



Arkansas Department of Health and Human Services

Division of Medical Services



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

DATE: January 15, 2006

SUBJECT: Provider Manual Update Transmittal #64

REMOVE

Section	Date
227.110	10-13-03
252.100	8-1-05
252.110	8-1-05

INSERT

Section	Date
227.110 – 227.112	1-15-06
228.400 – 228.416	1-15-06
252.100	12-5-05
252.110	12-5-05

Explanation of Updates

Sections 227.110 through 227.112 are included to describe the process for extensions of speech therapy benefits.

Sections 228.400 through 228.416 are included to describe the retrospective review process used by the Arkansas Foundation for Medical Care, Inc., for speech therapy services

Section 252.100 through 252.110 are included to explain that, effective for claims received on or after December 5, 2005, modifier UA will replace 22 and UB will replace 52.

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 have already been 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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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227.110 Procedures for Obtaining Extension of Benefits for Speech Therapy 1-15-06

Requests for extension of benefits for speech therapy services for beneficiaries under age 21 must be mailed to the Arkansas Foundation for Medical Care, Inc. (AFMC). [View or print Arkansas Foundation for Medical Care, Inc., contact information.](#) A request for extension of benefits must meet the medical necessity requirement, and adequate documentation must be provided to support this request.

- A. Requests for extension of benefits are considered only after a claim is denied because the patient's benefit limits are exhausted.
- B. The request for extension of benefits must be received by AFMC within 90 calendar days of the date of the benefits-exhausted denial.
 1. Submit with the request a copy of the Medical Assistance Remittance and Status Report reflecting the claim's denial for exhausted benefits. Do not send a claim.
 2. AFMC will not accept extension of benefits requests sent via electronic facsimile (FAX).
- C. Form DMS-671, Request for Extension of Benefits for Clinical, Outpatient, Laboratory, and X-Ray Services, must be utilized for requests for extension of benefits for therapy services. [View or print form DMS-671.](#) Consideration of requests for extension of benefits requires correct completion of all fields on this form. The instructions for completion of this form are located on the back of the form. The provider's signature (with his or her credentials) and the date of the request are required on the form. Stamped or electronic signatures are accepted. All applicable records that support the medical necessity of the extended benefits request should be attached.

AFMC will approve or deny an extension of benefits request, or request additional information, within 30 calendar days of their receiving the request. AFMC reviewers will simultaneously advise the provider and the beneficiary when a request is denied.

227.111 Reconsideration of Extension of Benefits Denial 1-15-06

Any reconsideration request for denial of extension of benefits must be received at AFMC within thirty (30) days from the next business day following the postmark date on the envelope containing this denial letter. When requesting reconsideration of a denial, the following information is required:

- D. Return a copy of the current **NOTICE OF ACTION** denial letter with re-submissions.
- E. Return all previously submitted documentation as well as additional information for reconsideration.

Only one reconsideration is allowed. Any reconsideration request that does not include the required documentation will be automatically denied.

AFMC reserves the right to request further clinical documentation as deemed necessary to complete the medical review.

227.112 Appealing an Adverse Action 1-15-06

When the state Medicaid agency or its designee denies a benefit extension request, the beneficiary and/or the provider may appeal the denial and request a fair hearing.

An appeal request must be in writing and must be received by the Appeals and Hearings Section of the Department of Human Services (DHS) within thirty (30) days from the next business day following the postmark date on the envelope containing the denial letter. [View or print the Department of Human Services, Appeals and Hearings Section contact information.](#)

228.400 Retrospective Review of Speech Therapy Services for Individuals Under Age 21 1-15-06

Retrospective review of speech therapy services is required for recipients under age 21. The purpose of retrospective review is promotion of effective, efficient and economical delivery of health care services.

The Quality Improvement Organization (QIO), Arkansas Foundation for Medical Care, Inc. (AFMC), under contract to the Arkansas Medicaid Program, performs retrospective reviews by reviewing medical records to determine if services delivered and reimbursed by Medicaid meet medical necessity requirements. [View or print Arkansas Foundation for Medical Care, Inc. contact information.](#)

Specific guidelines have been developed for speech therapy retrospective reviews. These guidelines may be found in the following policy sections.

228.410 Speech-Language Therapy Guidelines for Retrospective Review 1-15-06

Speech-language therapy services must be medically necessary to the treatment of the individual's illness or injury. To be considered medically necessary, the following conditions must be met:

- F. The services must be considered under accepted standards of practice to be a specific and effective treatment for the patient's condition.
- G. The services must be of such a level of complexity or the patient's condition must be such that the services required can be safely and effectively performed only by or under the supervision of a qualified speech and language pathologist.
- H. There must be a reasonable expectation that therapy will result in meaningful improvement or a reasonable expectation that therapy will prevent a worsening of the condition. (See the definition for *medical necessity* in the Glossary of this manual.)

A diagnosis alone is not sufficient documentation to support the medical necessity of therapy. Assessment for speech-language therapy includes a comprehensive evaluation of the patient's speech language deficits and functional limitations, treatment planned and goals to address each identified problem.

228.411 Evaluations 1-15-06

In order to determine that speech-language therapy services are medically necessary, an evaluation must contain the following information:

- I. Date of evaluation
- J. Child's name and date of birth
- K. Diagnosis specific to therapy
- L. Background information including pertinent medical history and gestational age
- M. Standardized test results, including all subtest scores, if applicable. Test results, if applicable, should be adjusted for prematurity if the child is one year old or younger, and this should be noted in the evaluation
- N. An assessment of the results of the evaluation, including recommendations for frequency and intensity of treatment
- O. An explanation why the child was not tested in his or her native language, when such is the case

P. Signature and credentials of the therapist performing the evaluation

228.412 Feeding/Swallowing/Oral Motor

1-15-06

Q. May be formally or informally assessed.

R. Must have an in-depth functional profile on oral motor structures and function. An in-depth functional profile of oral motor structure and function is a description of a child's oral motor structure that specifically notes how the structure is impaired in its function and justifies the medical necessity of feeding/swallowing/oral motor therapy services. Standardized forms are available for the completion of an in-depth functional profile of oral motor structure and function, but a standardized form is not required.

228.413 Voice

1-15-06

A medical evaluation is a prerequisite to voice therapy. Progress notes must contain:

S. Child's name

T. Date of service

U. Time in and time out of each therapy session

V. Objectives addressed (should coincide with the plan of care)

W. A description of specific therapy services provided daily and the activities rendered during each therapy session, along with a form of measurement

X. Legible progress notes

Y. Therapist's full signature and credentials for each date of service

Z. The supervising speech and language pathologist's co-signature on graduate student's progress notes

228.414 Accepted Tests

1-15-06

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation in the evaluation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child should be included. The *MMY* is the standard reference to determine the reliability and validity of the test(s) administered in the evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

AA. Speech-Language Tests – Standardized

1. Preschool Language Scale, Third Ed. (PLS-3)
2. Preschool Language Scale, Fourth Ed. (PLS-4)
3. Test of Early Language Development, Third Ed. (TELD-3)
4. Peabody Picture Vocabulary Test, Third Ed. (PPVT-3)
5. Clinical Evaluation of Language Fundamentals – Preschool (CELF-P)
6. Clinical Evaluation of Language Fundamentals, Third Ed. (CELF-3)
7. Clinical Evaluation of Language Fundamentals, Fourth Ed. (CELF-4)
8. Communication Abilities Diagnostic Test (CADeT)

9. Test of Auditory Comprehension of Language, Third Ed. (TACL-3)
10. Comprehensive Assessment of Spoken Language (CASL)
11. Oral and Written Language Scales (OWLS)
12. Test of Language Development – Primary, Third Ed. (TOLD-P:3)
13. Test of Word Finding, Second Ed. (TWF-2)
14. Test of Auditory Perceptual Skills, Revised (TAPS-R)
15. Language Processing Test, Revised (LPT-R)
16. Test of Pragmatic Language (TOPL)
17. Test of Language Competence, Expanded Ed. (TLC-E)
18. Test of Language Development – Intermediate, Third Ed. (TOLD-I:3)
19. Fullerton Language Test for Adolescents, Second Ed. (FLTA)
20. Test of Adolescent and Adult Language, Third Ed. (TOAL-3)
21. Receptive One-Word Picture Vocabulary Test, Second Ed. (ROWPVT-2)
22. Expressive One-Word Picture Vocabulary Test, 2000 Ed. (EOWPVT)
23. Comprehensive Receptive and Expressive Vocabulary Test, Second Ed. (CREVT-2)
24. Kaufman Assessment Battery for Children (KABC)

BB. Speech-Language Tests – Supplemental

25. Receptive/Expressive Emergent Language Test, Second Ed. (REEL-2)
26. Nonspeech Test for Receptive/Expressive Language
27. Rossetti Infant-Toddler Language Scale (RITLS)
28. Mullin Scales of Early Learning (MSEL)
29. Reynell Developmental Language Scales
30. Illinois Test of Psycholinguistic Abilities, Third Ed. (ITPA-3)
31. Social Skills Rating System – Preschool & Elementary Level (SSRS-1)
32. Social Skills Rating System – Secondary Level (SSRS-2)

CC. Birth to Age 3:

33. A - (minus) 1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a - (minus) 2.0 SD (standard score of 70) below the mean in one area to qualify for language therapy.
34. Two language tests must be reported, with at least one of these being a global, norm-referenced, standardized test with good reliability and validity. The second test may be criterion referenced.
35. All subtests, components, and scores must be reported for all tests.
36. All sound errors must be reported for articulation, including positions and types of errors.
37. If phonological testing is submitted, a traditional articulation test must also be submitted with a standardized score.
38. Information regarding the child's functional hearing ability must be included as a part of the therapy evaluation report.
39. Non-school-age children must be evaluated annually.

40. If the provider indicates that the child cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the child's functional communication abilities. An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.
41. Children must be evaluated at least annually. Children (birth to age 2) in the Child Health Management Services (CHMS) Program must be evaluated every 6 months.

DD. Ages 3 to 20:

42. A - (minus) 1.5 standard deviations (SD; standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a - (minus) 2.0 SD (standard score of 70) below the mean in one area (expressive, receptive, articulation)
43. Two language tests must be reported, with at least one of these being a global, norm-referenced, standardized test with good reliability and validity. Criterion-referenced tests will not be accepted for this age group.
44. All subtests, components and scores must be reported for all tests.
45. All sound errors must be reported for articulation including positions and types of errors.
46. If phonological testing is submitted, a traditional articulation test must also be submitted with a standardized score.
47. Information regarding the child's functional hearing ability must be included as a part of the therapy evaluation report.
48. Non-school-age children must be evaluated annually.
49. School-age children must have a full evaluation every three years (a yearly update is required) if therapy is school related; outside of school annual evaluations are required. "School related" means the child is of school age, attends public school and receives therapy provided by the school.
50. If the provider indicates that the child cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the child's functional communication abilities. An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.
51. IQ scores are required on all children who are school age and receiving language therapy. **Exception: IQ scores are not required for children under ten (10) years of age.**

228.415 Intelligence Quotient (IQ) Testing

1-15-06

Children receiving language intervention therapy must have cognitive testing once they reach ten (10) years of age. This also applies to home-schooled children. If the IQ score is higher than the qualifying language scores, the child qualifies for language therapy; if the IQ score is lower than the qualifying language test scores, the child would appear to be functioning at or above the expected level. In this case, the child may be denied for language therapy. If a provider determines that therapy is warranted, an in-depth functional profile must be documented. However, IQ scores are not required for children under ten (10) years of age.

EE. IQ Tests – Traditional

52. Stanford-Binet (S-B)

53. The Wechsler Preschool & Primary Scales of Intelligence, Revised (WPPSI-R)
 54. Slosson
 55. Wechsler Intelligence Scale for Children, Third Ed. (WISC-III)
 56. Kauffman Adolescent & Adult Intelligence Test (KAIT)
 57. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
 58. Differential Ability Scales (DAS)
- FF. Severe and Profound IQ Tests/Non-Traditional – Supplemental – Norm Reference
59. Comprehensive Test of Nonverbal Intelligence (CTONI)
 60. Test of Nonverbal Intelligence (TONI-3) – 1997
 61. Functional Linguistic Communication Inventory (FLCI)
- GG. Articulation/Phonological Assessments – Norm Reference
62. Arizona Articulation Proficiency Scale, Third Ed. (Arizona-3)
 63. Goldman-Fristoe Test of Articulation (GFTA)
 64. Goldman-Fristoe Test of Articulation, Second Ed. (GFTA-2)
 65. Khan-Lewis Phonological Analysis (KLPA)
 66. Slosson Articulation Language Test with Phonology (SALT-P)
 67. Bankston-Bernthal Test of Phonology (BBTOP)
 68. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
 69. Comprehensive Test of Phonological Processing (CTOPP)
 70. Assessment of Intelligibility of Dysarthric Speech (AIDS)
 71. Weiss Comprehensive Articulation Test (WCAT)
 72. Assessment of Phonological Processes – R (APPS-R)
 73. Photo Articulation Test, Third Ed. (PAT-3)
- HH. Articulation/Phonological – Supplemental – Norm Reference
- Test of Phonological Awareness (TOPA)
- II. Voice/Fluency Assessments – Norm Reference
- Stuttering Severity Instrument for Children and Adults (SSI-3)
- JJ. Auditory Processing Assessments – Norm Reference
- Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
- KK. Oral Motor – Supplemental – Norm Reference
- Screening Test for Developmental Apraxia of Speech, Second Ed. (STDAS-2)
- LL. Traumatic Brain Injury (TBI) Assessments – Norm Reference
74. Ross Information Processing Assessment – Primary
 75. Test of Adolescent/Adult Word Finding (TAWF)
 76. Brief Test of Head Injury (BTHI)
 77. Assessment of Language-Related Functional Activities (ALFA)

78. Ross Information Processing Assessment, Second Ed. (RIPA-2)
79. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)
80. Communication Activities of Daily Living, Second Ed. (CADL-2)

228.416 Recoupment Process**1-15-06**

The Division of Medical Services (DMS), Utilization Review Section (UR) is required to initiate the recoupment process for all claims that AFMC, the state Quality Improvement Organization (QIO), has denied because the records submitted do not support the claim of medical necessity.

Arkansas Medicaid will send the provider an Explanation of Recoupment Notice that will include the claim date of service, Medicaid beneficiary name and ID number, service provided, amount paid by Medicaid, amount to be recouped, and the reason the recoupment is initiated.

252.100 Procedure Codes for Types of Covered Services**12-5-05**

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: RSPMI providers will continue to use modifiers 22 and 52. Effective for claims received on or after December 5, 2005, modifier 22 will be replaced with UA and modifier 52 will be replaced with UB.

252.110 Non-Restricted Outpatient Procedure Codes**12-5-05**

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
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	<i>Diagnosis: Use the above description</i> Additional requirement: 90801 with no modifier is for service provided via telemedicine only.	8

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
96100	HA, UA	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, UA, UB	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>	<p>2</p> <p>May be billed 1 time upon entering care</p>

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
90885	HA	Z1578	9	<p><i>Periodic Review of Treatment Plan/Plan of Care</i></p> <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>	2
90885	HA, U1	Z1578	9	<p><i>Periodic Review of Treatment Plan/Plan of Care</i></p> <p>Apply the above description.</p> <p>Additional information: 90885 plus modifier "U1" is for this service when provided by a non-physician.</p>	2
90887	HA, U2	Z0564	9	<p><i>Interpretation of Diagnosis</i></p> <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>	4
90887	U3	Z0564	V	<p><i>Interpretation of Diagnosis</i></p> <p>Use above description</p> <p>Additional information: 90887 plus modifier "U3" is for service provided via telemedicine only</p>	4

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
H0004	HA	Z0568	9	<i>Individual Outpatient – Therapy Session</i> 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.	4
H0004	—	Z0568	R	<i>Individual Outpatient – Therapy Session</i> Use above description. Additional information: H0004 with no modifier is for ages 21 and over.	4
H0004	—	Z0568	V	<i>Individual Outpatient – Therapy Session</i> Use above description. Additional information: H0004 with no modifier is for services provided via telemedicine only.	4
90846	HA, U3	Z0571	9	<i>Marital/Family Therapy – Recipient is not present</i> 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. Documentation to support the appropriateness of excluding the identified recipient must be maintained in the recipient's record.	6
90846	—	Z0571	R	<i>Marital/Family Therapy – Recipient is not present</i> Use the above description. Additional information: 90846 with no modifier is for ages 21 and over.	6

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
90846	U5	Z0571	V	<i>Marital/Family Therapy – Recipient is not present</i> Use the above description. Additional information: 90846 with the modifier “U5” is for a service provided via telemedicine only.	6
90847	HA, U3	Z0571	9	<i>Marital/Family Therapy – Recipient is present</i> 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. Additional information: 90847 plus modifiers “HA U3” is for under age 21.	6
90847	—	Z0571	R	<i>Marital/Family Therapy – Recipient is present</i> Use the above description. Additional information: 90847 with no modifier is for ages 21 and over.	6
90847	U5	Z0571	V	<i>Marital/Family Therapy – Recipient is present</i> Use the above description. Additional information: 90847 with the modifier “U5” is for a service provided via telemedicine only.	6

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
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, UB	Z2265	9	<p><i>Individual Outpatient – Speech Therapy, Speech Language Pathologist Assistant</i></p> <p>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.</p>	4
92508	HA	Z1927	9	<p><i>Group Outpatient – Speech Therapy, Speech Language Pathologist</i></p> <p>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.</p>	4

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
92508	HA, UB	Z2266	9	<p><i>Group Outpatient – Speech Therapy, Speech Language Pathologist Assistant</i></p> <p>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.</p>	4
90853	HA, U1	Z0574	9	<p><i>Group Outpatient – Group Therapy</i></p> <p>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 <i>psychosocial</i> group activities.</p>	6
90853	—	Z0574	R	<p><i>Group Outpatient – Group Therapy</i></p> <p>Apply the above description.</p> <p>Additional information: 90853 with no modifier is for ages 21 and over.</p>	6
H2012	HA	Z0577	9	<p><i>Therapeutic Day/Acute Day Treatment – 8 units minimum</i></p> <p>See Section 219.110 for service description.</p>	32
H2012	UA	Z0577	R	<p><i>Therapeutic Day/Acute Day Treatment – 8 units minimum</i></p> <p>H2012 with modifier “22” is for ages 21 and over.</p> <p>See Section 219.110 for service description.</p>	32

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
H2011	HA, U7	Z1536	9	<p><i>Crisis Intervention</i></p> <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>	8
H2011	U4	Z1536	V	<p><i>Crisis Intervention</i></p> <p>Apply the above description.</p> <p>Additional information: H2011 plus modifier "U4" is for service provided via telemedicine only.</p>	8
99201 99202 99203 99204 99212 99213 99214 99215	HA, UB HA, UB HA, UB HA, UB HA, UB HA, UB HA, UB HA, UB	Z1544	9	<p><i>Physical Examination – Psychiatrist or Physician</i></p> <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>	3
90862	HA	Z1545	9	<p><i>Medication Maintenance by a Physician</i></p> <p>Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy.</p>	2

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
90862	HA, HQ	Z0575	9	<i>Group Outpatient - Medication Maintenance by a physician</i> 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.	6
90862	—	Z1545	R	<i>Medication Maintenance by a Physician</i> Apply description above. Additional information: 90862 with no modifier is for ages 21 and over.	2
90862	—	Z1545	V	<i>Medication Maintenance by a Physician</i> Apply description above. Additional information: 90862 with no modifier is for services provided via telemedicine only.	2
90862	HA, UB	—	9	<i>Pharmacologic Management</i> Psychiatric Mental Health Clinical Nurse Specialist or Psychiatric Mental Health Advanced Nurse Practitioner	2
36415	HA	Z1913	9	<i>Routine Venipuncture for Collection of Specimen</i> Inserting a needle into a vein to draw the specimen with a syringe or vacutainer.	Per routine

National Code	Required Modifier	Local Code	TOS	Definition	Max Units Per Day for Services Not Requiring PA
90887	HA	Z1547	9	<p><i>Collateral Intervention, Mental Health Professional</i></p> <p>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.</p> <p>Contact between individuals in the employ of RSPMI facilities is not a billable collateral intervention.</p>	4
90887	U1	Z1547	V	<p><i>Collateral Intervention, Mental Health Professional</i></p> <p>Apply the above description.</p> <p>Additional information: 90887 plus modifier "U1" is for service provided via telemedicine only.</p>	4
90887	HA, UB	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