



# Arkansas Department of Human Services

## Division of Medical Services

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**TO:** Arkansas Medicaid Health Care Providers – Child Health Management Services  
**DATE:** November 1, 2005  
**SUBJECT:** Provider Manual Update Transmittal #58

### REMOVE

Section	Date
220.100	8-1-05
262.110 – 262.130	8-1-05

### INSERT

Section	Date
220.100	11-1-05
262.110 – 262.130	11-1-05

### Explanation of Updates

Section 220.100 has been updated to clarify information by removing unnecessary language.

Section 262.110 has been revised to clarify state fiscal year benefit limits for diagnosis and evaluation services.

Sections 262.110 through 262.130 are incorrect in update number 57, dated 8-1-05 regarding use of modifiers UA and UB. Effective for claims received on and after *December 5, 2005*, use of modifiers UA and UB must be used instead of modifiers 52 and 22.

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.

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

**220.100 Benefit Limits for CHMS Diagnosis and Evaluation Procedures**

11-1-05

Diagnosis and evaluation procedures are limited to two (2) diagnosis and evaluation encounters per state fiscal year (July 1 through June 30). If additional diagnosis and evaluation services are required, the CHMS provider must request an extension of **benefits** from the Arkansas Foundation for Medical Care, Inc. (AFMC).

## 262.110 Diagnosis and Evaluation Procedure Codes

11-1-05

The following diagnosis/evaluation procedure codes are limited to two (2) diagnosis and evaluation encounters per state fiscal year (July 1 through June 30). If **additional** diagnosis and evaluation procedures **are required**, the CHMS provider must request an extension of **benefits**. **Effective for claims received on and after December 5, 2005, modifiers UA and UB must be used instead of modifiers 52 and 22.**

**Procedure Codes**

90805	90807	90809	92506	92551
92552	92553	92555	92557	92567
92582	92585	92587	92588	96105
96111	96117	99201	99202	99203
99204	99205			

<b>Procedure Code</b>	<b>Required Modifier(s)</b>	<b>Description</b>
90801		Diagnostic evaluation/review of records (1 unit = 15 minutes), maximum of 3 units; <b>limited to 6 units per state fiscal year</b>
90887		Interpretation of diagnosis (1 unit = 15 minutes), maximum of 3 units; <b>limited to 6 units per state fiscal year</b>
96100	UA, UB	Psychological testing battery (1 unit = 15 minutes), maximum of 4 units; <b>limited to 8 units per state fiscal year</b>
97001		Evaluation for physical therapy (1 unit = 30 minutes), maximum of 4 units per state fiscal year
97003		Evaluation for occupational therapy (1 unit = 30 minutes), maximum of 4 units per state fiscal year
97802		Nutrition Screening: Review of recent nutrition history, medical record, current laboratory and anthropometric data and conference with patient, caregiver or other CHMS professional (1 unit = 15 minutes). Maximum of 2 units; <b>limited to 4 units</b> per state fiscal year
97802	U1	Nutrition Assessment: Assessment/evaluation of current nutritional status through history of nutrition, activity habits and current laboratory data, weight and growth history and drug profile; determination of nutrition needs; formulation of medical nutrition therapy plan and goals of treatment; a conference will be held with parents and/or other CHMS professionals or a written plan for medical nutrition therapy management will be provided (1 unit = 15 minutes). Maximum of 2 units; <b>limited to 4 units</b> per state fiscal year

Procedure Code	Required Modifier(s)	Description
97802	U2	Comprehensive Nutrition Assessment: Assessment/evaluation of current nutritional status through initial history of nutrition, activity and behavioral habits; review of medical records; current laboratory data, weight and growth history, nutrient analysis and current anthropometric data (when available); determination of energy, protein, fat, carbohydrate and macronutrient needs; formulation of medical nutrition therapy plan and goals of treatment. May conference with parent(s)/guardian or caregivers and/or physician for implementation of medical nutrition therapy management or provide a written plan for implementation (1 unit = 15 minutes). Maximum of 4 units; <b>limited to 8 units</b> per state fiscal year

**262.120 Treatment Procedure Codes**

11-1-05

The following treatment procedures are payable for services included in the child's treatment plan. Prior authorization is required for *all* CHMS treatment procedures. See section 240.000 of this manual for prior authorization requirements. **Effective for claims received on and after December 5, 2005, modifiers UA and UB must be used instead of modifiers 52 and 22.**

**Procedure Codes**

90804	90806	90808	90847	90849
97703	99211	99212	99213	99214
99215				

Procedure Code	Required Modifier(s)	Description
T1024		Brief Consultation, on site — A direct service contact by a CHMS professional on-site with a patient for the purpose of: obtaining the full range of needed services; monitoring and supervising the patient's functioning; establishing support for the patient and gathering information relevant to the patient's individual treatment plan.
T1024	U1	Collateral Services, on site — Face-to-face contact on-site by a CHMS professional with other professionals, caregivers or other parties on behalf of an identified patient to obtain or provide relevant information necessary to the patient's assessment, evaluation or treatment.
90846	U4	Family therapy, on-site, for therapy as part of the treatment plan, without the patient present (1 unit = 15 minutes)
90847	U4	Family therapy, on site, for therapy as part of the treatment plan, with the patient present (1 unit = 15 minutes)
97150		Group occupational therapy (1 unit = 15 minutes), maximum of 4 clients per group

<b>Procedure Code</b>	<b>Required Modifier(s)</b>	<b>Description</b>
99361	UA	Treatment Plan — Plan of treatment developed by CHMS professionals and the patient's caregiver(s). Plan must include short- and long-term goals and objectives and include appropriate activities to meet those goals and objectives (1 unit = 15 minutes).
<b>Procedure Code</b>	<b>Required Modifier(s)</b>	<b>Description</b>
H2011	—	Crisis Management Visit, on site — An unscheduled/unplanned direct service contact on site with the identified patient for the purpose of preventing physical injury, inappropriate behavior or placement in a more restrictive service delivery system (one unit = 15 minutes)
S9470	—	Nutrition Counseling/Consultation — Conference with parent/guardian and/or PCP to provide results of evaluation, discuss medical nutrition therapy plan and goals of treatment and education. May provide detailed menus for home use and information on sources of special nutrition products (1 unit = 30 minutes)
90853	—	Group Psychotherapy/counseling (1 unit = 5 minutes)
92507	—	Individual Speech Session (1 unit = 15 minutes)
92507	UB	Individual Speech Therapy by Speech-Language Pathology Assistant (1 unit = 15 minutes)
92508	—	Group Speech Session (1 unit = 15 minutes), maximum of 4 clients per group
92508	UB	Group Speech Therapy by Speech-Language Pathology Assistant (1 unit = 15 minutes), maximum of 4 clients per group
97110	—	Individual Physical Therapy (1 unit = 15 minutes)
97110	UB	Individual Physical Therapy by Physical Therapy Assistant (1 unit = 15 minutes)
97150	—	Group Physical Therapy (1 unit = 15 minutes), maximum of 4 clients per group
97150	U2	Group Occupational Therapy (1 unit = 15 minutes), maximum of 4 clients per group
97150	U1, UB	Group Occupational Therapy by Occupational Therapy Assistant (1 unit = 15 minutes), maximum of 4 clients per group
97150	UB	Group Physical Therapy by Physical Therapy Assistant (1 unit = 15 minutes), maximum of 4 clients per group
97530	—	Individual Occupational Therapy (1 unit = 15 minutes)
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant (1 unit = 15 minutes)

Procedure Code	Required Modifier(s)	Description
97530	U1	Developmental Motor Activity Services — Individualized activities provided by, or under the direction of, an Early Childhood Developmental Specialist to improve general motor skills by increasing coordination, strength and/or range of motion. Activities will be directed toward accomplishment of a motor goal identified in the patient's individualized treatment plan as authorized by the responsible CHMS physician (1 unit = 15 minutes)
97532	—	Cognitive Development Services — Individualized activities to increase the patient's intellectual development and competency. Activities will be those appropriate to carry out the treatment plan for the patient as authorized by the responsible CHMS physician. Cognitive Development Services will be provided by or under the direction of an Early Childhood Developmental Specialist. Activities will address goals of cognitive and communication skills development: (1 unit = 15 minutes).
97535	UB	Self Care and Social/Emotional Developmental Services — Individualized activities provided by or under the direction of an Early Childhood Developmental Specialist to increase the patient's self-care skills and/or ability to interact with peers or adults in a daily life setting/situation. Activities will be those appropriate to carry out the treatment plan for the patient as authorized by the responsible CHMS physician. (1 unit = 15 minutes).
97803	—	Nutrition follow-up: Reassess recent nutrition history, new anthropometer and laboratory data to evaluate progress toward meeting medical nutritional goals. May include a conference with parent or other CHMS professional (1 unit = 15 minutes).

### 262.130 CHMS Procedure Codes – Foster Care Program

11-1-05

Refer to section 202.000 of this manual for Arkansas Medicaid Participation Requirements for Providers of Comprehensive Health Assessments for Foster Children.

The following procedure codes are to be used for the mandatory comprehensive health assessments of children entering the Foster Care Program. Claims for these codes must be billed with a type of service (TOS) code “M” when filled on paper. These procedures *do not* require prior authorization. **Effective for claims received on and after December 5, 2005, modifiers UA and UB must be used instead of modifiers 52 and 22.**

Procedure Code	Required Modifier(s)	Description
T1016		Informing (1 unit = 15 minutes), maximum of 4 units
T1023		Staffing (1 unit = 15 minutes), maximum of 4 units
T1025		Developmental Testing
90801	U1	Diagnostic Interview, includes evaluation and reports (1 unit = 15 minutes), maximum of 8 units

<b>Procedure Code</b>	<b>Required Modifier(s)</b>	<b>Description</b>
92506	U1	Speech Testing (1 unit = 15 minutes), maximum of 8 units
92551	U1	Audio Screen
92567	U1	Tympanometry
95961	UA	Cortical Function Testing
96100	U1, UA	Psychological Testing, 2 or more (1 unit = 15 minutes), maximum of 8 units
96100	UA	Interpretation (1 unit = 15 minutes), maximum of 8 units
99173		Visual Screen
99205	U1	High Complex medical exam
99215	U1	