



Division of Medical Services
Program Planning & Development

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TO: Arkansas Medicaid Health Care Providers – DDS Alternative Community Services (DDS ACS) Waiver

DATE: December 1, 2007

SUBJECT: Provider Manual Update Transmittal # 90

REMOVE

Section Date
272.100 10-1-07

INSERT

Section Date
272.100 12-1-07

Explanation of Updates

Section 272.100 has been included to revise the unit description of "one year" to "one day" for four procedure codes; H2016, H2016UB, S5151 and T2020.

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) 682-8323 or (501) 682-6789 (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

TOC not required

272.100 DDS ACS Waiver Procedure Codes

12-1-07

The following procedure codes and any associated modifier(s) must be billed for DDS ACS Waiver Services. Prior authorization is required for all services.

Procedure Code	M1	M2	PA	Description	Unit of Service	National POS Codes
A0080 ⁶			Y	**Non-Medical Transportation	1 Mile	99
H2016 ⁶			Y	**Supportive Living (Individual)	1 Day	12, 99
H2016 ⁶	UB		Y	**Supportive Living (Group)	1 Day	12, 99
H2023 ¹			Y	Supported Employment	15 Minutes	99
S5151 ⁶			Y	**Respite Care	1 Day	12, 99
T2020 ⁶			Y	**Community Experiences	1 Day	12, 99
T2020 ²	UA		Y	**Supplemental Support Services	1 Month	12, 99
T2022			Y	Case Management Services	1 Month	12, 99
T2025 ⁴			Y	**Consultation Services	1 Hour	12, 99
T2028 ³			Y	**Specialized Medical Supplies	1 Month	12, 99
T2034			Y	**Crisis Center	1 Day	99, 12
T2034 ⁵	U1	UA	Y	Crisis Intervention Services	1 Hour	99, 12

¹ Individuals are limited to a maximum of 32 units (8 hours) of supported employment services per date of service.

A breakdown of the supported employment units of service includes:

- One unit = 15 minutes to 21 minutes
- Two units = 22 minutes to 37 minutes
- Three units = 38 minutes to 52 minutes
- Four units = 53 minutes to 67 minutes

² Reimbursement for supplemental support cannot exceed \$1200.00 per year.

³ Reimbursement for specialized medical supplies cannot exceed \$300 per month.

Specialized medical supplies and supplemental support has a combined benefit limit of \$3600.00 per year.

⁴ Beneficiaries may receive twenty-five (25) hours of consultation services per waiver-eligible year.

⁵ Crisis intervention services may require a maximum of 24 hours of service during any one day.

⁶ The supportive living array, which includes transportation, respite care, community experiences, and supportive living services, cannot exceed the \$356.32 per day maximum (pervasive level).

The following list contains the procedure codes used for environmental modifications and adaptive equipment which has a combined benefit limit of \$7500 per year.

Procedure Code	M1	M2	PA	Description	National POS Codes
K0108			Y	** (ACS environmental modifications) Other accessories	12
S5160			Y	** (Adaptive equipment, personal emergency response system [PERS], installation and testing) Emergency response system; installation and testing	12
S5161			Y	** (Adaptive equipment, personal emergency response system [PERS], service fee, per month, excludes installation and testing) Emergency response system; service fee, per month (excludes installation and testing)	12
S5162			Y	** (Adaptive equipment, personal emergency response system [PERS], purchase only) Emergency response system; purchase only	12
S5165	U1		Y	** (ACS adaptive equipment) Home modifications, per service	12

****(...)** This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Refer to section 272.200 for definitions of the place of service codes listed above.