Arkansas Department of Health and Human Services

Division of Medical Services

P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480 TDD: 501-682-6789 & 1-877-708-8191 Internet Website: www.medicaid.state.ar.us

TO: **Arkansas Medicaid Health Care Providers – Rehabilitative Services for Youth and Children**

DATE: **December 5, 2005**

SUBJECT: **Provider Manual Update Transmittal #19**

REMOVE		INSERT	
Section	**Date**	**Section**	**Date**
262.100	7-1-05	262.100	12-5-05

Explanation of Updates

Section 262.100 is included to advise providers that effective for claims received on or after December 5, 2005, modifier UB must be used as appropriate.

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.

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Roy Jeffus, Director

262.100 Division of Youth Services (DYS) Special Billing Codes 12-5-05

The following pages contain a listing of Arkansas Medicaid Rehabilitative Services for Youth and Children (RSYC) Codes that pertain to services covered by the Division of Youth Services (DYS). It is important to use the Medicaid code listing. All codes must have five digits.

NOTE: Effective for claims received on or after December 5, 2005, modifier UB must be used as described below.

Procedure Code	Required Modifier	Description
96100	UB	PSYCHOLOGICAL TESTING BATTERY This code will only be used for the retroactive billing period. 1 unit = test battery
H2020	—	EMERGENCY SHELTER 1 unit = 1 day
H2020	U1	THERAPEUTIC FOSTER CARE 1 unit = 1 day
H2020	U2	THERAPEUTIC GROUP HOME 1 unit = 1 day
H2020	U4	RESIDENTIAL TREATMENT SERVICES 1 unit = 1 day
90801	—	DIAGNOSIS AND EVALUATION 1 unit = 15 minutes
90804	—	INDIVIDUAL PSYCHOTHERAPY 1 unit = 15 minutes
90853	—	GROUP PSYCHOTHERAPY 1 unit = 15 minutes

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TO: **Arkansas Medicaid Health Care Providers – Licensed Mental Health Practitioner**

DATE: **December 5, 2005**

SUBJECT: **Provider Manual Update Transmittal #49**

REMOVE		INSERT	
Section	**Date**	**Section**	**Date**
262.100	10-13-03	262.100	12-5-05

Explanation of Updates

Section 262.100 is included to advise providers that effective for claims received on or after December 5, 2005, modifiers UA and/or UB must be used with the appropriate procedure codes as described.

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Roy Jeffus, Director

262.100 Licensed Mental Health Practitioner Procedure Codes 12-5-05

The following services are billed on a per unit basis. Unless otherwise specified in the appropriate CPT or HCPCS book, one unit equals 15 minutes. Services less than 15 minutes in duration are not reimbursable. Services billed on a per hour basis according to CPT or HCPCS must be billed for a full hour of service. Services less than 1 hour are not reimbursable. See section 251.000 for instructions for billing more than full units.

NOTE: Effective for claims received on or after December 5, 2005, modifiers UA and/or UB must be used with the appropriate procedure codes as described below.

Procedure Code	Required Modifier	Type of Service Code	Description	Length of Service
90801	U1		Diagnosis Direct clinical service provided by a licensed mental health practitioner for the purpose of determining the existence, type, nature and most appropriate treatment of a mental illness or related disorder as described in the DSM-IV. This psychodiagnostic process may include but is not limited to a psychosocial and medical history, diagnostic findings and recommendations.	8 unit maximum per day.
96100	—		Diagnosis—Psychological Test/Evaluation Payable only to psychologists. A single diagnostic test administered to a client by a licensed psychologist. This procedure should reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the client.	8 unit maximum per day.
96100	UA, UB	9	Diagnosis—Psychological Testing-Battery Payable only to psychologists. Two (2) or more diagnostic tests administered to a client by a psychologist. This battery should assess the mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics of the client.	8 unit maximum per day.

90887	—		Interpretation of Diagnosis A direct service provided by a licensed mental health practitioner for the purpose of interpreting the results of diagnostic activities to the patient and/or significant others. If significant others are involved, appropriate consent forms may need to be obtained.	4 unit maximum per day.
H2011 (Psycholo-gist) H0046 (LCSW, LMFT, LPC)			Crisis Management Visit An unscheduled direct service contact between an identified patient and a licensed mental health practitioner for the purpose of preventing an inappropriate or more restrictive placement.	4 unit maximum per day.
H0004	—		Individual Outpatient—Therapy Session Scheduled individual outpatient care provided by a licensed mental health practitioner to a patient for the purposes of treatment and remediation of a condition described in DSM-IV and subsequent revisions.	4 unit maximum per day.
90847 90847	U1 U2	F 1	Marital/Family Therapy Family therapy shall be treatment provided to two or more family members and conducted by a licensed mental health practitioner for the purpose of alleviating conflict and promoting harmony.	6 unit maximum per day.
H0046 (Psycholo-gist) H0046 (LCSW, LMFT, LPC)	U2 U1	1 F	Individual Outpatient—Collateral Services A face-to-face contact by a licensed mental health practitioner with other professionals, caregivers or other parties on behalf of an identified patient to obtain relevant information necessary to the patient's assessment, evaluation and treatment.	4 unit maximum per day.
90853 90857	—		Group Outpatient—Group Therapy A direct-service contact between a group of patients and a LCSW, LMFT or LPC for the purposes of treatment and remediation of a psychiatric condition.	6 unit maximum per day.

90853 90857	U1 U1	Group Outpatient—Group Therapy A direct-service contact between a group of patients and a psychologist for the purposes of treatment and remediation of a psychiatric condition.	6 unit maximum per day

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TO: Arkansas Medicaid Health Care Providers – ARKids First-B

DATE: December 5, 2005

SUBJECT: Provider Manual Update Transmittal #28

REMOVE		INSERT	
Section	**Date**	**Section**	**Date**
262.140	10-13-03	262.140	12-5-05

Explanation of Updates

Providers are advised that effective for claims received on or after December 5, 2005, modifiers UA and/or UB must be used with the appropriate procedure codes as described in Section 262.120.

Section 262.140 is included to replace modifier 52 with modifier UB for procedure code 92507 effective for claims received on or after December 5, 2005. The note following the chart is deleted because the information it contains is now obsolete.

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Roy Jeffus, Director

262.140 Speech Therapy Procedure Codes 12-05-05

National Code	Required Modifier	Local Code	Local Code Description
92507	—	Z1926	Individual Speech Session
92508	—	Z1927	Group Speech Session
92507	UB	Z2265	Individual Speech Therapy by Speech Language Pathology Assistant
92508	—	Z2266	Group Speech Therapy by Speech Language Pathology Assistant
92506	—	—	—

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TO: Arkansas Medicaid Health Care Providers – School-Based Mental Health Services

DATE: December 5, 2005

SUBJECT: Provider Manual Update Transmittal #22

REMOVE		INSERT	
Section	**Date**	**Section**	**Date**
272.100	7-1-05	272.100	12-5-05

Explanation of Updates

Section 272.100 is included to advise providers that effective for claims received on or after December 5, 2005, modifiers UA and/or UB must be used with the appropriate procedure codes as described.

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Roy Jeffus, Director

272.100 School-Based Mental Health Services Procedure Codes 12-5-05

The following is a list of covered services available in the School-Based Mental Health Services Program. Practitioners enrolled as school-based mental health services provider personnel may provide the services on this list according to their scope of practice as identified by the licensure requirements.

The services are billed on a per unit basis. One unit equals 15 minutes. Services less than 15 minutes in duration are not reimbursable. The unit maximum shown below each procedure code description is a daily maximum.

NOTE: Effective for claims received on or after December 5, 2005, modifier UB must be used as described below.

Procedure Code	Required Modifier	Description and Definition	Length of Service
90801	—	Diagnosis Direct clinical service provided by school-based mental health services provider personnel for the purpose of determining the existence, type, nature and most appropriate treatment of a mental illness or related disorder as described in the DSM-IV. This psycho-diagnostic process may include, but not be limited to, a psychosocial and medical history, diagnostic findings and recommendations.	8-unit maximum
96100	—	Diagnosis - Psychological Test/Evaluation A single diagnostic test administered to a client by school-based mental health services provider personnel. This procedure should reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the client.	8-unit maximum
96100	UB	Diagnosis - Psychological Testing-Battery Two (2) or more diagnostic tests administered to a client by school-based mental health services provider personnel. This battery should assess the mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics of the client.	8-unit maximum
90887	—	Interpretation of Diagnosis A direct service provided by school-based mental health services provider personnel for the purpose of interpreting the results of diagnostic activities to the patient and/or significant others. If significant others are involved, appropriate consent forms may need to be obtained.	4-unit maximum
H0046	—	Crisis Management Visit An unscheduled direct service contact between an identified patient and school-based mental health services provider personnel for the purpose of preventing an inappropriate or more restrictive placement.	4-unit maximum

H0004	—	Individual Outpatient - Therapy Session Scheduled individual outpatient care provided by school-based mental health services provider personnel to a patient for the purposes of treatment and remediation of a condition described in DSM-IV and subsequent revisions.	4-unit maximum
90847	U6	Marital/Family Therapy Family therapy shall be treatment provided to two or more family members and conducted by school-based mental health services provider personnel for the purpose of alleviating conflict and promoting harmony.	6-unit maximum
H0046	—	Individual Outpatient - Collateral Services A face-to-face contact by school-based mental health services provider personnel with other professionals, caregivers or other parties on behalf of an identified patient to obtain relevant information necessary to the patient's assessment, evaluation and treatment.	4-unit maximum
90853	—	Group Outpatient - Group Therapy A direct service contact between a group of patients and school-based mental health services provider personnel for the purposes of treatment and remediation of a psychiatric condition	6-unit maximum