



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – Rehabilitative Services for Persons with Mental Illness
DATE: May 15, 2012
SUBJECT: Provider Manual Update Transmittal RSPMI-2-11

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include updates for sections 217.111, 219.140, and 252.140.

Explanation of Updates

Section 217.111 is updated to include the following procedure codes and modifiers: T1023, U7 for Psychiatric Diagnostic Assessment – Initial (telemedicine); and T1023, U7, U1 for Psychiatric Diagnostic Assessment – Continuing Care (telemedicine).

Sections 219.140 and 252.140 are updated to include services that may be provided via telemedicine for beneficiaries under the age of 21. Section 219.140 is also updated to include the minimum acceptable standards that providers must meet in order to be reimbursed by Arkansas Medicaid for providing services via telemedicine in the RSPMI program.

The paper version of this update transmittal includes revised pages that may be filed 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 have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-683-4120 (Local); 1-800-482-5850, extension 3-4120 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Handwritten signature of Andrew Allison, PhD, Director

TOC not required

217.111 Procedure Codes Not Requiring PCP Referral for Beneficiaries Under Age 21 5-15-12

Services designated by the following procedure codes and modifiers **do not** require PCP referral:

- A. 90801, HA, U1 – Mental Health Evaluation/Diagnosis
- B. 90885, HA, U2 – Master Treatment Plan
- C. 90887, HA, U2 – Interpretation of Diagnosis
- D. H2011, HA – Crisis Intervention
- E. T1023, HA, U1 – Psychiatric Diagnostic Assessment – Initial
- F. T1023, U7 – Psychiatric Diagnostic Assessment – Initial (telemedicine)
- G. T1023, HA, U2 – Psychiatric Diagnostic Assessment – Continuing Care
- H. T1023, U7, U1 – Psychiatric Diagnostic Assessment – Continuing Care (telemedicine)

219.140 Telemedicine (Interactive Electronic Transactions) RSPMI Services 5-15-12

RSPMI telemedicine services are interactive electronic transactions performed “face-to-face” in real time, via two-way electronic video and audio data exchange.

Reimbursement for telemedicine services is only available when, at a minimum, the Arkansas Telehealth Network (ATN) recommended audio video standards for real-time, two-way interactive audiovisual transmissions are met. Those standards are:

- A. Minimum bandwidth of fractional T1 (728 kilobytes);
- B. Screen size of no less than 20 inch diagonal;
- C. Transmitted picture frame rate capable of 30 frames per second at 384Kbps and the transmitted picture frame rate is suitable for the intended application; and
- D. All applicable equipment is UL and FCC Class A approved.

Providers who provide telemedicine services for Medicaid-eligible beneficiaries **must be able to link or connect** to the Arkansas Telehealth Network to ensure HIPAA compliance. Sites providing reimbursable telemedicine services to Medicaid-eligible beneficiaries are required to demonstrate the ability to meet the ATN standards listed above. A site **must** be certified by ATN before telemedicine services can be conducted. ATN will conduct site visits at initial start-up to ensure that all standards are met and to certify each telemedicine site. ATN will view connectivity statistics in order to ensure that appropriate bandwidth is being utilized by sites and will conduct random site visits to ensure that providers continue to meet all recommended standards and guidelines.

The mental health professional may provide certain treatment services from a remote site to the Medicaid-eligible beneficiary who is located in a mental health clinic setting. There must be an employee of the clinic in the same room with the beneficiary. Refer to Section 252.140 for billing instructions.

The following services may be provided via telemedicine by a mental health professional to Medicaid-eligible beneficiaries under age 21 and Medicaid-eligible beneficiaries age 21 and over:

- A. Psychiatric Diagnostic Assessment – Initial
- B. Psychiatric Diagnostic Assessment – Continuing Care
- C. Pharmacological Management by Physician

The following services may be provided via telemedicine by a mental health professional to Medicaid-eligible beneficiaries age 21 and over:

- A. Mental Health Evaluation/Diagnosis
- B. Interpretation of Diagnosis
- C. Individual Psychotherapy
- D. Marital/Family Psychotherapy – Beneficiary is not present
- E. Marital/Family Psychotherapy – Beneficiary is present
- F. Crisis Intervention
- G. Crisis Stabilization Intervention, Mental Health Professional
- H. Collateral Intervention, Mental Health Professional
- I. Intervention, Mental Health Professional

252.140 Telemedicine RSPMI Services Billing Information

5-15-12

The mental health professional may provide certain treatment services from a remote site to the Medicaid-eligible beneficiary 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 to Medicaid-eligible beneficiaries under age 21 and Medicaid-eligible beneficiaries age 21 and over; bill with POS 99:

National Code	Required Modifier	Service Title
T1023	U7	Psychiatric Diagnostic Assessment – Initial
T1023	U7, U1	Psychiatric Diagnostic Assessment – Continuing Care
90862	U7	Pharmacologic Management by a Physician

The following services may be provided via telemedicine by a mental health professional to Medicaid-eligible beneficiaries age 21 and over; bill with POS 99:

National Code	Required Modifier	Service Title
90801	U7	Mental Health Evaluation/Diagnosis
90887	U3, U7	Interpretation of Diagnosis
H0004	U7	Individual Psychotherapy
90846	U7	Marital/Family Psychotherapy – Beneficiary is not

National Code	Required Modifier	Service Title
		present
90847	U7	Marital/Family Psychotherapy – Beneficiary is present
H2011	U7	Crisis Intervention
T1023	U7, U1	Psychiatric Diagnostic Assessment – Continuing Care
H2011	U2, U7	Crisis Stabilization Intervention, Mental Health Professional
H2015	U7	Intervention, Mental Health Professional
90862	U7	Pharmacologic Management by a Physician
90887	U7	Collateral Intervention, Mental Health Professional