



**Division of Medical Services**  
**Program Development & Quality Assurance**

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

**DATE:** April 1, 2014

**SUBJECT:** Provider Manual Update Transmittal RSPMI-3-14

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
231.000	7-1-10	231.000	4-1-14
—	—	231.001	4-1-14
—	—	231.002	4-1-14
—	—	231.003	4-1-14

**Explanation of Updates**

Section 231.000 is updated to move prior authorization information for telemedicine and foster child services to new sections.

Section 231.001 is added to include prior authorization information for telemedicine services.

Section 231.002 is added to include prior authorization information for foster child services.

Section 231.003 is added to include requirements for providing services to be a beneficiary released to DHS care under Arkansas Code Annotated § 5-2-315.

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 the Program Development and Quality Assurance Unit at 501-320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making 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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Andrew Allison, PhD  
Director

**TOC required****231.000 Introduction to Prior Authorization and Extension of Benefits 4-1-14**

The Division of Medical Services contracts with ValueOptions to complete the prior authorization and extension of benefit processes.

**231.001 Prior Authorization Request for Telemedicine 4-1-14**

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.

**231.002 Prior Authorization Request for Foster Child 4-1-14**

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 DHS custody.

**231.003 Request for Beneficiary Released to DHS Care under Arkansas Code Annotated § 5-2-315 4-1-14**

A prior authorization, extension of benefits and retroactive request for services to be provided to a beneficiary released to DHS care under Arkansas Code Annotated § 5-2-315 must:

- A. State that the request is for a beneficiary released to DHS care;
- B. Include or attach the prescribed regimen of medical, psychiatric or psychological care or treatment that has been:
  1. Prepared for the person acquitted;
  2. Certified to the circuit court as appropriate by the director of the facility in which the person acquitted is committed; and
  3. Found by the circuit court to be appropriate.

Requests for continuing care authorizations must include copies of the compliance monitor's periodic compliance documentation including, without limitation, any written notice(s) of the acquittee's failure to comply with the prescribed regimen of medical, psychiatric or psychological care or treatment and compliance documentation regarding:

- A. Medication;
- B. Treatment and therapy;
- C. Substance abuse treatment; and
- D. Drug testing.