004

SUBJECT: Provider Manual Update Transmittal No. 49

REMOVE

Section	Date
213.000	10-13-03
216.000 – 217.000	10-13-03
218.000 – 218.100	10-13-03
219.120	10-13-03
224.000	10-13-03
227.000	10-13-03
230.000 – 231.200	10-13-03
252.100 – 252.120	10-13-03
252.140 – 252.150	10-13-03

INSERT

Section	Date
213.000	10-1-04
216.000 – 217.000	10-1-04
218.000 – 218.100	10-1-04
219.120	10-1-04
224.000	10-1-04
227.000	10-1-04
230.000 – 231.200	10-1-04
252.100 – 252.120	10-1-04
252.140 – 252.150	10-1-04

Explanation of Updates

Section 213.000 is included to clarify the staff requirements for mental health paraprofessionals.

Section 216.000 is included to clarify the scope of the RSPMI Program.

Section 217.000 is included to revise the requirements for the evaluation team and the responsibilities of the team.

Sections 218.000 and 218.100 are included to revise the requirements for the plan of care.

Section 219.120 is included to clarify when the physician must certify if an adult patient is seriously mentally ill (SMI) or a child patient is seriously emotionally disturbed (SED).

Section 224.000 is included to revise and clarify the physician's role.

Section 227.000 is included to clarify medical necessity policy.

Sections 231.000 through 231.200 are included to provide corrections to procedure codes and modifiers for prior authorized services.

Sections 252.100 through 252.150 are included to incorporate previously issued corrections to procedure codes and modifiers. Note that some procedure code descriptions have been revised.

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.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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.

213.000 Staff Requirements

10-1-04

Each RSPMI provider shall ensure that mental health professionals are available to provide appropriate and adequate supervision of all clinical activities. Minimal staff requirements for RSPMI provider participation in the Arkansas Medicaid Program are:

- A. A Chief Executive Officer (CEO) with professional qualifications and experience as established by the provider's governing body.
 - B. Appropriate mental health professionals who shall meet all professional requirements as defined in the state licensing and certification laws relating to their respective professions. Mental health professionals include the following:
 1. Psychiatrist,
 2. Physician,
 3. Psychologist,
 4. Psychological Examiner,
 5. Adult Psychiatric Mental Health Clinical Nurse Specialist,
 6. Child Psychiatric Mental Health Clinical Nurse Specialist,
 7. Adult Psychiatric Mental Health Advanced Nurse Practitioner,
 8. Family Psychiatric Mental Health Advanced Nurse Practitioner,
 9. Master of Social Work (Licensed in the State of Arkansas),
 10. Registered nurse (Licensed in the State of Arkansas) who has one (1) year supervised experience in a mental health setting,
 11. Licensed professional counselor (Licensed in the State of Arkansas) and
 12. Persons in a related profession who are licensed in the State of Arkansas and practicing within the bounds of their licensing authority, with a master's degree and appropriate experience in a mental health setting, including documented, supervised training and experience in diagnosis and therapy of a broad range of mental disorders.
 - C. The services of a medical records librarian are required. The medical records librarian (or person performing the duties of the medical records librarian) shall be responsible for ongoing quality controls, for continuity of patient care and patient traffic flow. The librarian shall assure that records are maintained, completed and preserved; that required indexes and registries are maintained and that statistical reports are prepared. This staff member will be personally responsible for ensuring that information on enrolled patients is immediately retrievable, establishing a central records index, and maintaining service records in such a manner as to enable a constant monitoring of continuity of care.
 - D. A mental health paraprofessional is defined as a person with a Bachelor's Degree or a license from the Arkansas State Board of Nursing who does not meet the definition of mental health professional, but who is licensed and certified by the State of Arkansas in a related profession and is practicing within the bounds as permitted by his or her licensing authority, or a person employed by a certified RSPMI provider with a high school diploma or general equivalency diploma (GED) and documented training in the area of mental health. A mental health paraprofessional may provide certain Rehabilitative Services for Persons with Mental Illness under supervision of a mental health professional. The services paraprofessionals may provide are: crisis stabilization intervention, on-site intervention, off-site intervention, rehabilitative day service, therapeutic day/acute day treatment and collateral service. If the paraprofessional is a licensed nurse, the following services may also be provided: medication administration by a licensed nurse, routine venipuncture for collection of specimen and catheterization for collection of specimen.
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216.000

Scope

10-1-04

A range of mental health rehabilitative or palliative services is provided by a duly certified RSPMI provider to Medicaid-eligible recipients suffering from mental illness, as described in the *American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV* and subsequent revisions).

Rehabilitative Services for Persons with Mental Illness may be covered only when:

- A. Provided by qualified providers,
- B. Approved by a physician within 14 calendar days of entering care,
- C. Provided according to a written treatment plan/plan of care, and
- D. Provided to outpatients only except as described in section 252.130.

The rehabilitation treatment plan/plan of care must be prepared according to guidelines developed and stipulated by the organization's accrediting body. The initial treatment plan/plan of care must be approved by the physician within 14 calendar days of the person's entering care (first billable service). The treatment plan/plan of care must be signed and dated by the physician certifying medical necessity. The physician signature is not valid without the date signed.

217.000

RSPMI Program Entry

10-1-04

Prior to providing treatment services, an intake evaluation must be performed for each recipient being considered for entry into a RSPMI Program. The evaluation is a written assessment that evaluates the recipient's mental condition and, based on the recipient's diagnosis, determines whether treatment in the RSPMI Program would be appropriate. The assessment must be made a part of the recipient's records.

The intake evaluation must be conducted by a mental health professional qualified by licensure and experienced in the diagnosis and treatment of mental illness.

For each recipient served through the RSPMI Program, the treatment team must certify that the program is appropriate to meet the recipient's needs. This certification must be documented in the recipient record within 14 calendar days of the person's entering care (first billable service), through treatment team signatures on the treatment plan/plan of care. The treatment team must include, at a minimum, a physician and an individual qualified, by licensure and experience, in diagnosis and treatment of mental illness. (Both criteria may be satisfied by the same individual, if appropriately qualified.)

218.000 Treatment Plan/Plan of Care**10-1-04**

For each recipient entering the RSPMI Program, the **treatment** team must develop an individual treatment plan/plan of care (PoC) or treatment plan. This consists of a written, individualized plan to **treat, ameliorate, diminish or stabilize or maintain remission of symptoms of mental illness that threaten life, cause pain or suffering, resulting in diminished or impaired functional capacity.** The treatment plan goals and objectives must be based on problems identified in the intake assessment or in subsequent assessments during the treatment process. The PoC or **treatment plan** must be included in the recipient records and contain a written description of the treatment objectives for that recipient. It also must describe:

- A. The treatment regimen—the specific medical and remedial services, therapies and activities that will be used to meet the treatment objectives;
- B. A projected schedule for service delivery—this includes the expected frequency and duration of each type of planned therapeutic session or encounter;
- C. The type of personnel that will be furnishing the services and
- D. A projected schedule for completing reevaluations of the recipient's condition and updating the PoC **or treatment plan.**

The RSPMI treatment plan/plan of care must be completed by a mental health professional and approved by a psychiatrist or physician, **within 14 calendar days of the individual's entering care (first billable service).** Subsequent revisions in the treatment plan/plan of care will be approved in writing **(signed and dated)** by the psychiatrist or physician verifying continued medical necessity.

218.100 Periodic Treatment Plan/Plan of Care Review**10-1-04**

The RSPMI treatment plan/plan of care must be periodically reviewed by the **treatment** team in order to determine the recipient's progress toward the rehabilitative treatment and care objectives, the appropriateness of the rehabilitative services provided and the need for the enrolled recipient's continued participation in the RSPMI Program. The reviews must be performed on a regular basis (at least every 90 calendar days), documented in detail in the enrolled recipient's record, kept on file and made available as requested for state and federal purposes. If provided more frequently, there must be documentation of significant acuity or change in clinical status requiring an update in the recipient's treatment plan/plan of care.

219.120 Restricted RSPMI Services**10-1-04**

Restricted RSPMI services may be provided only to individuals certified as having a serious mental illness (for individuals age 18 or older) or serious emotional disturbance (children and adolescents under the age of 18). The definition and certification process for serious mental illness and serious emotional disturbance is determined by the Division of Behavioral Health Services (DBHS). For individuals who receive any restricted services during the first 14 calendar days after entering care, the physician certification form must be completed, signed and dated by the physician within 14 calendar days of the individual's entering care (first billable service).

224.000

Physician's Role

10-1-04

RSPMI providers are required to have a Medical Director, who is board certified or board eligible in Psychiatry to provide appropriate supervision and oversight for all medical and treatment services provided by the agency. A physician will supervise and coordinate all psychiatric and medical functions as indicated in treatment plans. Medical responsibility shall be vested in a physician, preferably one specializing in psychiatry, who is licensed to practice medicine in Arkansas. If medical responsibility is not vested in a psychiatrist, then psychiatric consultation must be available on a regular basis. For RSPMI enrolled recipients, medical supervision responsibility shall include, but is not limited to, the following:

- A. For any individuals certified as being Seriously Mentally Ill (SMI) or Seriously Emotionally Disturbed (SED), the physician will see and evaluate the individual the earlier of 45 days of the individual's entering care or 45 days from the effective date of certification of serious mental illness/serious emotional disturbance. This evaluation is not required if the recipient discontinues services prior to calendar day 45. The SMI/SED recipient must be seen directly by a physician, at least every six months thereafter.
 - B. For individuals not certified as having a Serious Mental Illness or Serious Emotional Disturbance, the psychiatrist or physician may determine through review of recipient records and consultation with the treatment staff that it is not medically necessary to directly see the enrolled recipient. By calendar day 45 after entering care, the physician must document in the recipient record that it is not medically necessary to see the recipient. If the recipient continues to be in care for more than six months after program entry, the psychiatrist or physician shall see and evaluate the individual directly by the end of six months, initially, then at least every year, thereafter.
 - C. The physician will review and approve the enrolled recipient's RSPMI treatment plan/plan of care and document approval in the enrolled recipient's record. If the treatment plan/plan of care is revised prior to each 90 day interval, the physician must approve the changes within 14 calendar days, as indicated by a dated signature on the revised plan.
 - D. Approval of all updated or revised treatment plans/plans of care must be documented by the physician's dated signature on the revised document.
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227.000

Medical Necessity

10-1-04

RSPMI services are covered by Medicaid only when a determination of medical necessity is certified by the psychiatrist or physician. In accordance with RSPMI requirements, the psychiatrist or physician must review the RSPMI Assessment and proposed treatment plan/plan of care, evaluate the enrolled recipient (directly or through review of the medical records and consultation with the treatment staff), and approve the recommended medical or remedial services. The medical necessity of the recommended services will be documented by the psychiatrist's or physician's written approval of the RSPMI plan of care. Subsequent revisions of the patient's RSPMI treatment plan/plan of care will also be documented by the psychiatrist's or physician's written approval in the enrolled recipient's medical record. Approval of all updated or revised treatment plan/plan of care must be documented within 14 calendar days by the physician's dated signature on the revised document.

230.000 PRIOR AUTHORIZATION (PA) 10-1-04

231.000 Introduction to Prior Authorization 10-1-04

The Division of Medical Services contracts with First Health Services and APS Healthcare to complete the prior authorization process.

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 and “TOS V” (paper only) must be shown beside the procedure code.

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 DYS custody.

231.100 PA for Under Age 21 10-1-04

Prior Authorization is required for certain services provided to Medicaid-eligible individuals under age 21. Prior authorization requests must be sent to APS Healthcare. [View or print APS Healthcare contact information.](#)

Procedure codes requiring prior authorization:

National Codes	Required Modifier	Type of Service	Local Codes
H0004	HA	9	Z0568
90846	HA, U3	9	Z0571
90847	HA, U3	9	Z0571
90853	HA, U1	9	Z0574
H2012	HA	9	Z0577
H2011	HA, U6	9	Z1538
H2011	HA, U5	9	Z1539
H2015	HA, U5	9	Z1540
H2015	HA, U1	9	Z1541
H2015	HA, U8	9	Z1542
H2015	HA, U3	9	Z1543
90862	HA, 52	9	Z1545
H2017	HA, U1	9	Z1549

231.200 PA for Age 21 and Over 10-1-04

Certain RSPMI services must be prior authorized by First Health Services for individuals age 21 and over. The procedure codes listed below must be billed with type of service (TOS) R (paper only) when provided to Medicaid-eligible individuals age 21 or over. [View or print First Health Services contact information.](#) Procedure codes requiring prior authorization:

National Codes	Required Modifier	Type of Service	Local Codes
H0004 H0004	— —	R V	Z0568
90853	—	R	Z0574
H2012	22	R	Z0577
H2011	U1	R	Z1539
H2015	U6	R	Z1540
H2015	U7	V	Z1540
H2015	U2	R	Z1541
H2015	U9	R	Z1542
H2015	U4	R	Z1543
90862 90862	— —	R V	Z1545
H2017	—	R	Z1549

252.100 Procedure Codes for Types of Covered Services

10-1-04

Covered RSPMI services are restricted services, non-restricted services, inpatient hospital services, services available through telemedicine, and services available to nursing home residents. RSPMI services are billed on a per unit basis. Unless otherwise specified in this manual or the appropriate CPT or HCPCS book, one unit equals 15 minutes.

NOTE: Where both a national code and a local code (“Z code”) are available, the local code can be used only for dates of service through October 15, 2003; the national code must be used for both electronic and paper claims for dates of service after October 15, 2003. Where only a local code is available, it can be used indefinitely, but it can be billed only on a paper claim. Where only a national code is available, it can be used indefinitely for both electronic and paper claims.

252.110 Non-Restricted Outpatient Procedure Codes

10-1-04

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
92506	HA	—	9	<i>Diagnosis: Speech Evaluation</i> 1 unit = 30 minutes Maximum units per state fiscal year (SFY) = 4 units	4
P9612	HA	—	9	<i>Catheterization for collection of specimen – individual</i>	Per routine
90801	HA, UI	Z0560	9	<i>Diagnosis</i> The purpose of this service is to determine the existence, type, nature and most appropriate treatment of a mental illness or related disorder as prescribed in DSM-IV. This psychodiagnostic process must be provided by a Mental Health professional and must be supervised by a physician, as indicated by the physician's dated, signed approval of the related treatment plan. It may include, but is not limited to, a psychosocial and medical history, a mental status examination, diagnostic findings and initial treatment plan/plan of care. This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes and formulating the initial treatment plan/plan of care.	8

90801	—	Z0560	V	<p><i>Diagnosis: Use the above description</i></p> <p>Additional requirement: 90801 with no modifier is for service provided via telemedicine only.</p>	8
96100	HA, 22	Z0561	9	<p><i>Diagnosis - Psychological Test / Evaluation</i></p> <p>This service allows for the administration of a single diagnostic test to a client by a Psychologist or Psychological Examiner. This procedure should reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the client as prescribed by the purpose of the evaluation.</p>	8
96100	HA, 22, 52	Z0562	9	<p><i>Diagnosis - Psychological Testing Battery</i></p> <p>This service allows for the administration of two (2) or more diagnostic tests to a client by a Psychologist or Psychological Examiner. This battery should assess the mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics of the client.</p>	8
90885	HA, U2	Z0563	9	<p><i>Treatment Plan</i></p> <p>The plan of treatment for Medicaid recipients who are not SMI or SED is to be developed by a Mental Health Professional at the direction of the responsible physician in accordance with DBHS program standards and Section 224.000 of this manual. It must include short- and long-term goals for treatment of the client's mental health needs and must be reviewed every ninety (90) days.</p>	2 May be billed 1 time upon entering care

90885	HA	Z1578	9	<i>Periodic Review of Treatment Plan/Plan of Care</i>	2
<p>The periodic review and revision of the treatment plan/plan of care by a mental health professional to determine the recipient's progress toward the treatment plan/plan of care objectives, appropriateness of the services provided and need for the enrolled recipient's continued participation in the RSPMI program.</p> <p>This service must be completed every 90 days at a minimum. If performed more frequently, there must be documentation of significant acuity or change in clinical status (e.g., onset of psychotic symptoms or suicidal feelings) requiring an update in the recipient's treatment plan/plan of care.</p>					
90885	HA, U1	Z1578	9	<i>Periodic Review of Treatment Plan/Plan of Care</i>	2
<p>Apply the above description.</p> <p>Additional information: 90885 plus modifier "U1" is for this service when provided by a non-physician.</p>					
90887	HA, U2	Z0564	9	<i>Interpretation of Diagnosis</i>	4
<p>This is a direct service provided by a Mental Health Professional for interpreting the results of diagnostic activities to the recipient and/or significant others. If significant others are involved, appropriate consent forms may need to be obtained</p>					
90887	U3	Z0564	V	<i>Interpretation of Diagnosis</i>	4
<p>Use above description</p> <p>Additional information: 90887 plus modifier "U3" is for service provided via telemedicine only</p>					
H0004	HA	Z0568	9	<i>Individual Outpatient – Therapy Session</i>	4
<p>Scheduled individual outpatient care provided by a Mental Health Professional to a recipient for the purposes of treatment and remediation of a condition described in DSM-IV and subsequent revisions.</p>					

H0004	—	Z0568	R	<p><i>Individual Outpatient – Therapy Session</i></p> <p>Use above description.</p> <p>Additional information: H0004 with no modifier is for ages 21 and over.</p>	4
H0004	—	Z0568	V	<p><i>Individual Outpatient – Therapy Session</i></p> <p>Use above description.</p> <p>Additional information: H0004 with no modifier is for services provided via telemedicine only.</p>	4
90846	HA, U3	Z0571	9	<p><i>Marital/Family Therapy – Recipient is not present</i></p> <p>Marital/Family Therapy shall be treatment provided by a mental health professional to member(s) of a family in the same session. The purpose of this service is to treat the symptoms of the mental illness of the identified recipient by improving the functional capacity of the recipient within marital/family relationships.</p> <p>Documentation to support the appropriateness of excluding the identified recipient must be maintained in the recipient's record.</p>	6
90846	—	Z0571	R	<p><i>Marital/Family Therapy – Recipient is not present</i></p> <p>Use the above description.</p> <p>Additional information: 90846 with no modifier is for ages 21 and over.</p>	6
90846	U5	Z0571	V	<p><i>Marital/Family Therapy – Recipient is not present</i></p> <p>Use the above description.</p> <p>Additional information: 90846 with the modifier "U5" is for a service provided via telemedicine only.</p>	6

90847	HA, U3	Z0571	9	<p><i>Marital/Family Therapy – Recipient is present</i></p> <p>Marital/Family Therapy shall be treatment provided by a mental health professional to more than one member of a family in the same session. The purpose of this service is to treat the symptoms of the mental illness of the identified recipient by improving the functional capacity of the recipient within marital/family relationships.</p> <p>Additional information: 90847 plus modifiers “HA U3” is for under age 21.</p>	6
90847	—	Z0571	R	<p><i>Marital/Family Therapy – Recipient is present</i></p> <p>Use the above description.</p> <p>Additional information: 90847 with no modifier is for ages 21 and over.</p>	6
90847	U5	Z0571	V	<p><i>Marital/Family Therapy – Recipient is present</i></p> <p>Use the above description.</p> <p>Additional information: 90847 with the modifier “U5” is for a service provided via telemedicine only.</p>	6
92507	HA	Z1926	9	<p><i>Individual Outpatient – Speech Therapy, Speech Language Pathologist</i></p> <p>Scheduled individual outpatient care provided by a licensed speech pathologist supervised by a physician to a Medicaid-eligible recipient for the purpose of treatment and remediation of a communicative disorder deemed medically necessary. See the Occupational, Physical and Speech Therapy Program Provider Manual for specifics of the speech therapy services.</p>	4

92507	HA, 52	Z2265	9	<i>Individual Outpatient – Speech Therapy, Speech Language Pathologist Assistant</i>	4
				Scheduled individual outpatient care provided by a licensed speech pathologist assistant supervised by a qualified speech language pathologist to a Medicaid-eligible recipient for the purpose of treatment and remediation of a communicative disorder deemed medically necessary. See the Occupational, Physical and Speech Therapy Program Provider Manual for specifics of the speech therapy services.	
92508	HA	Z1927	9	<i>Group Outpatient – Speech Therapy, Speech Language Pathologist</i>	4
				Contact between a group of Medicaid-eligible recipients and a speech pathologist for the purpose of speech therapy and remediation. See the Occupational, Physical and Speech Therapy Provider Manual for specifics of the speech therapy services.	
92508	HA, 52	Z2266	9	<i>Group Outpatient – Speech Therapy, Speech Language Pathologist Assistant</i>	4
				Contact between a group of Medicaid-eligible recipients and a speech pathologist assistant for the purpose of speech therapy and remediation. See the Occupational, Physical and Speech Therapy Provider Manual for specifics of the speech therapy services.	
90853	HA, U1	Z0574	9	<i>Group Outpatient – Group Therapy</i>	6
				A direct service contact between a group of recipients and one or more Mental Health Professionals for the purposes of treatment and remediation of a psychiatric condition. This procedure does not include psychosocial group activities.	
90853	—	Z0574	R	<i>Group Outpatient – Group Therapy</i>	6
				Apply the above description. Additional information: 90853 with no modifier is for ages 21 and over.	
H2012	HA	Z0577	9	<i>Therapeutic Day/Acute Day Treatment – 8 units minimum</i>	32
				See Section 219.110 for service description.	

H2012	22	Z0577	R	<i>Therapeutic Day/Acute Day Treatment – 8 units minimum</i>	32
<p>H2012 with modifier “22” is for ages 21 and over.</p> <p>See Section 219.110 for service description.</p>					
H2011	HA, U7	Z1536	9	<i>Crisis Intervention</i>	8
<p>The purposes of this service are to prevent an inappropriate or premature more restrictive placement and/or to maintain the eligible recipient in an appropriate outpatient modality. This procedure is an unscheduled direct service contact occurring either on- or off-site between an eligible recipient with a diagnosable psychiatric disorder and a mental health professional.</p>					
H2011	U4	Z1536	V	<i>Crisis Intervention</i>	8
<p>Apply the above description.</p> <p>Additional information: H2011 plus modifier “U4” is for service provided via telemedicine only.</p>					
99201	HA, 52	Z1544	9	<i>Physical Examination – Psychiatrist or Physician</i>	3
99202	HA, 52				
99203	HA, 52				
99204	HA, 52				
99212	HA, 52				
99213	HA, 52				
99214	HA, 52				
99215	HA, 52				
<p>A direct service contact provided to an enrolled RSPMI recipient by a psychiatrist or a physician to review a recipient’s medical history and to examine the recipient’s organ and body systems functioning for the purpose of determining the status of the recipient’s physical health. This procedure may occur either on- or off-site and may be billed only by the RSPMI provider. The physician may not bill for an office visit, nursing home visit or any other outpatient medical services procedure for the same date of service.</p>					
90862	HA, 52	Z1545	9	<i>Medication Maintenance by a Physician</i>	2
<p>Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy.</p>					

90862	HA, HQ	Z0575	9	<i>Group Outpatient - Medication Maintenance by a physician</i>	6
				Group outpatient care by a licensed physician involving evaluation and maintenance of the Medicaid-eligible recipient on a medication regimen with simultaneous supportive psychotherapy in a group setting.	
90862	—	Z1545	R	<i>Medication Maintenance by a Physician</i>	2
				Apply description above. Additional information: 90862 with no modifier is for ages 21 and over.	
90862	—	Z1545	V	<i>Medication Maintenance by a Physician</i>	2
				Apply description above. Additional information: 90862 with no modifier is for services provided via telemedicine only.	
90862	HA, 52	—	9	<i>Pharmacologic Management</i>	2
				Psychiatric Mental Health Clinical Nurse Specialist or Psychiatric Mental Health Advanced Nurse Practitioner	
36415	HA	Z1913	9	<i>Routine Venipuncture for Collection of Specimen</i>	Per routine
				Inserting a needle into a vein to draw the specimen with a syringe or vacutainer.	
90887	HA	Z1547	9	<i>Collateral Intervention, Mental Health Professional</i>	4
				An on-site or off-site, face-to-face service contact by a mental health professional with caregivers, family members, gatekeepers, or other parties on behalf of an identified recipient to obtain or share relevant information necessary to the enrolled recipient's assessment, treatment plan/plan of care and/or rehabilitation. Contact between individuals in the employ of RSPMI facilities is not a billable collateral intervention.	
90887	U1	Z1547	V	<i>Collateral Intervention, Mental Health Professional</i>	4
				Apply the above description. Additional information: 90887 plus modifier "U1" is for service provided via telemedicine only.	

90887	HA, 52	Z1548	9	<p><i>Collateral Intervention, Mental Health Paraprofessional</i></p> <p>An on-site or off-site, face-to-face service contact by a mental health paraprofessional with caregivers, family members, gatekeepers, or other parties on behalf of an identified recipient to obtain or share relevant information necessary to the enrolled recipient's assessment, treatment plan/plan of care and/or rehabilitation.</p> <p>Contact between individuals in the employ of RSPMI facilities is not a billable collateral intervention.</p>	4
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252.120 Restricted Outpatient Procedure Codes

10-1-04

The following restricted services may be provided only to Medicaid eligible recipients determined to be SMI or SED.

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day
T1023	HA, U1	Z1537	9	<p><i>Assessment and Treatment Plan/Plan of Care</i></p> <p>The purpose of this service is to certify the enrolled recipient eligible for RSPMI restricted services based on diagnosis, past psychiatric history, level of functioning and present support needs, and to delineate the rehabilitative treatment and care to be provided during the certification period. This procedure must be completed by a Mental Health Professional and includes the initial assessment of rehabilitative care needs and the development of an individual treatment plan/plan of care for a recipient.</p>	<p>Billed as 1 unit</p> <p>May be billed 1 time, upon admission to RSPMI services</p>
T1023	—	Z1537	V	<p><i>Assessment and Treatment Plan/Plan of Care</i></p> <p>Apply the above description.</p> <p>T1023 with no modifier is for services provided via telemedicine only.</p>	<p>Billed as 1 unit</p> <p>May be billed 1 time, upon admission to RSPMI services</p>

H2011	HA, U6	Z1538	9	<i>Crisis Stabilization Intervention, Mental Health Professional</i>	12
<p>A scheduled direct service contact between an enrolled recipient and a mental health professional or paraprofessional for the purpose of ameliorating a situation which places the recipient at risk of 24-hour inpatient care or other more restrictive 24-hour placement. The service may be provided within the recipient's permanent place of residence, temporary domicile or on-site.</p>					
H2011	U2	Z1538	R	<i>Crisis Stabilization Intervention, Mental Health Professional</i>	12
<p>Apply the above description.</p> <p>Additional information: H2011 plus modifier "U2" is for ages 21 and over.</p>					
H2011	HA, U5	Z1539	9	<i>Crisis Stabilization Intervention, Mental Health Paraprofessional</i>	12
<p>A scheduled direct service contact between an enrolled recipient and a mental health professional or paraprofessional for the purpose of ameliorating a situation which places the recipient at risk of 24-hour inpatient care or other more restrictive 24-hour placement. The service may be provided within the recipient's permanent place of residence, temporary domicile or on-site.</p>					
H2011	U1	Z1539	R	<i>Crisis Stabilization Intervention, Mental Health Paraprofessional</i>	12
<p>Apply the description above.</p> <p>Additional information: H2011 plus modifier "U1" is for ages 21 and over</p>					

H2015	HA, U5	Z1540	9	<i>On-Site Intervention, Mental Health Professional</i>	6
<p>A direct service contact occurring on-site between a mental health professional or paraprofessional and an enrolled recipient. The purposes of this service are to obtain the full range of needed services, monitor and supervise the recipient's functioning, establish support for the recipient and gather information relevant to the recipient's treatment plan/plan of care.</p>					
H2015	U6	Z1540	R	<i>On-Site Intervention, Mental Health Professional</i>	6
<p>Apply the above description.</p> <p>Additional information: H2015 plus modifier "U6" is for ages 21 and over.</p>					
H2015	U7	Z1540	V	<i>On-Site Intervention, Mental Health Professional</i>	6
<p>Apply the above description.</p> <p>Additional information: H2015 plus modifier "U7" is for services provided via telemedicine only.</p>					
H2015	HA, U1	Z1541	9	<i>On-Site Intervention, Mental Health Paraprofessional</i>	6
<p>A direct service contact occurring on-site between a mental health professional or paraprofessional and an enrolled recipient. The purposes of this service are to obtain the full range of needed services, monitor and supervise the recipient's functioning, establish support for the recipient and gather information relevant to the recipient's treatment plan/plan of care.</p>					
H2015	U2	Z1541	R	<i>On-Site Intervention, Mental Health Paraprofessional</i>	6
<p>Apply the above description.</p> <p>Additional information: H2015 plus modifier "U2" is for ages 21 and over</p>					

H2015	HA, U8	Z1542	9	<i>Off-Site Intervention, Mental Health Professional</i>	6
A direct service contact occurring off-site between a mental health professional or paraprofessional and an enrolled recipient. The purposes of this service are the same as those for on-site intervention.					
H2015	U9	Z1542	R	<i>Off-Site Intervention, Mental Health Professional</i>	6
Apply the above description.					
Additional information: H2015 plus modifier "U9" is for ages 21 and over.					
H2015	HA, U3	Z1543	9	<i>Off-Site Intervention, Mental Health Paraprofessional</i>	6
A direct service contact occurring off-site between a mental health professional or paraprofessional and an enrolled recipient. The purposes of this service are the same as those for on-site intervention.					
H2015	U4	Z1543	R	<i>Off-Site Intervention, Mental Health Paraprofessional</i>	6
Apply the above description.					
Additional information: H2015 plus modifier "U4" is for ages 21 and over.					
H2017	HA, U1		9	<i>Rehabilitative Day Service, 192 units per week maximum</i>	None
A direct service rendered to enrolled recipients who have psychiatric symptoms that require medical rehabilitation in a more structured form of care than outpatient care for the purposes of maximum reduction of psychiatric symptoms, increased functioning and eventual assimilation into the community. This service is provided primarily in a day program setting by a mental health professional or a mental health paraprofessional. Services may be provided off-site when necessary as a part of the treatment program.					

H2017	—	Z1549	R	Rehabilitative Day Service, 192 units per week maximum	None
				Apply the above description.	
				Additional information: H2017 with no modifier is for ages 21 and over.	

252.140 Telemedicine RSPMI Services Billing Information**10-1-04**

The mental health professional may provide certain treatment services from a remote site to the Medicaid-eligible recipient age 21 or over who is located in a mental health clinic setting. See Section 252.410 for billing instructions.

The following services may be provided via telemedicine by a mental health professional:

National Code	Required Modifier	Local Code	Local Code Description
90801	—	Z0560	Diagnosis
90887	U3	Z0564	Interpretation of Diagnosis
H0004	—	Z0568	Individual Outpatient - Therapy Session
90846 90847	U5 U5	Z0571	Marital/Family Therapy
H2011	U4	Z1536	Crisis Intervention
T1023	—	Z1537	Assessment/Reassessment and Treatment Plan/Plan of Care
H2011	U6	Z1538	Crisis Stabilization Intervention
H2015	U7	Z1540	On-Site Intervention
90862	—	Z1545	Medication Maintenance by a Physician
90887	U1	Z1547	Collateral Intervention

252.150 Services Available to Nursing Home Residents**10-1-04**

The following RSPMI procedure codes are payable to an RSPMI provider for services provided to residents of nursing homes who are Medicaid eligible when prescribed according to policy guidelines detailed in this manual:

National Code	Required Modifier	Local Code	Local Code Description
90801	U1	Z0560	Diagnosis
96100	—	Z0561	Diagnosis – Psychological Test/Evaluation
96100	—	Z0562	Diagnosis – Psychological Testing Battery
H0032	—	Z0563	Treatment Plan
90887	U2	Z0564	Interpretation of Diagnosis
H0004	—	Z0568	Individual Outpatient - Therapy Session
H2011	U7	Z1536	Crisis Intervention
90862	—	Z1545	Medication Maintenance by a Physician. [Limited to the administration of psychotropic 90862 (Z1545) drugs.]

Services provided to nursing home residents may be provided on or off site from the RSPMI provider. The services may be provided in the long-term care (LTC) facility, if necessary.