

DHS, MEDICAL SERVICES

SUBJECT: Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 2-11

DESCRIPTION: Effective May 15, 2012, telemedicine for beneficiaries under age 21 will be allowable for procedure codes T1023 (Psychiatric Diagnostic Assessment) and 90862 (Pharmacologic Management by a Physician) in the Rehabilitative Services for Persons with Mental Illness (RSPMI) program. This update also includes the minimum acceptable standards that providers must meet to be reimbursed by Arkansas Medicaid for providing services via telemedicine in the RSPMI program.

PUBLIC COMMENT: No public hearing was held. The public comment period ended December 6, 2011. Public comments were as follows:

Ozark Guidance

Comment: Section 217.111: Procedure Codes Not Requiring PCP Referral for Beneficiaries under Age 21

We greatly appreciate the expansion of the following service codes and modifiers, which can be provided to Medicaid beneficiaries who do not receive a PCP referral: T1023, U7; T1023, U7, U1 (Psychiatric Diagnostic Assessment, Initial and Continuing Care). We would also urge Medicaid to include the services available in Medicaid recipient's annual benefit, to also be provided in the absence of a PCP referral for the following reasons:

- (a) There is a significant shortage of PCP's providing services to Medicaid U-21 recipients, and this shortage reduces timely access to medically necessary RSPMI services for Medicaid recipients.
- (b) We would therefore recommend that all medically necessary services included in a Medicaid recipient's annual benefit, be available without requiring a PCP referral, once the attending physician signs and authorizes the recipient's initial treatment plan of care.
- (c) We would also urge Medicaid to consider adding 90802, Clinical Integration of Findings based upon the initial assessment, Master Treatment Plan Reviews and Crisis Stabilization Services, to be included as allowable procedure codes, which would not require a PCP referral.

Response: In order to ensure that a Medicaid beneficiary's PCP coordinates and monitors their enrollees' prescribed medical and rehabilitation services, we do not think that the removal of the PCP referral requirement for all services in the initial treatment plan of care within the current system is beneficial to the provider nor the beneficiary. This suggestion will be taken under advisement if and when the current PCCM program is looked at being changed.

We currently do not cover procedure code 90802 in the RSPMI program; however, we believe that procedure code 90801 (Mental Health Evaluation/Diagnosis) is sufficient.

Comment: Sections 219.140 and 252.140

The allowance of telemedicine makes it possible for Medicaid recipients in remote areas, who are underserved, to receive services and interventions provided by licensed Mental Health Professionals and Physicians. This benefit, which would make distance and remote locations, no longer a barrier for the underserved individuals with mental illness to receive behavioral health services, is truly a remarkable advance in the provision of Psychiatric and Behavioral Health Care Services. While the available services identified in 219.140 and 252.140 will represent a significant enhancement in serving rural populations, we would urge DMS to include all medically necessary RSPMI services to be available to Medicaid beneficiaries through telemedicine, by the end of 2012.

Response: We are allowing these two services utilizing telemedicine for the U21 population based upon recommendations from the Arkansas Children's Behavioral Healthcare Commission. In the future, we will look at expanding the use of telemedicine to all services in the RSPMI program.

The proposed effective date is May 15, 2012.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: The Arkansas Children's Behavioral Health Commission has recommended that telemedicine services for Psychiatric Diagnostic Assessment and Pharmacologic Management by a physician be extended to beneficiaries under the age of 21 in the RSPMI program. Currently, in this program, a beneficiary is required to have a Psychiatric Diagnostic Assessment every year and to have Pharmacologic Management if taking psychotropic drugs. The proposed policy does nothing to change these requirements, thus, will not increase utilization of these services. Video consultations from a rural clinic to a specialist will alleviate prohibitive travel and associated costs for beneficiaries and their families. Video conferencing abilities and distance education will provide opportunities for providers to allay travel costs for meetings by using video. Telemedicine will lower transportation costs for doctors and beneficiaries/families while also allowing availability of specialists thus improving quality of care in the local community setting.

The proposed policy calls for specific standards for equipment and transmission lines to be utilized for these interactive electronic transactions for providers who opt to utilize telemedicine. To be reimbursed by Arkansas Medicaid for services provided via telemedicine, each facility must be certified by UAMS/Arkansas Telehealth Network (ATN) as being compliant with Arkansas Medicaid standards. Each facility will have the choice to become a provider who utilizes telemedicine. The provider will pay for the initial certification to ensure all standards are met for each telemedicine site. Providers will also pay for the continued monitoring and technical assistance from UAMS.

The department does not anticipate any additional utilization due to this rule change and therefore, no additional program cost. The current regulations for determining entry into the RSPMI program will not change. This update allows an alternative vehicle to deliver two subsequent physician services already required by rule for beneficiaries under the age of 21. The policy will benefit all ages, not only the under age 21 beneficiaries, because it standardizes quality and accountability for all telemedicine services within the RSPMI program.

Economic Impact Statement:

1. **The type or types of small businesses that will be directly affected by the proposed rule, bear the cost of the rule, or directly benefit from the proposed rule.** Providers of RSPMI services.
2. **A description of how small businesses will be adversely affected.** No adverse impact. Providers meeting certain requirements will be allowed to bill additional procedure codes using telemedicine. This will make the provision of services more convenient for both the provider and the Medicaid beneficiary.
3. **A reasonable determination of the dollar amounts the proposed rule will cost small businesses in terms of fees, administrative penalties, reporting, recordkeeping, equipment, construction labor, professional services, revenue loss, or other costs associated with compliance.** Providers making the choice to use telemedicine will incur some cost in order to meet minimum acceptable standards.
4. **A reasonable determination of the dollar amounts of the costs to the agency of implementing the proposed rule, as well as the financial benefit to the agency of implementing the rule.** There is no impact on the department.
5. **Whether and to what extent alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses and why such alternatives are not being proposed.** Not applicable.
6. **A comparison of the proposed rule with federal and state counterparts.** Not applicable.

LEGAL AUTHORIZATION: Arkansas Code § 20-76-201 authorizes the Department of Human Services to administer programs for the indigent and to "make rules and regulations" pertaining to the administration of those programs. Arkansas Code § 20-77-107 specifically authorizes the department to "establish and maintain an indigent medical care program."

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Andy Allison, PhD
CONTACT PERSON Robert Nix
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8362 FAX NO. 682-2480 E-MAIL robert.nix@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Jeff Wood
PRESENTER E-MAIL jeffrey.wood@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. What is the short title of this rule?
Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 2-11
- 2. What is the subject of the proposed rule?
Allowing procedure codes T1023 (Psychiatric Diagnostic Assessment) and 90862 (Pharmacologic Management by a Physician) to be billable utilizing telemedicine for beneficiaries under age 21. This update also includes 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.
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X.
If yes, please provide the federal rule, regulation, and/or statute citation.
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes ___ No X.
If yes, what is the effective date of the emergency rule? _____
When does the emergency rule expire? _____
Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ___ No ___

5. Is this a new rule? Yes ___ No If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes ___ No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No ___ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to allow reimbursement for procedure codes T1023 (Psychiatric Diagnostic Assessment) and 90862 (Pharmacologic Management by a Physician) utilizing telemedicine for beneficiaries under age 21. This update also includes 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 proposed rule is necessary based upon recommendations by the Arkansas Children's Behavioral Health Care Commission to the Department of Human Services. The minimum acceptable standards to be reimbursed by Arkansas Medicaid for telemedicine services is necessary to ensure that quality care is delivered and that HIPAA compliance is achieved.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes ___ No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

December 6, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

May 15, 2012

12. Do you expect this rule to be controversial? Yes ___ No If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

Summary for
Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 2-11

Effective May 15, 2012, telemedicine for beneficiaries under age 21 will be allowable for procedure codes T1023 (Psychiatric Diagnostic Assessment) and 90862 (Pharmacologic Management by a Physician) in the Rehabilitative Services for Persons with Mental Illness (RSPMI) program. This update also includes 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.

RSPMI Telemedicine Policy Summary

The Arkansas Children's Behavioral Health Commission has recommended that telemedicine services for Psychiatric Diagnostic Assessment and Pharmacologic Management by a physician be extended to beneficiaries under the age of 21 in the Rehabilitative Services for Persons with Mental Illness program. Currently in the RSPMI program, a beneficiary is required to have a Psychiatric Diagnostic Assessment every year and to have Pharmacologic Management if taking psychotropic drugs. The proposed policy does nothing to change these requirements, thus, will not increase utilization of these services. Video consultations from a rural clinic to a specialist will alleviate prohibitive travel and associated costs for beneficiaries and their families. Video conferencing abilities and distance education will provide opportunities for providers to allay travel costs for meetings by using video. Telemedicine will lower transportation costs for doctors and beneficiaries/families while also allowing availability of specialists thus improving quality of care in the local community setting.

The proposed policy calls for specific standards for equipment and transmission lines to be utilized for these interactive electronic transactions for providers who opt to utilize telemedicine. In order to be reimbursed by Arkansas Medicaid for services provided via telemedicine, each facility must be certified by UAMS/Arkansas Telehealth Network (ATN) as being compliant with Arkansas Medicaid standards. Each facility will have the choice to become a provider who utilizes telemedicine. The provider will pay for the initial certification to ensure all standards are met for each telemedicine site. Providers will also pay for the continued monitoring and technical assistance from UAMS.

The Department does not anticipate any additional utilization as a result of this rule change and therefore no additional program cost. The current regulations for determining entry into the RSPMI program will not change. This update allows an alternative vehicle to deliver two subsequent physician services already required by rule for beneficiaries under the age of 21. This policy will benefit all ages, not only the under age 21 beneficiaries, because it standardizes quality and accountability for all telemedicine services within the RSPMI program.

ECONOMIC IMPACT STATEMENT
(As Required under Arkansas Code § 25-15-301)

Department: Arkansas Department of Human Services
Division: Medical Services
Person Completing this Statement: Randy Helms
Telephone Number: 501-682-1857 **Fax Number:** 501-682-3889
EMAIL: Randy.Helms@Arkansas.gov

Short Title of this Rule: RSPMI-2-11

- (1) The type or types of small businesses that will be directly affected by the proposed rule, bear the cost of the proposed rule, or directly benefit from the proposed rule.
Providers of RSPMI (Rehabilitative Services for Persons with Mental Illness) services.

- (2) A description of how small businesses will be adversely affected.
No adverse impact. Providers meeting certain requirements will be allowed to bill additional procedure codes using telemedicine. This will make the provision of services more convenient for both the provider and the Medicaid beneficiary.

- (3) A reasonable determination of the dollar amounts the proposed rule will cost small businesses in terms of fees, administrative penalties, reporting, recordkeeping, equipment, construction labor, professional services, revenue loss, or other costs associated with compliance.
Providers making the choice to use telemedicine will incur some cost in order to meet minimum acceptable standards.

- (4) A reasonable determination of the dollar amounts of the costs to the agency of implementing the proposed rule, as well as the financial benefit to the agency of implementing the rule.
There is no impact on the department.

- (5) Whether and to what extent alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses and why such alternatives are not being proposed.
Not Applicable

- (6) A comparison of the proposed rule with federal and state counterparts.
Not Applicable

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 682-1857 **FAX NO.** 682-2480 **EMAIL:** randy.helms@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – Rehabilitative Services for Persons with Mental Illness (RSPMI)
Update No. 2-11

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No X. (See attached narrative)

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes X No _____.

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party 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 the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

Next Fiscal Year

None

None

TOC not required

217.111 Procedure Codes Not Requiring PCP Referral for Beneficiaries Under Age 21 443-1-4012

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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 40-5-093-1-12

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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 age 21 or over 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.

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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:

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- ~~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. Psychiatric Diagnostic Assessment;~~
- G. Crisis Intervention;
- ~~H. Crisis Stabilization Intervention, Mental Health Professional;~~
- ~~I. Pharmacologic Management by Physician;~~
- ~~J. Collateral Intervention, Mental Health Professional; and~~
- ~~K. Intervention, Mental Health Professional.~~

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252.140 Telemedicine RSPMI Services Billing Information

10-5-093-1-12

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The mental health professional may provide certain treatment services from a remote site to the Medicaid-eligible beneficiary age 21 or over 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:~~

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National Code	Required Modifier	Local Code	Local Code-Description Service Title
90804 1023	U7	Z0560	Mental Health Evaluation/Diagnosis Psychiatric Diagnostic Assessment – Initial
90887	U3, U7	Z0564	Interpretation of Diagnosis
H0004	U7	Z0568	Individual Psychotherapy
90846	U7	Z0574	Marital/Family Psychotherapy – Beneficiary is not present
90847	U7		Marital/Family Psychotherapy – Beneficiary is present
H2044	U7	Z1536	Crisis Intervention

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National Code	Required Modifier	Local Code	Local Code Description	Service Title
T1023	U7, U1	Z4537	Psychiatric Diagnostic Assessment – Continuing Care	
	H2044	U2, U7	Crisis Stabilization Intervention, Mental Health Professional	
	H2045	U7	Z1540	Intervention, Mental Health Professional
90862	U7	Z1545	Pharmacologic Management by a Physician	
	90887	U7	Z1547	Collateral Intervention, Mental Health Professional

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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 present
90847	U7	Marital/Family Psychotherapy – Beneficiary is present
H2011	U7	Crisis Intervention
T1023	U7	Psychiatric Diagnostic Assessment
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

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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 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (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

