

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

**Mark Martin**

500 Woodlane, Suite 026  
Little Rock, Arkansas 72201-1094  
(501) 682-5070

[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



**For Office**

**Use Only:**

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of Developmental Disabilities Services

Contact Melissa Stone E-mail melissa.stone@dhs.arkansas.gov Phone 501-682-8662

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

**Rule Title:** ARKids 2-16, CHMS 1-16, DDTCS 1-16, Therapy 1-16 and State Plan Amendment #2016-009

**Intended Effective Date**

(Check One)

Emergency (ACA 25-15-204)

10 Days After Filing (ACA 25-15-204)

Other July 1, 2017  
(Must be more than 10 days after filing date.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

09/15/16-09/17/16

11/13/16

12/16/16

07/01/17

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Becky Murphy

becky.murphy@dhs.arkansas.gov

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

(501) 683-4997

dawn.stehle@dhs.arkansas.gov

Phone Number

E-mail Address

Director

Title

12-22-16

Date

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services  
**DIVISION** Division of Medical Services  
**PERSON COMPLETING THIS STATEMENT** Melissa Stone  
**TELEPHONE NO.** 501-682-8662 **FAX NO.** 501-404-4619 **EMAIL:** Melissa.stone@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** ARKids 2-16, CHMS 1-16, DDTCS 1-16 and Therapy 1-16

1. Does this proposed, amended, or repealed rule have a financial impact? Yes  No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes  No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes  No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;  
\_\_\_\_\_
- (b) The reason for adoption of the more costly rule;  
\_\_\_\_\_
- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;  
\_\_\_\_\_
- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.  
\_\_\_\_\_

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____

Other (Identify) \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue (\$ 4,789,911)  
Federal Funds (\$11,491,229)  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total (\$16,281,140)

General Revenue (\$ 4,789,911)  
Federal Funds (\$11,491,229)  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total (\$16,281,140)

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ (4,789,911)

\$ (4,789,911)

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:

- (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
- (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.



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

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-404-4619  
TDD/TTY: 501-682-6789



**TO:** Arkansas Medicaid Health Care Providers – ARKids First-B  
**EFFECTIVE DATE:** July 1, 2017  
**SUBJECT:** Provider Manual Update Transmittal ARKIDS-2-16

**REMOVE**

**Section**                      **Effective Date**  
222.600                      8-1-15

**INSERT**

**Section**                      **Effective Date**  
222.600                      7-1-17

**Explanation of Updates**

Section 222.600 is updated to clarify therapy services allowed without prior authorization.

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 Hewlett Packard Enterprise 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.

A handwritten signature in cursive script that reads "Dawn Stehle".

\_\_\_\_\_  
Dawn Stehle  
Director

*TOC not required*

## 222.600 Occupational, Physical and Speech Therapy Benefits

7-1-17

Occupational, physical and speech therapy services are available to beneficiaries in the ARKids First-B program and must be performed by a qualified, Medicaid participating Occupational, Physical or Speech Therapist. A referral for an occupational, physical or speech therapy evaluation and prescribed treatment must be made by the beneficiary's PCP or attending physician if exempt from the PCP program. All therapy services for ARKids First-B beneficiaries require referrals and prescriptions be made utilizing the "Occupational, Physical and Speech Therapy for Medicaid Eligible Recipients Under Age 21" form DMS-640. [View or print form DMS-640.](#)

Occupational, physical and speech therapy referrals and covered services are further defined in the Physicians and in the Occupational, Physical and Speech Therapy Provider Manuals. Physicians and therapists must refer to those manuals for additional rules and regulations that apply to occupational, physical or speech therapy services for ARKids First-B beneficiaries.

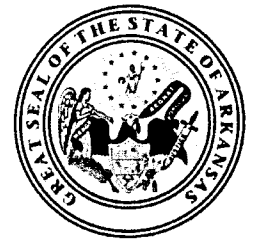
Arkansas Medicaid applies the following daily therapy benefits to occupational, physical and speech therapy services in this program:

- A. Medicaid will reimburse up to four (4) occupational, physical and speech therapy evaluation units (1 unit = 30 minutes) per state fiscal year (July 1 through June 30) without authorization. Additional evaluation units will require an extended therapy request.
- B. Medicaid will reimburse up to six (6) occupational, physical and speech therapy units (1 unit = 15 minutes) weekly, per discipline, without authorization. Additional therapy units will require an extended therapy request.
- C. All requests for extended therapy services must comply with the guidelines located within the Occupational, Physical and Speech Therapy Provider Manual.



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

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-404-4619  
TDD/TTY: 501-682-6789



**TO:** Arkansas Medicaid Health Care Providers – Developmental Day Treatment Clinic Services

**EFFECTIVE DATE:** July 1, 2017

**SUBJECT:** Provider Manual Update Transmittal DDTCS-1-16

**REMOVE**

Section	Effective Date
214.210	3-1-10
214.500	3-1-10
262.110	2-16-15

**INSERT**

Section	Effective Date
214.210	7-1-17
214.500	7-1-17
262.110	7-1-17

**Explanation of Updates**

Sections 214.210, 214.500 and 262.110 are updated to clarify therapy services allowed without prior authorization.

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 Hewlett Packard Enterprise 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.

Dawn Stehle  
Director



*TOC not required*

## 214.210 Occupational, Physical and Speech Therapy

7-1-17

Optional services available through DDTCS include occupational, physical and speech therapy and evaluation as an essential component of the plan of care for an individual accepted for developmental disabilities services. Therapy services are not included in the core services and are provided in addition to the core services. Procedural and benefit differences are based on the beneficiaries age (under age 21 and over age 21 yrs).

- A. The DDTCS client's primary care physician (PCP) or attending physician must refer a client for evaluation for occupational, physical or speech therapy services. For clients under the age of 21, the use of form DMS-640 is required. **View or print form DMS-640.** The DDTCS client's primary care physician (PCP) or attending physician must also prescribe occupational, physical and/or speech therapy services and again, for clients under the age of 21, the use of an additional form DMS-640 is required for the prescription. The prescribed therapy must be included in the individual's DDTCS plan of care. A copy of the prescription must be maintained in the beneficiary's records. The original prescription is to be maintained by the physician. After the initial referral and initial prescription, subsequent referrals and prescriptions for continued therapy may be made at the same time using the same DMS-640 for clients under age 21. Instructions for completion of form DMS-640 are located on the back of the form. Medicaid will accept an electronic signature provided it is compliance with Arkansas Code 25-31-103.
- B. Therapies in the DDTCS Program may be provided only to individuals whose plan of care includes one of the three levels of care (early intervention, pre-school or adult development). Medicaid does not cover optional therapy services furnished by a DDTCS provider as "stand-alone" services. To ensure quality care, group therapy sessions are limited to no more than four persons in a group.
1. When a DDTCS provider renders therapy services in conjunction with a DDTCS core service, therapy services must be billed by the DDTCS provider according to billing instructions in Section II of this manual.
  2. DDTCS providers may not bill under the Medicaid Occupational, Physical and Speech Therapy Program for therapy services available in the DDTCS Program and provided to DDTCS clients.
  3. Therapy services may not be provided during the same time period DDTCS core services are provided.
- C. Arkansas Medicaid applies the following therapy benefits to all therapy services provided in the DDTCS program:
1. Medicaid will reimburse up to four (4) occupational, physical and speech therapy evaluation units (1 unit = 30 minutes) per discipline, per state fiscal year (July 1 through June 30) without authorization. Additional evaluation units for beneficiaries under age 21 will require an extended therapy request.
  2. Medicaid will reimburse up to six (6) occupational, physical and speech therapy units (1 unit = 15 minutes) weekly, per discipline, without authorization. Additional daily therapy units will require an extended therapy request for beneficiaries under age 21.
  3. All requests for extended therapy services must comply with Sections 217.000 through 217.100 for beneficiaries under age 21.
  4. All requests for benefit extensions for therapy services provided in the DDTCS program to beneficiaries age 21 years and over must comply with Sections 217.700 through 217.800.
- D. Make-up therapy sessions are covered for beneficiaries under age 21 in the event a therapy session is canceled or missed, if determined medically necessary and prescribed

by the beneficiary's PCP. A make-up therapy session requires a separate prescription from the original previously received. Form DMS-640 must be used by the PCP for make-up therapy session prescriptions for beneficiaries under age 21.

- E. Therapy services carried out by an unlicensed therapy student may be covered only when the following criteria are met:
  1. Therapies performed by an unlicensed student must be under the direction of a licensed therapist and the direction is such that the licensed therapist is considered to be providing the medical assistance.
  2. The licensed therapist must be present and engaged in student oversight during the entirety of any encounter.

**214.500 Occupational, Physical and Speech Therapies Provided in the DDTCS Program For Beneficiaries 21 Years of Age and Older 7-1-17**

- A. Medicaid will reimburse up to four (4) occupational, physical and speech therapy evaluation units (1 unit = 30 minutes) per discipline, for an eligible beneficiary, per state fiscal year (July 1 through June 30).
- B. Medicaid will reimburse up to six (6) occupational, physical and speech therapy units (1 unit = 15 minutes) weekly, per discipline, for an eligible beneficiary.
- C. All requests for benefit extensions for therapy services for beneficiaries over age 21 must comply with Sections 217.700 through 217.800.

**262.110 Occupational, Physical and Speech Therapy Procedure Codes 7-1-17**

DDTCS therapy services may be provided only outside the time DDTCS core services are furnished. The following procedure codes must be used for therapy services in the DDTCS Program for Medicaid beneficiaries of all ages.

A. Occupational Therapy Procedure Codes

Procedure Code	Required Modifier(s)	Description
97003	—	Evaluation for occupational therapy (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
97150	U1, UB	Group occupational therapy by occupational therapy assistant (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
97150	U2	Group occupational therapy by Occupational Therapist (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
97530	—	Individual occupational therapy by Occupational Therapist (15-minute unit; maximum of 6 units per week)
97530	UB	Individual occupational therapy by occupational therapy assistant (15-minute unit; maximum of 6 units per week)

B. Physical Therapy Procedure Codes

Procedure Code	Required Modifier(s)	Description
97001	—	Evaluation for physical therapy (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
97110	—	Individual physical therapy by Physical Therapist (15-minute unit; maximum of 6 units per week)
97110	UB	Individual physical therapy by physical therapy assistant (15-minute unit; maximum of 6 units per week)
97150	—	Group physical therapy by Physical Therapist (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
97150	UB	Group physical therapy by physical therapy assistant (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)

## C. Speech Therapy Procedure Codes

Procedure Code	Required Modifier(s)	Description
92521	UA	**Evaluation of speech fluency (e.g. stuttering, cluttering) (maximum of four 30-minute units per state fiscal year, July 1 through June 30)
92522	UA	**Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) (maximum of four 30-minute units per state fiscal year, July 1 through June 30)
92523	UA	**Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g. receptive and expressive language) (maximum of four 30-minute units per state fiscal year, July 1 through June 30)
92524	UA	**Behavioral and qualitative analysis of voice and resonance (maximum of four 30-minute units per state fiscal year, July 1 through June 30)
92507	—	Individual speech session by Speech Therapist (15-minute unit; maximum of 6 units per week)
92507	UB	Individual speech therapy by speech language pathology assistant (15-minute unit; maximum of 6 units per week)
92508	—	Group speech session by Speech Therapist (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
92508	UB	Group speech therapy by speech language pathology assistant (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)

**NOTE: \*\*(...)** This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.



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



P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-404-4619  
TDD/TTY: 501-682-6789

**TO:** Arkansas Medicaid Health Care Providers – Occupational, Physical, Speech Therapy Services

**EFFECTIVE DATE:** July 1, 2017

**SUBJECT:** Provider Manual Update Transmittal THERAPY-1-16

**REMOVE**

**INSERT**

<b>Section</b>	<b>Effective Date</b>	<b>Section</b>	<b>Effective Date</b>
214.310	5-1-16	214.310	7-1-17
214.320	5-1-16	214.320	7-1-17
214.410	5-1-16	214.410	7-1-17
216.100	1-1-09	216.100	7-1-17
262.100	9-15-14	262.100	7-1-17

**Explanation of Updates**

Sections 214.310, 214.320 and 214.410 are updated to clarify policy regarding accepted occupational therapy, physical therapy and speech-language therapy tests.

Section 216.100 is updated to indicate that Medicaid will reimburse up to six occupational, physical and speech therapy units weekly.

Section 262.100 is updated with current procedure code information for occupational therapy, physical therapy and speech sessions and therapy.

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 Hewlett Packard Enterprise 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.

Dawn Stehle  
Director

**TOC not required****214.310 Accepted Tests for Occupational Therapy**

7-1-17

Tests used must be norm-referenced, standardized, age appropriate and specific to the suspected area(s) of deficit. The following list of tests is not all-inclusive. When using a test that is not listed below, the provider must include an explanation and justification in the evaluation report to support the use of the chosen test. The *Mental Measurement Yearbook (MMY)* is the standard reference for determining the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests. These definitions are applied to the lists of accepted tests:

- **STANDARDIZED:** Tests that are used to determine the presence or absence of deficits; any diagnostic tool or procedure that has a standardized administration and scoring process and compares results to an appropriate normative sample.
  - **SUPPLEMENTAL:** Tests and tools that are not norm-referenced, such as screeners, criterion-referenced measures, descriptive-design tools, structured probes, and clinical analysis procedures. These tools are numerous with new ones being frequently created/published. These measures are only used to further document deficits and support standardized test results. These measures do not replace the use of standardized tests. You are free to use supplemental tools of your own choosing to guide data collection, to generate in-depth, functional profiles, and/or to support standardized testing when appropriate, or as indicated in these regulations. (See Section 214.400, part D, paragraph 8.)
  - **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation process and should always be included. They are especially important when standard scores do not accurately reflect a child's deficits in order to qualify the child for therapy. A detailed narrative or description of a child's limitations and how they affect functional performance may constitute the primary justification of medical necessity when a standardized evaluation is inappropriate. (See Section 214.400, part D, paragraph 8.)
- A. Occupational Therapy Tests — Standardized (Newer editions of currently listed tests are also acceptable. Previous versions that have original protocols available are also accepted.)

<b>Test</b>	<b>Abbreviation</b>
Adaptive Behavior Scale — School Edition	ABS-S
Ashworth Scale	
Box & Block Test of Manual Dexterity	BBT
Bruininks-Oseretsky Test of Motor Proficiency	BOMP
Bruininks-Oseretsky Test of Motor Proficiency — Second Edition	BOT-2
Children's Handwriting Evaluation Scale	CHES
Cognitive Performance Test	CPT
DeGangi-Berk Test of Sensory Integration	TSI
Developmental Test of Visual Motor Integration	VMI
Developmental Test of Visual Perception, Second Edition	DTVP
Evaluation Tool of Children's Handwriting	ETCH
Functional Independence Measure — young version	WeeFIM
Functional Independence Measure — 7 years of age to adult	FIM

Test	Abbreviation
Jacobs Prevocational Skills Assessment	
Kohlman Evaluation of Living Skills	KELS
Miller Function and Participation Scales	M-Fun
Milwaukee Evaluation of Daily Living Skills	MEDLS
Motor Free Visual Perception Test	MVPT
Motor Free Visual Perception Test — Revised	MVPT-R
Mullen Scales of Early Learning	MSEL
Peabody Developmental Motor Scales — 2	PDMS-2
Pediatric Evaluation of Disability Inventory	PEDI
<b>NOTE: The PEDI can also be used for older children whose functional abilities fall below that expected of a 7 ½ year old with no disabilities. In this case, the scaled score is the most appropriate score to consider.</b>	
Purdue Pegboard Test	
Range of Motion	ROM
Sensory Integration and Praxis Test	SIPT
Sensory Integration Inventory Revised	SII-R
Sensory Processing Measure	SPM
Sensory Processing Measure—Preschool	SPM-P
Sensory Profile, Adolescent/Adult	
Sensory Profile, Infant/Toddler	
Sensory Profile	
Sensory Profile School Companion	
Test of Handwriting Skills	THS
Test of Infant Motor Performance	TIMP
Test of Visual Motor Integration	TVMI
Test of Visual Motor Skills	TVMS
Test of Visual Motor Skills — R	TVMS-R
Test of Visual Perceptual Skills	TVPS
Test of Visual Perceptual Skills — Upper Level	TVPS
Toddler and Infant Motor Evaluation	TIME
Wide Range Assessment of Visual Motor Abilities	WRAVMA

Tests used must be norm-referenced, standardized, age appropriate and specific to the suspected area(s) of deficit. The following list of tests is not all-inclusive. When using a test that is not listed below, the provider must include an explanation and justification in the evaluation report to support the use of the chosen test. The *Mental Measurement Yearbook (MMY)* is the

standard reference for determining the reliability and validity of the tests administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests. These definitions are applied to the following lists of accepted tests:

**STANDARDIZED:** Tests that are used to determine the presence or absence of deficits; any diagnostic tool or procedure that has a standardized administration and scoring process and compares the results to an appropriate normative sample.

**SUPPLEMENTAL:** Tests and tools that are not norm-referenced, such as screeners, criterion-referenced measures, descriptive-design tools, structured probes, and clinical analysis procedures. These tools are numerous with new ones being frequently created/published. These measures are only used to further document deficits and support standardized test results. These measures do not replace the use of standardized tests. You are free to use supplemental tools of your own choosing to guide data collection, to generate in-depth, functional profiles, and/or to support standardized testing when appropriate, or as indicated in these regulations. (See Section 214.400, part D, paragraph 8.)

**CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation process and should always be included. They are especially important when standard scores do not accurately reflect a child's deficits in order to qualify the child for therapy. A detailed narrative or description of a child's limitations and how they affect functional performance may constitute the primary justification of medical necessity when a standardized evaluation is inappropriate (See Section 214.400, part D, paragraph 8).

- A. Physical Therapy Tests — Standardized (Newer editions of currently listed tests are also acceptable. Previous versions that have original protocols available are also accepted.)

Test	Abbreviation
Alberta Infant Motor Scale	AIMS
Adaptive Behavior Inventory	ABI
Adaptive Behavior Scale — School, Second Edition	ABS-S:2
Ashworth Scale	
Assessment of Adaptive Areas	AAA
Bruininks-Oseretsky test of Motor Proficiency	BOMP
Bruininks-Oseretsky Test of Motor Proficiency, Second Edition	BOT-2
Comprehensive Trail-Making Test	CTMT
Functional Independence Measure for Children	WeeFIM
Functional Independence Measure — 7 years of age to adult	FIM
Gross Motor Function Measure	GMFM
Movement Assessment Battery for Children	Movement ABC
Mullen Scales of Early Learning	MSEL
Peabody Developmental Motor Scales, Second Edition	PDMS-2
Pediatric Balance Scale	PBS
Pediatric Evaluation of Disability Inventory	PEDI

**NOTE:** The PEDI can also be used for older children whose functional abilities fall below that expected of a 7 ½ year old with no disabilities. In this case, the scaled score is the most appropriate score to consider.

Test	Abbreviation
Range of Motion — Functional Performance Impairments	ROM
Sensory Processing Measure	SPM
Sensory Processing Measure-Preschool	SPM-P
Test of Infant Motor Performance	TIMP
Test of Gross Motor Development, Second Edition	TGMD-2
Toddler and Infant Motor Evaluation	

## 214.410 Accepted Tests for Speech-Language Therapy

7-1-17

Tests used must be norm-referenced, standardized, age appropriate and specific to the disorder, or components of the disorder, being assessed. The following list of tests is not all-inclusive. When using a test that is not listed below, the provider must include an explanation and justification in the evaluation report to support the use of the chosen test. The *Mental Measurement Yearbook (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. These definitions are applied to the following lists of accepted tests:

- **STANDARDIZED:** Tests that are used to determine the presence or absence of deficits; any diagnostic tool or procedure that has a standardized administration and scoring process and compares results to an appropriate normative sample.
- **SUPPLEMENTAL:** Tests and tools that are not norm-referenced, such as screeners, criterion-referenced measures, descriptive-design tools, structured probes, and clinical analysis procedures. These tools are numerous with new ones being frequently created/published. These measures are only used to further document deficits and support standardized test results. These measures do not replace the use of standardized tests. You are free to use supplemental tools of your own choosing to guide data collection, to generate in-depth, functional profiles, and/or to support standardized testing when appropriate, or as indicated in these regulations. (See Section 214.400, part D, paragraph 8.)
- **CLINICAL ANALYSIS PROCEDURES:** Specific analysis methods used for in-depth examination of clinical data obtained during assessment and used to further document deficits and support standardized results. Clinical analysis procedures may not replace standardized tests. Exception: Procedures from this list may be used to analyze data collected and assist in generating an in-depth, functional profile. (See Section 214.400, part D, paragraph 8.)
- **CLINICAL OBSERVATIONS:** Clinical observations have an important role in the evaluation process and should always be included. They are especially important when standard scores do not accurately reflect a child's deficits in order to qualify the child for therapy. A detailed narrative or description of the child's communication behaviors (in-depth, functional profile) may constitute the primary justification of medical necessity. (See Section 241.200, part D, paragraph 8.)
- **STANDARDIZED SCORING KEY:**
  - Mild: Scores between 84-78; -1.0 standard deviation
  - Moderate: Scores between 77-71; -1.5 standard deviations
  - Severe: Scores between 70-64; -2.0 standard deviations



Profound: Scores of 63 or lower; -2.0+ standard deviations

- A. Language Tests — Standardized (Newer editions of currently listed tests are also acceptable. Previous versions that have original protocols available are also accepted.)

<b>Test</b>	<b>Abbreviation</b>
Assessment of Language-Related Functional Activities	ALFA
Assessment of Literacy and Language	ALL
Behavior Rating Inventory of Executive Function	BRIEF
Behavioral Assessment of the Dysexecutive Syndrome for Children	BADS-C
Brief Test of Head Injury	BTHI
Children's Communication Checklist [Diagnostic for pragmatics]	CCC
Clinical Evaluation of Language Fundamentals — Preschool	CELF-P
Clinical Evaluation of Language, Fifth Edition	CELF-5
Clinical Evaluation of Language Fundamentals Metalinguistics	CELF-5
Communication Abilities Diagnostic Test	CADeT
Communication Activities of Daily Living, Second Edition	CADL-2
Comprehensive Assessment of Spoken Language	CASL
Comprehensive Receptive and Expressive Vocabulary Test, Second Edition	CREVT-2
Comprehensive Test of Phonological Processing	CTOPP-2
Diagnostic Evaluation of Language Variation — Norm-Referenced	DELV-NR
Emerging Literacy and Language Assessment	ELLA
Expressive Language Test	ELT-2
Expressive One-Word Picture Vocabulary Test, 4000 Edition	EOWPVT-4
Fullerton Language Test for Adolescents, Second Edition	FLTA
Goldman-Fristoe-Woodcock Test of Auditory Discrimination	GFWTAD
HELP Test-Elementary	HELP
Illinois Test of Psycholinguistic Abilities, Third Edition	ITPA-3
Language Processing Test, Third Edition	LPT-3
Listening Comprehension Test Adolescent	LCT-A
Listening Comprehension Test, Second Edition	LCT-2
Montgomery Assessment of Vocabulary Acquisition	MAVA
Mullen Scales of Early Learning	MSEL
Oral and Written Language Scales	OWLS II
Peabody Picture Vocabulary Test, Fourth Edition	PPVT-4
Phonological Awareness Test, Second Edition	PAT-2
Preschool Language Scale, Fourth Edition	PLS-4
Receptive One-Word Picture Vocabulary Test, Fourth Edition	ROWPVT-4

<b>Test</b>	<b>Abbreviation</b>
Receptive-Expressive Emergent Language Test, Third Edition	REEL-3
Ross Information Processing Assessment, Second Edition	RIPA-2
Scales of Cognitive Ability for Traumatic Brain Injury	SCATBI
Social Competence and Behavior Evaluation, Preschool Edition	SCBE
Social Emotional Assessment/Evaluation	SEAM
Social Language Development Test—Adolescent	SLDT-A
Social Language Development Test—Elementary	SLDT-E
Social Responsiveness Scale	SRS
Social Skills Rating System — Preschool & Elementary Level	SSRS-PE
Social Skills Rating System — Secondary Level	SSRS-S
Strong Narrative Assessment Procedure	SNAP
Structured Photographic Expressive Language Test	SPELT-3
Test of Adolescent and Adult Language, Fourth Edition	TOAL-4
Test of Adolescent /Adult Word Finding	TAWF
Test for Auditory Comprehension of Language, Fourth Edition	TACL-4
Test of Auditory Perceptual Skills — Revised	TAPS-R
Test of Auditory Perceptual Skills, Third Edition	TAPS-3
Test of Auditory Reasoning and Processing Skills	TARPS
Test of Early Communication and Emerging Language	TECEL
Test of Early Language Development, Third Edition	TELD-3
Test of Expressive Language	TEXL
Test of Language Development — Intermediate, Fourth Edition	TOLD-I:4
Test of Language Development — Primary, Fourth Edition	TOLD-P:4
Test of Narrative Language	TNL
Test of Phonological Awareness	TOPA-2
Test of Pragmatic Language, Second Edition	TOPL-2
Test of Problem Solving — Adolescent	TOPS-2
Test of Problem Solving — Revised Elementary	TOPS-3
Test of Reading Comprehension, Third Edition	TORC-2
Test of Semantic Skills: Intermediate	TOSS-I
Test of Semantic Skills: Primary	TOSS-P
Test of Word Finding, Third Edition	TWF-3
Test of Word Finding in Disclosure	TWFD
Test of Word Knowledge	TOWK
Test of Written Language, Fourth Edition	TWL-4
The Listening Test	

Test	Abbreviation
Wepman's Auditory Discrimination Test, Second Edition	ADT
Word Test — 2 Adolescent	WT2A
Word Test — 3 Elementary	WT3E

- B. Language — Clinical Analysis Procedures — Language sampling and analysis, which may include, but is not limited to, the following:

Test	Abbreviation
Mean Length of Utterance	MLU
Type Token Ratio	TTR
Developmental Sentence Score	DSS
Structural analysis (Brown's stages)	
Semantic analysis	
Discourse analysis	

- C. Speech Production Tests — Standardized

Test	Abbreviation
Apraxia Battery for Adults, Second Edition	ABA-2
Arizona Articulation Proficiency Scale, Third Edition	Arizona-3
Assessment of Intelligibility of Dysarthric Speech	AIDS
Bernthal-Bankson Test of Phonology	BBTOP
Clinical Assessment of Articulation and Phonology, Second Edition	CAAP-2
Diagnostic Evaluation of Articulation and Phonology, U.S. Edition	DEAP
Goldman-Fristoe Test of Articulation, Third Edition	GFTA-3
Hodson Assessment of Phonological Patterns — Third Edition	HAPP-3
Kaufman Speech Praxis Test	KSPT
Khan-Lewis Phonological Analysis	KLPA-3
Photo Articulation Test, Third Edition	PAT-3
Slosson Articulation Language Test with Phonology	SALT-P
Smit-Hand Articulation and Phonology Evaluation	SHAPE
Structured Photographic Articulation Test II Featuring Dudsberry	SPAT-D II
Stuttering Severity Instrument for Children and Adults	SSI-3
Test for Childhood Stuttering	TOCS
Weiss Comprehensive Articulation Test	WCAT

- D. Speech Production: Tests and tools that are not norm-referenced, such as screeners, criterion-referenced measures, descriptive-design tools, structured probes, and clinical analysis procedures. These tools are numerous with new ones being frequently

created/published. These measures are only used to further document deficits and support standardized test results. These measures do not replace the use of standardized tests. You are free to use supplemental tools of your own choosing to guide data collection, to generate in-depth, functional profiles, and/or to support standardized testing when appropriate, or as indicated in these regulations. (See Section 214.400, part D, paragraph 8.)

- E. Speech Production — Clinical Analysis Procedures — Speech sampling and analysis, which may include the following:
1. Debra Beckman's oral-motor assessment procedures
  2. Food chaining questionnaire
  3. Instrumentation-based voice evaluation
  4. Item and replica analysis
  5. Percentage of consonants correct
  6. Percentage of intelligibility
  7. Percentage of phonemes correct
  8. Percentage of syllables stuttered
  9. Perceptual voice evaluation
  10. Phonetic inventory
  11. Phonological process analysis
  12. Suzanne Evans-Morris oral-motor assessment procedures

**216.100 Extended Therapy Services**

7-1-17

Arkansas Medicaid applies the following therapy benefits to all therapy services in this program:

- A. Medicaid will reimburse up to four (4) occupational, physical and speech therapy evaluation units (1 unit = 30 minutes) per discipline, per state fiscal year (July 1 through June 30) without authorization. Additional evaluation units will require an extended therapy request.
- B. Medicaid will reimburse up to six (6) occupational, physical and speech therapy units (1 unit = 15 minutes) weekly, per discipline, without authorization. Additional therapy units will require an extended therapy request.
- C. All requests for extended therapy services must comply with Sections 216.300 through 216.315.

**262.100 Occupational, Physical, Speech Therapy Procedure Codes**

7-1-17

The following occupational, physical and speech-language pathology procedure codes are payable for therapy services indicated. Refer to Section IV - Glossary - for definitions of "group" and "individual" as they relate to therapy sessions.

**A. OCCUPATIONAL THERAPY**

Procedure Code	Required Modifiers	Description
97003	—	Evaluation for Occupational Therapy (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)

Procedure Code	Required Modifiers	Description
97530	—	Individual Occupational Therapy (15-minute unit; maximum of 6 units per week)
97150	U2	Group Occupational Therapy (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant (15-minute unit; maximum of 6 units per week)
97150	UB, U1	Group Occupational Therapy by Occupational Therapy Assistant (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)

**B. PHYSICAL THERAPY**

Procedure Code	Required Modifier	Description
97001	—	Evaluation for Physical Therapy (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
97110	—	Individual Physical Therapy (15-minute unit; maximum of 6 units per week)
97150	—	Group Physical Therapy (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
97110	UB	Individual Physical Therapy by Physical Therapy Assistant (15-minute unit; maximum of 6 units per week)
97150	UB	Group Physical Therapy by Physical Therapy Assistant (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)

**C. SPEECH-LANGUAGE PATHOLOGY**

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product. When using a procedure code with this symbol, the product must meet the indicated Arkansas Medicaid description.

Procedure Code	Required Modifier	Description
92507	—	Individual Speech Session (15-minute unit; maximum of 6 units per week)

Procedure Code	Required Modifier	Description
92508	—	Group Speech Session (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
92507	UB	Individual Speech Therapy by Speech-Language Pathology Assistant (15-minute unit; maximum of 6 units per week)
92508	UB	Group Speech Therapy by Speech-Language Pathology Assistant (15-minute unit; maximum of 6 units per week, maximum of 4 clients per group)
92521	UA	⚠(Evaluation of speech fluency (e.g. stuttering, cluttering) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92522	UA	⚠(Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92523	UA	⚠(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92524	UA	⚠(Behavioral and qualitative analysis of voice and resonance (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)



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



P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-404-4619  
TDD/TTY: 501-682-6789

**TO:** Arkansas Medicaid Health Care Providers – Child Health Management Services

**EFFECTIVE DATE:** July 1, 2017

**SUBJECT:** Provider Manual Update Transmittal CHMS-1-16

<u>REMOVE</u>		<u>INSERT</u>	
Section	Effective Date	Section	Effective Date
262.120	3-15-13	262.120	7-1-17
262.130	9-15-14	262.130	7-1-17

**Explanation of Updates**

Section 262.120 is updated with current treatment procedure code descriptions for individual and group speech therapy, speech sessions, physical therapy and occupational therapy. Extended therapy request information is also added.

Section 262.130 is updated with current procedure code descriptions for speech evaluations of children entering the Foster Care 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 Hewlett Packard Enterprise 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.

Dawn Stehle  
Director

*TOC not required*

262.120 Treatment Procedure Codes

7-1-17

The following treatment procedures are payable for services included in the child's treatment plan. Prior authorization is required for *all* CHMS treatment procedures. See Section 240.000 of this manual for prior authorization requirements. See Glossary - Section IV - for definitions of "individual" and "group" as they relate to therapy services.

Procedure Codes				
90847	90849	97762*	99211	99212
99213	99214	99215		

\*Effective for dates of service on and after March 1, 2006, procedure code **97703** was made non-payable and was replaced with procedure code **97762**.

Procedure Code	Required Modifier(s)	Description
T1024		Brief Consultation, on site — A direct service contact by a CHMS professional on-site with a patient for the purpose of: obtaining the full range of needed services; monitoring and supervising the patient's functioning; establishing support for the patient and gathering information relevant to the patient's individual treatment plan.
T1024	U1	Collateral Services, on site — Face-to-face contact on-site by a CHMS professional with other professionals, caregivers or other parties on behalf of an identified patient to obtain or provide relevant information necessary to the patient's assessment, evaluation or treatment.
90846	U4	Family therapy, on-site, for therapy as part of the treatment plan, without the patient present (1 unit = 15 minutes)
90847	U4	Family therapy, on site, for therapy as part of the treatment plan, with the patient present (1 unit = 15 minutes)
99367	UA	Treatment Plan — Plan of treatment developed by CHMS professionals and the patient's caregiver(s). Plan must include short- and long-term goals and objectives and include appropriate activities to meet those goals and objectives (1 unit = 15 minutes).
H2011	—	Crisis Management Visit, on site — An unscheduled/ unplanned direct service contact on site with the identified patient for the purpose of preventing physical injury, inappropriate behavior or placement in a more restrictive service delivery system (1 unit = 15 minutes)
S9470	—	Nutrition Counseling/Consultation — Conference with parent/guardian and/or PCP to provide results of evaluation, discuss medical nutrition therapy plan and goals of treatment and education. May provide detailed menus for home use and information on sources of special nutrition products (1 unit = 30 minutes)



Procedure Code	Required Modifier(s)	Description
90832	U9	✱(Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes, face-to-face with the patient)
90834	U9	✱(Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with the patient)
90837	U9	✱(Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes, face-to-face with the patient)
90853	—	Group Psychotherapy/counseling (1 unit = 5 minutes)
92507	—	Individual Speech Session by Speech-Language Pathology Therapist (1 unit = 15 minutes), maximum of 6 units per week
92507	UB	Individual Speech Therapy by Speech-Language Pathology Assistant (1 unit = 15 minutes), maximum of 6 units per week
92508	—	Group Speech Session by Speech-Language Pathology Therapist (1 unit = 15 minutes), maximum of 6 units per week, maximum of 4 clients per group
92508	UB	Group Speech Therapy by Speech-Language Pathology Assistant (1 unit = 15 minutes), maximum of 6 units per week, maximum of 4 clients per group
97110	—	Individual Physical Therapy by Physical Therapist (1 unit = 15 minutes), maximum of 6 units per week
97110	UB	Individual Physical Therapy by Physical Therapy Assistant (1 unit = 15 minutes), maximum of 6 units per week
97150	—	Group Physical Therapy by Physical Therapist (1 unit = 15 minutes), maximum of 6 units per week, maximum of 4 clients per group
97150	U2	Group Occupational Therapy by Occupational Therapist (1 unit = 15 minutes), maximum of 6 units per week, maximum of 4 clients per group
97150	U1, UB	Group Occupational Therapy by Occupational Therapy Assistant (1 unit = 15 minutes), maximum of 6 units per week, maximum of 4 clients per group
97150	UB	Group Physical Therapy by Physical Therapy Assistant (1 unit = 15 minutes), maximum of 6 units per week, maximum of 4 clients per group
97530	—	Individual Occupational Therapy by Occupational Therapist (1 unit = 15 minutes), maximum of 6 units per week
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant (1 unit = 15 minutes), maximum of 6 units per week

Procedure Code	Required Modifier(s)	Description
97530	U1	Developmental Motor Activity Services — Individualized activities provided by, or under the direction of, an Early Childhood Developmental Specialist to improve general motor skills by increasing coordination, strength and/or range of motion. Activities will be directed toward accomplishment of a motor goal identified in the patient's individualized treatment plan as authorized by the responsible CHMS physician (1 unit = 15 minutes)
97532	—	Cognitive Development Services — Individualized activities to increase the patient's intellectual development and competency. Activities will be those appropriate to carry out the treatment plan for the patient as authorized by the responsible CHMS physician. Cognitive Development Services will be provided by or under the direction of an Early Childhood Developmental Specialist. Activities will address goals of cognitive and communication skills development: (1 unit = 15 minutes).
97535	UB	Self Care and Social/Emotional Developmental Services — Individualized activities provided by or under the direction of an Early Childhood Developmental Specialist to increase the patient's self-care skills and/or ability to interact with peers or adults in a daily life setting/situation. Activities will be those appropriate to carry out the treatment plan for the patient as authorized by the responsible CHMS physician. (1 unit = 15 minutes).
97803	—	Nutrition follow-up: Reassess recent nutrition history, new anthropometer and laboratory data to evaluate progress toward meeting medical nutritional goals. May include a conference with parent or other CHMS professional (1 unit = 15 minutes).

Medicaid will reimburse up to six (6) occupational, physical and speech therapy units (1 unit = 15 minutes) weekly, per discipline, without authorization. Additional daily therapy units will require an extended therapy request for beneficiaries under age 21.

Please refer to the Occupational, Physical, Speech Therapy Services Manual for further instructions regarding prior authorization protocol.

#### 262.130 CHMS Procedure Codes – Foster Care Program

7-1-17

Refer to Section 202.000 of this manual for Arkansas Medicaid Participation Requirements for Providers of Comprehensive Health Assessments for Foster Children.

The following procedure codes are to be used for the mandatory comprehensive health assessments of children entering the Foster Care Program. These procedures *do not* require prior authorization.

\*...(.) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

Procedure Code	Required Modifier(s)	Description
----------------	----------------------	-------------

Procedure Code	Required Modifier(s)	Description
T1016		Informing (1 unit = 15 minutes), maximum of 4 units
T1023		Staffing (1 unit = 15 minutes), maximum of 4 units
T1025		Developmental Testing
90791	U1, U9	Diagnostic Interview, includes evaluation and reports (1 unit = 15 minutes), maximum of 8 units
92521	U1, UA	** (Evaluation of speech fluency (e.g., stuttering, cluttering) (1 unit = 15 minutes; maximum of 4 units)
92522	U1, UA	** (Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (1 unit = 15 minutes; maximum of 4 units)
92523	U1, UA	** (Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g. receptive and expressive language) (1 unit = 15 minutes; maximum of 4 units)
92524	U1, UA	** (Behavioral and qualitative analysis of voice and resonance) (1 unit = 15 minutes; maximum of 4 units)
92551	U1	Audio Screen
92567	U1	Tympanometry
92587**	U1	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
95961	UA	Cortical Function Testing
96101*	U1, UA	Psychological Testing, 2 or more (1 unit = 15 minutes), maximum of 8 units
96101*	UA	Interpretation (1 unit = 15 minutes), maximum of 8 units
99173		Visual Screen
99205	U1	High Complex medical exam
99215	U1	

\*Effective for dates of service on and after March 1, 2006, procedure code 96100 was made non-payable and was replaced with procedure code 96101.

\*\*Effective for dates of service on and after January 1, 2007, procedure code 92587 is payable.

## Notice:

The current Arkansas State Plan may be viewed at the following link:

<https://www.medicaid.state.ar.us/General/units/ppd.aspx>

State Plan Amendment pages (SPAs) included in this packet are proposed changes to the Arkansas State Plan until they receive final approval from the Centers for Medicare and Medicaid Services (CMS). Interested parties are encouraged to visit the included link for the most up-to-date information available.

This notice is provided for information only and is subject to change.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

---

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

PROPOSED

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

A qualified physical therapist assistant may provide services under the supervision of a licensed physical therapist.

- (4) Effective for dates of service on or after **July 1, 2017**, individual and group therapy are limited to **six (6) units per week**. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

(15) Physical Therapy and Related Services (Continued)

PROPOSED

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

A qualified occupational therapist assistant may provide services under the supervision of a licensed occupational therapist.

- (3) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **July 1, 2017**, individual and group occupational therapy are limited to **six (6)** units per **week**. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary.

a. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

- (1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.

A qualified speech therapist assistant may provide services under the supervision of a licensed speech therapist.

- (3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **July 1, 2017**, individual and group speech language pathology services are limited to **six (6)** units per **week**. One unit equals 15 minutes. Extension of the benefit limit will be provided if medically necessary.

Individuals residing in hospitals and nursing care facilities are not eligible for occupational therapy, physical therapy and speech pathology services under the optional therapy program. These services are included as part of the institutional package of services.

Individuals residing in residential care facilities and supervised living facilities are eligible for these therapy services when provided on or off site from the facility.



AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

---

11. Physical Therapy and Related Services

Speech-Language Pathology services and qualified Speech-Language Pathologists meet the requirements set forth in 42 CFR 440.110. Speech-Language Pathology Assistants work under the supervision of the Speech-Language Pathologist in accordance with the State's licensing and supervisory requirements.

Physical Therapy services and qualified Physical Therapists meet the requirements set forth in 42 CFR 440.110. Physical Therapy assistants work under the supervision of the Physical Therapist in accordance with the State's licensing and supervisory requirements.

Occupational Therapy services and qualified Occupational Therapists meet the requirements set forth in 42 CFR 440.110. Occupational Therapy assistants work under the supervision of the Occupational Therapist in accordance with the State's licensing and supervisory requirements.

Audiology services and qualified Audiologists meet the requirements set forth in 42 CFR 440.110.

B. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-A, Item 4.b. (15) for therapy services for recipients under age 21.
2. For recipients over age 21, effective for dates of services on or after **July 1, 2017**, individual and group therapy are limited to **six (6)** units per **week**. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes.

C. Speech Therapy

**PROPOSED**

Augmentative Communication Device (ACD) Evaluation - Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

MEDICALLY NEEDY

---

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

PROPOSED

a. Physical Therapy

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) For dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.

(3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

A qualified physical therapist assistant may provide services under the supervision of a licensed physical therapist.

(4) Effective for dates of service on or after **July 1, 2017**, individual and group therapy are limited to **six (6)** units per **week**. One unit equals 15 minutes. Effective Extensions of the benefit limit will be provided if medically necessary.



AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

MEDICALLY NEEDED

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

(15) Physical Therapy and Related Services (Continued)

PROPOSED

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

A qualified occupational therapist assistant may provide services under the supervision of a licensed occupational therapist.

- (3) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **July 1, 2017**, individual and group occupational therapy are limited to **six (6)** units per **week**. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

- (1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.

A qualified speech therapist assistant may provide services under the supervision of a licensed speech therapist.

- (3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **July 1, 2017**, individual and group speech language pathology services are limited to **six (6)** units per **week**. One unit equals 15 minutes. Extension of the benefit limit will be provided if medically necessary.

Individuals residing in hospitals and nursing care facilities are not eligible for occupational therapy, physical therapy and speech pathology services under the optional therapy program. These services are included as part of the institutional package of services.

Individuals residing in residential care facilities and supervised living facilities are eligible for these therapy services when provided on or off site from the facility.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

MEDICALLY NEEDED

---

11. Physical Therapy and Related Services

Speech-Language Pathology services and qualified Speech-Language Pathologists meet the requirements set forth in 42 CFR 440.110. Speech-Language Pathology Assistants work under the supervision of the Speech-Language Pathologist in accordance with the State's licensing and supervisory requirements.

Physical Therapy services and qualified Physical Therapists meet the requirements set forth in 42 CFR 440.110. Physical Therapy assistants work under the supervision of the Physical Therapist in accordance with the State's licensing and supervisory requirements.

Occupational Therapy services and qualified Occupational Therapists meet the requirements set forth in 42 CFR 440.110. Occupational Therapy assistants work under the supervision of the Occupational Therapist in accordance with the State's licensing and supervisory requirements.

Audiology services and qualified Audiologists meet the requirements set forth in 42 CFR 440.110.

D. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-B, Item 4.b. (15) for therapy services for recipients under age 21.
3. For recipients over age 21, effective for dates of services on or after **July 1, 2017**, individual and group therapy are limited to **six (6) units per week**. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes.

E. Speech Therapy

Augmentative Communication Device (ACD) Evaluation - Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

PROPOSED