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## 200.000 OUTPATIENT BEHAVIORAL HEALTH SERVICES GENERAL INFORMATION

### 201.000 Introduction 1-1-19

Medicaid (Medical Assistance) is designed to assist eligible Medicaid beneficiaries in obtaining medical care within the guidelines specified in Section I of this manual. Outpatient Behavioral Health Services are covered by Medicaid when provided to eligible Medicaid beneficiaries by enrolled providers.

Outpatient Behavioral Health Services may be provided to eligible Medicaid beneficiaries at all provider certified/enrolled sites. Allowable places of service are found in the service definitions located in Section 252 and Section 255 of this manual.

### 202.000 Arkansas Medicaid Participation Requirements for Outpatient Behavioral Health Services 1-1-19

All behavioral health providers approved to receive Medicaid reimbursement for services to Medicaid beneficiaries must meet specific qualifications for their services and staff. Providers with multiple service sites must enroll each site separately and reflect the actual service site on billing claims.

Behavioral Health Providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A. Providers must be located within the State of Arkansas.
- B. A provider must be certified by the Division of Provider Services and Quality Assurance (DPSQA). (See Section 202.100 for specific certification requirements.)
- C. A copy of the current DPSQA certification as a Behavioral Health provider must accompany the provider application and Medicaid contract.
- D. The provider must give notification to the Office of the Medicaid Inspector General (OMIG) on or before the tenth day of each month of all covered health care practitioners who perform services on behalf of the provider. The notification must include the following information for each covered health care practitioner:
  1. Name/Title
  2. Enrolled site(s) where services are performed
  3. Social Security Number
  4. Date of Birth
  5. Home Address
  6. Start Date
  7. End Date (if applicable)

Notification is not required when the list of covered health care practitioners remains unchanged from the previous notification.

**DMS shall exclude providers for the reasons stated in 42 U.S.C. §1320a-7(a) and implementing regulations and may exclude providers for the reasons stated in 42 U.S.C.**

**§1320a-7(b) and implementing regulations.** The following factors shall be considered by DHS in determining whether sanction(s) should be imposed:

- A. Seriousness of the offense(s)
- B. Extent of violation(s)
- C. History of prior violation(s)
- D. Whether an indictment or information was filed against the provider or a related party as defined in DHS Policy 1088, titled DHS Participant Exclusion Rule.

**202.100 Certification Requirements by the Division of Provider Services and Quality Assurance (DPSQA) 1-1-19**

In order to enroll into the Outpatient Behavioral Health Services Medicaid program as a Performing Provider or Group for Counseling Services or a Behavioral Health Agency, all performing providers, provider groups, and business entities participating in the Medicaid Outpatient Behavioral Health Services (OBH) Program must be certified by the Division of Provider Services and Quality Assurance, ~~unless expressly exempted from this requirement.~~ The DPSQA Certification Rules for Providers of Outpatient Behavioral Health Services is located at [http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_docs.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_docs.aspx).

Behavioral Health Agencies must have national accreditation that recognizes and includes all of the applicant’s programs, services and service sites. Any outpatient behavioral health program service site associated with a hospital must have a free-standing behavioral health outpatient program national accreditation. Providers must meet all other DPSQA certification requirements in addition to accreditation.

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**210.000 PROGRAM COVERAGE**

**211.000 Coverage of Services 1-1-19**

Outpatient Behavioral Health Services are limited to certified providers who offer core behavioral health services for the treatment of behavioral disorders. All performing providers, provider groups, and business entities participating in the Medicaid Outpatient Behavioral Health Services (OBH) Program must be certified by the Division Provider Services and Quality Assurance, ~~unless expressly exempted from this requirement.~~

An Outpatient Behavioral Health Services provider must establish a site specific emergency response plan that complies with the DPSQA Certification Rules for Providers of Outpatient Behavioral Health Services. Each agency site must have 24-hour emergency response capability to meet the emergency treatment needs of the Behavioral Health Services beneficiaries served by the site. The provider must implement and maintain a written policy reflecting the specific coverage plan to meet this requirement. A machine recorded voice mail message to call 911 or report to the nearest emergency room in and of itself is not sufficient to meet the requirement.

Licensed performing providers as certified by DPSQA must also maintain an Emergency Service Plan that complies with the DPSQA Certification Rules for Providers of Outpatient Behavioral Health Services manual.

All Outpatient Behavioral Health Services providers must demonstrate the capacity to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

**211.100 Quality Assurance**

1-1-19

Each Behavioral Health Agency must establish and maintain a quality assurance committee that will meet quarterly and examine the clinical records for completeness, adequacy and appropriateness of care, quality of care and efficient utilization of provider resources. The committee must also comply with the DPSQA Certification Rules for Providers of Outpatient Behavioral Health Services manual. Documentation of quality assurance committee meetings and quality improvement programs must be filed separately from the clinical records.

**211.200 Staff Requirements**

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Each Outpatient Behavioral Health Services provider must ensure that they employ staff which is able and available to provide appropriate and adequate services offered by the provider. Behavioral Health staff members must provide services only within the scope of their individual licensure. The following chart lists the terminology used in this provider manual and explains the licensure, certification and supervision that are required for each performing provider type.

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Independently Licensed Clinicians – Master’s/Doctoral	Licensed Clinical Social Worker (LCSW) Licensed Marital and Family Therapist (LMFT) Licensed Psychologist (LP) Licensed Psychological Examiner – Independent (LPEI) Licensed Professional Counselor (LPC)	Yes, must be certified to provide services	Not Required
Independently Licensed Clinicians – Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver) Provider	Licensed Clinical Social Worker (LCSW) Licensed Marital and Family Therapist (LMFT) Licensed Psychologist (LP) Licensed Psychological Examiner – Independent (LPEI) Licensed Professional Counselor (LPC)	Yes, must be certified to provide services	Not Required

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Non-independently Licensed Clinicians – Master’s/Doctoral	Licensed Master Social Worker (LMSW) Licensed Associate Marital and Family Therapist (LAMFT) Licensed Associate Counselor (LAC) Licensed Psychological Examiner (LPE) Provisionally Licensed Psychologist (PLP)	Yes, must be supervised by appropriate Independently Licensed Clinician	Required
Non-independently Licensed Clinicians – Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver) Provider	Licensed Master Social Worker (LMSW) Licensed Associate Counselor (LAC) Licensed Psychological Examiner (LPE) Provisionally Licensed Psychologist (PLP)	Yes, must be supervised by appropriate Independently Licensed Clinician and must be certified to provide services	Required
Advanced Practice Nurse (APN)	Adult Psychiatric Mental Health Clinical Nurse Specialist Child Psychiatric Mental Health Clinical Nurse Specialist Adult Psychiatric Mental Health APN Family Psychiatric Mental Health APN	No, must be part of a certified agency or have a Collaborative Agreement with a Physician	Collaborative Agreement with Physician Required
Physician	Doctor of Medicine (MD) Doctor of Osteopathic Medicine (DO)	No, must provide proof of licensure	Not Required

The services of a medical records librarian are required. The medical records librarian (or person performing the duties of the medical records librarian) shall be responsible for ongoing quality controls, for continuity of patient care and patient traffic flow. The librarian shall assure that records are maintained, completed and preserved; that required indexes and registries are maintained and that statistical reports are prepared. This staff member will be personally responsible for ensuring that information on enrolled patients is immediately retrievable, establishing a central records index, and maintaining service records in such a manner as to enable a constant monitoring of continuity of care.

When an Outpatient Behavioral Health Services provider files a claim with Arkansas Medicaid, the staff member who actually performed the service must be identified on the claim as the rendering provider. This action is taken in compliance with the federal Improper Payments Information Act of 2002 (IPIA), Public Law 107-300 and the resulting Payment Error Rate Measurement (PERM) program initiated by the Centers for Medicare and Medicaid Services (CMS).

### **211.300 Certification of Performing Providers 1-1-19**

As illustrated in the chart in § 211.200, certain Outpatient Behavioral Health performing providers are required to be certified by the Division Provider Services and Quality Assurance. The certification requirements for performing providers are located on the DPSQA website at [http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_docs.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_docs.aspx).

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### **211.500 Non-Refusal Requirement 1-1-19**

The Outpatient Behavioral Health Services provider may not refuse services to a Medicaid-eligible beneficiary who meets the requirements for Outpatient Behavioral Health Services as outlined in this manual. If a provider does not possess the services or program to adequately treat the beneficiary's behavioral health needs, the provider must communicate this with the Primary Care Physician (PCP) or Patient-Centered Medical Home (PCMH) for beneficiaries receiving Counseling Services so that appropriate provisions can be made.

### **212.000 Scope 1-1-19**

The Outpatient Behavioral Health Services Program provides care, treatment and services which are provided by a certified Behavioral Health Services provider to Medicaid-eligible beneficiaries that have a Behavioral Health diagnosis as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-5 and subsequent revisions).

Eligibility for services depends on the needs of the beneficiary. Counseling Level Services and Crisis Services can be provided to any beneficiary as long as the services are medically necessary

#### **COUNSELING LEVEL SERVICES**

Time-limited behavioral health services provided by qualified licensed practitioners in an outpatient-based setting for the purpose of assessing and treating mental health and/or substance abuse conditions. Counseling Services settings shall mean a behavioral health clinic/office, healthcare center, physician office, child advocacy center, home, shelter, group home, and/or school.

### **213.000 Outpatient Behavioral Health Services Program Entry 1-1-19**

Prior to continuing provision of Counseling Level Services, the provider must document medical necessity of Outpatient Behavioral Health Counseling Services. The documentation of medical necessity is a written intake assessment that evaluates the beneficiary's mental condition and,

based on the beneficiary's diagnosis, determines whether treatment in the Outpatient Behavioral Health Services Program is appropriate. This documentation must be made part of the beneficiary's medical record.

The intake assessment, either the Mental Health Diagnosis (CPT Code 90791), Substance Abuse Assessment (CPT Code H0001), or Psychiatric Assessment (CPT Code 90792), must be completed prior to the provision of Counseling Level Services in the Outpatient Behavioral Health Services program. This intake will assist providers in determining services needed and desired outcomes for the beneficiary. The intake must be completed by a mental health professional qualified by licensure and experienced in the diagnosis and treatment of behavioral health and/or substance use disorders.

### **213.100 Independent Assessment Referral 1-1-19**

Please refer to the Independent Assessment Manual or the PASSE Manual for Independent Assessment Referral Process.

### **214.000 Role of Providers of Counseling Level Services 1-1-19**

Outpatient Behavioral Health Providers provide Counseling Level Services by qualified licensed practitioners in an outpatient based setting for the purpose of assessing and treating behavioral health conditions. Counseling Level Services outpatient based setting shall mean services rendered in a behavioral health clinic/ office, healthcare center, physician office, home, shelter, group home, and/or school. The performing provider must provide services only within the scope of their individual licensure. Services available to be provided by Counseling Level Services providers are listed in Section [252.11.10 through 255.001](#) of the Outpatient Behavioral Health Services manual.

### **214.100 Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver) 1-1-19**

Outpatient Behavioral Health Providers may provide dyadic treatment of beneficiary's age 0-47 months and the parent/caregiver of the eligible beneficiary. A prior authorization will be required for all dyadic treatment services (the Mental Health Diagnosis and Interpretation of Diagnosis DO NOT require a prior authorization). All performing providers of parent/caregiver and child Outpatient Behavioral Health Services MUST be certified by [DASBHS-DAABHS](#) to provide those services.

Providers will diagnose children through the age of 47 months based on the DC: 0-3R. Providers will then crosswalk the DC: 0-3R diagnosis to a DMS diagnosis. Specified V codes will be allowable for this population.

### **217.100 Primary Care Physician (PCP) Referral 1-1-19**

Each beneficiary that receives only Counseling Level Services in the Outpatient Behavioral Health Services program can receive a limited amount of Counseling Level Services. Once those limits are reached, a Primary Care Physician (PCP) referral or PCMH approval will be necessary to continue treatment. This referral or approval must be retained in the beneficiary's medical record.

A beneficiary can receive three (3) Counseling Level services before a PCP/PCMH referral is necessary. [Crisis Intervention \(255.001\) does not count toward the three \(3\) counseling level services.](#) No services, [except Crisis Intervention](#) will be allowed to be provided without

appropriate PCP/PCMH referral. The PCP/PCMH must be kept in the beneficiary's medical record.

The Patient Centered Medical Home (PCMH) will be responsible for coordinating care with a beneficiary's PCP or physician for Counseling Level Services. Medical responsibility for beneficiaries receiving Counseling Level Services shall be vested in a physician licensed in Arkansas.

The PCP referral or PCMH authorization for Counseling Level Services will serve as the prescription for those services.

Verbal referrals from PCPs or PCMHs are acceptable to Medicaid as long as they are documented in the beneficiary's chart as described in Section 171.410.

See Section I of this manual for an explanation of the process to obtain a PCP referral.

### 220.000 Inpatient Hospital Services

1-1-19

Regulation for Inpatient Hospital Services may be found in program specific manuals located at: <https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx>

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### 223.000 Exclusions

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Services not covered under the Outpatient Behavioral Health Program include, but are not limited to:

- A. Room and board residential costs
- B. Educational services
- C. Telephone contacts with patient
- D. Transportation services, including time spent transporting a beneficiary for services **(reimbursement for other Outpatient Behavioral Health services is not allowed for the period of time the Medicaid beneficiary is in transport)**
- E. Services to individuals with developmental disabilities that are non-psychiatric in nature
- F. Services which are found not to be medically necessary
- G. Services provided to nursing home and ICF/IDD residents other than those specified in Section 252.150 the applicable populations sections of the service definitions in this manual.

### 224.000 Physician's Role

1-1-19

Certified Counseling Level Services providers must have relationships with a physician licensed in Arkansas in order to ensure psychiatric and medical conditions are monitored and addressed by appropriate physician oversight.

Medical supervision responsibility shall include, but is not limited to, the following:

- A. A beneficiary can receive three (3) Counseling Level Services before a PCP/PCMH referral is necessary in the medical record (see Section 217.100). Medical responsibility will be vested in a physician licensed in Arkansas who signs the PCP referral or PCMH approval for Counseling Level Services of the Outpatient Behavioral Health Services program.

**227.000 Prescription for Outpatient Behavioral Health Services 1-1-19**

Each beneficiary that receives only Counseling Level Services can receive a limited amount of Counseling Level Services without a Primary Care Physician (PCP) referral or Patient-Centered Medical Home (PCMH) approval. Once those limits are reached, a PCP referral or PCMH approval will be necessary. This approval by the PCP or PCMH will serve as the prescription for Counseling Level Services in the Outpatient Behavioral Health Services program. Please see Section 217.100 for limits. Medicaid will not cover any service outside of the established limits without a current prescription signed by the PCP or PCMH.

Prescriptions shall be based on consideration of an evaluation of the enrolled beneficiary. The prescription of the services and subsequent renewals must be documented in the beneficiary's medical record.

**228.114 Cases Chosen for Review 1-1-19**

The contractor will review twenty (20) randomly selected cases during the IOC review. If a provider has fewer than 20 open cases, all cases shall be reviewed.

The review period shall be specified in the provider notification letter. The list of cases to be reviewed shall be given to the provider upon arrival or chosen by the IOC Team from a list for the provider site. The components of the records required for review include:

- A. All required assessments
- B. Progress notes, including physician notes
- C. Physician orders and lab results
- D. Copies of records. The reviewer shall retain a copy of any record reviewed.

**228.120 DMS/DBHS Work Group Reports and Recommendations 1-1-19**

The DMS/DAABHS Work Group (comprised of representatives from the Behavioral Health Unit, the Arkansas Office of Medicaid Inspector General, the Division of Aging Adult and Behavioral Health Services (DAABHS), the Division of Provider Services and Quality Assurance, the utilization review agency, as well as other units or divisions as required) will meet monthly to discuss IOC reports.

If a deficiency related to safety or potential risk to the beneficiary or others is found, then the utilization review agency shall immediately report this to the DMS Director (or the Director's designee).

**228.121 Corrective Action Plans 1-1-19**

The provider must submit a Corrective Action Plan designed to correct any deficiency noted in the written report of the IOC. The provider must submit the Corrective Action Plan to the contracted utilization review agency within 30 calendar days of the date of the written report. The contractor shall review the Corrective Action Plan and forward it, with recommendations, to the DMS Behavioral Health Unit, the Arkansas Office of Medicaid Inspector General and Division of Provider Services and Quality Assurance (DPSQA).

After acceptance of the Corrective Action Plan, the utilization review agency will monitor the implementation and effectiveness of the Corrective Action Plan via on-site review. DMS, its contractor(s) or both may conduct a desk review of beneficiary records. The desk review will be



site-specific and not by organization. If it is determined that the provider has failed to meet the conditions of participation, DMS will determine if sanctions are warranted.

**228.122 Actions**

1-1-19

Actions that may be taken following an inspection of care review include, but are not limited to:

- A. Decertification of any beneficiary determined as not meeting medical necessity criteria for outpatient mental health services
- B. Decertification of any provider determined to be noncompliant with the Division of Provider Services and Quality Assurance (DPSQA) provider certification rules
- C. On-site monitoring by the utilization review agency to verify the implementation and effectiveness of corrective actions
- D. The contractor may recommend, and DMS may require, follow-up inspections of care and/or desk reviews. Follow-up inspections may review the issues addressed by the Corrective Action Plans or may be a complete re-inspection of care, at the sole discretion of the Division of Medical Services
- E. Review and revision of the Corrective Action Plan
- F. Review by the Arkansas Office of Medicaid Inspector General
- G. Formulation of an emergency transition plan for beneficiaries including those in custody of DCFS and DYS
- H. Suspension of provider referrals
- I. Placement in high priority monitoring
- J. Mandatory monthly staff training by the utilization review agency
- K. Provider requirement for one of the following staff members to attend a DMS/DBHS DAABHS monthly work group meeting: Clinical Director/Designee (at least a master's level mental health professional) or Executive Officer
- L. Recoupment for services that are not medically necessary or that fail to meet professionally recognized standards for health care
- M. Any sanction identified in Section 152.000

**228.132 Review Sample and the Record Request**

1-1-19

On a calendar quarterly basis, the contractor will select a statistically valid random sample from an electronic data set of all Outpatient Behavioral Health beneficiaries whose dates of service occurred during the three-month selection period. If a beneficiary was selected in any of the three calendar quarters prior to the current selection period, then they will be excluded from the sample and an alternate beneficiary will be substituted. The utilization review process will be conducted in accordance with 42 CFR § 456.23.

A written request for medical record copies will be mailed to each provider who provided services to the beneficiaries selected for the random sample along with instructions for submitting the medical record. The request will include the beneficiary's name, date of birth, Medicaid identification number and dates of service. The request will also include a list of the medical record components that must be submitted for review. The time limit for a provider to request reconsideration of an adverse action/decision stated in § 1 of the Medicaid Manual shall be the time limit to furnish requested records. If the requested information is not received by the deadline, a medical necessity denial will be issued.

All medical records must be submitted to the contractor via fax, mail or electronic medium. [View or print current contractor contact information.](#) Records will not be accepted via email.

**228.133 Review Process**

1-1-19

The record will be reviewed using a review tool based upon the promulgated Medicaid Outpatient Behavioral Health Services manual. The review tool is designed to facilitate review of regulatory compliance, incomplete documentation and medical necessity. All reviewers must have a professional license in therapy (LCSW, LMSW, LPE, LPE-I, LPC, LAC, LMFT, LAMFT, etc.). The reviewer will screen the record to determine whether complete information was submitted for review. If it is determined that all requested information was submitted, then the reviewer will review the documentation in more detail to determine whether it meets medical necessity criteria based upon the reviewer’s professional judgment.

If a reviewer cannot determine that the services were medically necessary, then the record will be given to a psychiatrist for review. If the psychiatrist denies some or all of the services, then a denial letter will be sent to the provider and the beneficiary. Each denial letter contains a rationale for the denial that is record specific and each party is provided information about requesting reconsideration review or a fair hearing.

The reviewer will also compare the paid claims data to the progress notes submitted for review. When documentation submitted does not support the billed services, the reviewer will deny the services which are not supported by documentation. If the reviewer sees a deficiency during a retrospective review, then the provider will be informed that it has the opportunity to submit information that supports the paid claim. If the information submitted does not support the paid claim, the reviewer will send a denial letter to the provider and the beneficiary. Each denial letter contains a rationale for the denial that is record-specific and each party is provided information about requesting reconsideration review or a fair hearing.

Each retrospective review, and any adverse action resulting from a retrospective review, shall comply with the Medicaid Fairness Act. DMS will ensure that its contractor(s) is/are furnished a copy of the Act.

**231.100 Prior Authorization**

1-1-19

Prior Authorization is required for certain Outpatient Behavioral Health Services provided to Medicaid-eligible beneficiaries.

Prior Authorization requests must be sent to the DMS contracted entity to perform prior authorizations for beneficiaries under the age of 21 and for beneficiaries age 21 and over for services that require a Prior Authorization. [View or print current contractor contact information.](#) Information related to clinical management guidelines and authorization request processes is available at **current contractor’s website.**

**Procedure codes requiring prior authorization:**

National Codes	Required Modifier	Service Title
90832	UC, UK, U4	Individual Behavioral Health Counseling – Age 3
90834	UC, UK U4	Individual Behavioral Health Counseling – Age 3
90837	UC, UK, U4	Individual Behavioral Health Counseling – Age 3
90847	UC, UK, U4	Marital/Family Behavioral Health Counseling with Beneficiary Present – Dyadic Treatment

National Codes	Required Modifier	Service Title
H2027	UK, U4	Psychoeducation – Dyadic Treatment

**231.300 Substance Abuse Covered Codes**

1-1-19

Certain Outpatient Behavioral Health Services are covered by Arkansas Medicaid for an individual whose primary diagnosis is substance abuse. Independently Licensed Practitioners may provide Substance Abuse Service within the scope of their practice. Behavioral Health Agency sites must be licensed by the Divisions of Provider Services and Quality Assurance in order to provide Substance Abuse Services. Allowable substance abuse services are listed below:

National Codes	Required Modifier	Service Title
90832	HF	Individual Behavioral Health Counseling – Substance Abuse
90834	HF	Individual Behavioral Health Counseling – Substance Abuse
90837	HF	Individual Behavioral Health Counseling – Substance Abuse
90853	HF	Group Behavioral Health Counseling – Substance Abuse
90846	HF	Marital/Family Behavioral Health Counseling – without Beneficiary Present – Substance Abuse
90847		Marital/Family Behavioral Health Counseling with Beneficiary Present – Substance Abuse
90849	HF	Multi-Family Behavioral Health Counseling – Substance Abuse
90791	U7	Mental Health Diagnosis
90887	U7	Interpretation of Diagnosis
H0001		Substance Abuse Assessment

Beneficiaries being treated by an Outpatient Behavioral Health Service provider for a mental health disorder who also have a co-occurring substance use disorder(s), this (these) substance use disorder(s) is (are) listed as a secondary diagnosis. Outpatient Behavioral Health Service Agency providers that are certified to provide Substance Abuse services may also provide substance abuse treatment to their behavioral health clients. In the provision of Outpatient Behavioral Health mental health services, the substance use disorder is appropriately focused on with the client in terms of its impact on and relationship to the primary mental health disorder.

A Behavioral Health Agency and Independently Licensed Practitioner may provide substance abuse treatment services to beneficiaries who they are also providing mental health/behavioral health services to. In this situation, the substance abuse disorder must be listed as the secondary diagnosis on the claim with the mental health/behavioral health diagnosis as the primary diagnosis.

**240.000 REIMBURSEMENT**

**240.100 Reimbursement 1-1-19**

Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure.

Reimbursement is contingent upon eligibility of both the beneficiary and provider at the time the service is provided and upon accurate completeness of the claim filed for the service. The provider is responsible for verifying that the beneficiary is eligible for Arkansas Medicaid prior to rendering services.

A. Outpatient Services

Fifteen-Minute Units, unless otherwise stated

Outpatient Behavioral Health Services must be billed on a per unit basis as indicated in the service definition, as reflected in a daily total, per beneficiary, per service.

Time spent providing services for a single beneficiary may be accumulated during a single, 24-hour calendar day. Providers may accumulatively bill for a single date of service, per beneficiary, per Outpatient Behavioral Health service. Providers are not allowed to accumulatively bill for spanning dates of service.

All billing must reflect a daily total, per Outpatient Behavioral Health service, based on the established procedure codes. No rounding is allowed.

The sum of the days' time, in minutes, per service will determine how many units are allowed to be billed. That number must not be exceeded. The total of minutes per service must be compared to the following grid, which determines the number of units allowed.

15 Minute Units	Timeframe
One (1) unit =	8 – 24 minutes
Two (2) units =	25 – 39 minutes
Three (3) units =	40 – 49 minutes
Four (4) units =	50 – 60 minutes

60 minute Units	Timeframe
One (1) unit =	50-60 minutes
Two (2) units =	110-120 minutes
Three (3) units =	170-180 minutes
Four (4) units =	230-240 minutes
Five (5) units =	290-300 minutes
Six (6) units =	350-360 minutes
Seven (7) units=	410-420 minutes
Eight (8) units=	470-480 minutes

In a single claim transaction, a provider may bill only for service time accumulated within a single day for a single beneficiary. There is no “carryover” of time from one day to another or from one beneficiary to another.

Documentation in the beneficiary’s record must reflect exactly how the number of units is determined.

No more than four (4) units may be billed for a single hour per beneficiary or provider of the service.

B. Inpatient Services

The length of time and number of units that may be billed for inpatient hospital visits are determined by the description of the service in *Current Procedural Terminology (CPT)*.

**241.000 Fee Schedule 1-1-19**

Arkansas Medicaid provides fee schedules on the Arkansas Medicaid website. The fee schedule link is located at <https://medicaid.mmis.arkansas.gov/Provider/Docs/fees.aspx> under the provider manual section. The fees represent the fee-for-service reimbursement methodology.

Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.

Procedure codes and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.

**252.100 Procedure Codes for Types of Covered Services 1-1-19**

Covered Behavioral Health Services are outpatient services. Specific Behavioral Health Services are available to inpatient hospital patients (as outlined in Sections 240.000 and 220.100), through telemedicine, and to nursing home residents. Outpatient Behavioral Health Services are billed on a per unit or per encounter basis as listed. All services must be provided by at least the minimum staff within the licensed or certified scope of practice to provide the service.

Benefits are separated by Level of Service. A beneficiary can receive three (3) Counseling Level Services before a PCP/PCMH referral is necessary in the medical record.

~~ANY beneficiary that is to be placed into an inpatient psychiatric setting covered by the Arkansas Medicaid Inpatient Psychiatric Services for Under Age 21 program (excluding crisis or emergency admissions) must also follow the above process. The beneficiary must be eligible for Rehabilitative Level Services as determined by the standardized Independent Assessment. The beneficiary must then also be determined by an Intensive Level Services Independent Assessment to be eligible for Inpatient Psychiatric Care or Inpatient Residential Care.~~

The allowable services differ by the age of the beneficiary and are addressed in the Applicable Populations section of the service definitions in this manual.

**252.111 Individual Behavioral Health Counseling 1-1-19**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90832, U4	90832: psychotherapy, 30 min
90834, U4	90834: psychotherapy, 45 min

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<p>90837, U4                  90832, U4, U7 – Telemedicine                  90834, U4, U7 – Telemedicine                  90837, U4, U7 – Telemedicine                  90832, U4, U5 – Substance Abuse                  90834, U4, U5 – Substance Abuse                  90837, U4, U5 – Substance Abuse                  90832, UC, UK, U4 – Under Age 4                  90834, UC, UK, U4 – Under Age 4                  90837, UC, UK, U4 – Under Age 4</p>	<p>90837: psychotherapy, 60 min</p>	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Individual Behavioral Health Counseling is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration. Additionally, tobacco cessation counseling is a component of this service.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of face-to-face encounter with beneficiary</li> <li>• Place of service</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief mental status and observations</li> <li>• Rationale and description of the treatment used that must coincide with Mental Health Diagnosis</li> <li>• Beneficiary's response to treatment that includes current progress or regression and prognosis</li> <li>• Any revisions indicated for the diagnosis, or medication concerns</li> <li>• Plan for next individual therapy session, including any homework assignments and/or advanced psychiatric directive or crisis plans</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Services provided must be congruent with the objectives and interventions articulated on the most recent Mental Health Diagnosis. Services must be consistent with established behavioral healthcare standards. Individual Psychotherapy is not permitted with beneficiaries who do not have the cognitive ability to benefit from the service.</p> <p>This service is not for beneficiaries under the age of 4 except in documented exceptional cases. This service will require a Prior Authorization for beneficiaries under the age of 4.</p>	<p>90832: 30 minutes                  90834: 45 minutes                  90837: 60 minutes</p>	<p>DAILY MAXIMUM OF <b>UNITS-ENCOUNTERS</b> THAT MAY BE BILLED:                  90832: 1                  90834: 1                  90837: 1</p> <p>YEARLY MAXIMUM OF <b>UNITS-ENCOUNTERS</b> THAT MAY BE BILLED (extension of benefits can be requested):                  Counseling Level                  Beneficiary: 12</p>

		encounters <del>units</del> between all 3 codes
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS
Children, Youth, and Adults Residents of Long Term Care Facilities		A provider may only bill one Individual Behavioral Health Counseling Code per day per beneficiary. A provider cannot bill any other Individual Behavioral Health Counseling Code on the same date of service for the same beneficiary. For Counseling Level Beneficiaries, there are 12 total individual counseling <del>encounters</del> visits allowed per year regardless of code billed for Individual Behavioral Health Counseling unless an extension of benefits is allow by the Quality Improvement Organization contracted with Arkansas Medicaid.
ALLOWED MODE(S) OF DELIVERY		TIER
Face-to-face Telemedicine (Adults, Youth, and Children)		Counseling
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE (POS)
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> <li>• Providers of services for beneficiaries under age 4 must be trained and certified in specific evidence based practices to be reimbursed for those services                             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians – Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians – Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> </ul> </li> </ul>		03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.112

Group Behavioral Health Counseling

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90853, U4 90853, U4, U5 – Substance Abuse	Group psychotherapy (other than of a multiple-family group)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Group Behavioral Health Counseling is a face-	<ul style="list-style-type: none"> <li>• Date of Service</li> </ul>

<p>to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse.. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Start and stop times of actual group encounter that includes identified beneficiary</li> <li>• Place of service</li> <li>• Number of participants</li> <li>• Diagnosis</li> <li>• Focus of group</li> <li>• Brief mental status and observations</li> <li>• Rationale for group counseling must coincide with Mental Health Assessment</li> <li>• Beneficiary's response to the group counseling that includes current progress or regression and prognosis</li> <li>• Any changes indicated for diagnosis, or medication concerns</li> <li>• Plan for next group session, including any homework assignments and/ or crisis plans</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This does NOT include psychosocial groups. Beneficiaries eligible for Group Behavioral Health Counseling must demonstrate the ability to benefit from experiences shared by others, the ability to participate in a group dynamic process while respecting the others' rights to confidentiality, and must be able to integrate feedback received from other group members. For groups of beneficiaries aged 18 and over, the minimum number that must be served in a specified group is 2. The maximum that may be served in a specified group is 12. For groups of beneficiaries under 18 years of age, the minimum number that must be served in a specified group is 2. The maximum that may be served in a specified group is 10. A beneficiary must be 4 years of age to receive group therapy. Group treatment must be age and developmentally appropriate, (i.e., 16 year olds and 4 year olds must not be treated in the same group). Providers may bill for services only at times during which beneficiaries participate in group activities.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <b>UNITS-ENCOUNTERS</b> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <b>UNITS-ENCOUNTERS</b> THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiary: 12 <b>units encounters</b></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one Group Behavioral Health Counseling encounter per day. For Counseling Level Beneficiaries, there are 12 total group behavioral health counseling <b>encountersvisits</b> allowed per year unless an extension of benefits is allowed by the Quality Improvement Organization contracted with</p>	



	Arkansas Medicaid.
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians – Master’s/Doctoral</li> <li>Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>Advanced Practice Nurse</li> <li>Physician</li> </ul>	03 (School), 11 (Office), 49 (Independent Clinic), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substances Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

**252.113 Marital/Family Behavioral Health Counseling with Beneficiary Present 1-1-19**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90847, U4 90847, U4, U5 – Substance Abuse 90847, UC, UK, U4 – Dyadic Treatment *	Family psychotherapy (conjoint psychotherapy) (with patient present)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Marital/Family Behavioral Health Counseling with Beneficiary Present is a face-to-face treatment provided to one or more family members in the presence of a beneficiary. <del>Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</del> Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p> <p><b>*Dyadic treatment is available for parent/caregiver &amp; child for dyadic treatment of children age 0 through 47 months &amp; parent/caregiver. Dyadic treatment must be prior authorized and is only available for beneficiaries in Tier</b></p>	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Start and stop times of actual encounter with beneficiary and spouse/family</li> <li>Place of service</li> <li>Participants present and relationship to beneficiary</li> <li>Diagnosis and pertinent interval history</li> <li>Brief mental status of beneficiary and observations of beneficiary with spouse/family</li> <li>Rationale for, and description of treatment used that must coincide with the Mental Health Diagnosis and improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family.</li> <li>Beneficiary and spouse/family's response to treatment that includes current progress or regression and prognosis</li> <li>Any changes indicated for the diagnosis, or medication concerns</li> <li>Plan for next session, including any homework assignments and/or crisis plans</li> <li>Staff signature/credentials/date of signature</li> </ul>

<p><b>1. Dyadic Infant/Caregiver Psychotherapy</b> is a behaviorally based therapy that involves improving the parent-child relationship by transforming the interaction between the two parties. The primary goal of Dyadic Infant/Parent Psychotherapy is to strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning. This service uses child directed interaction to promote interaction between the parent and the child in a playful manner. Providers must utilize a national recognized evidence based practice. Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).</p>	<ul style="list-style-type: none"> <li>HIPAA compliant Release of Information, completed, signed and dated</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Natural supports may be included in these sessions if justified in service documentation and if supported in the documentation in the Mental Health Diagnosis. Only one beneficiary per family per therapy session may be billed.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <u>UNITS ENCOUNTERS</u> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <u>UNITS ENCOUNTERS</u> THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiaries: 12 <u>unitsencounters</u></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one Marital / Family Behavioral Health Counseling with (or without) Patient encounter per day. There are 12 total Marital/Family Behavioral Health Counseling with Beneficiary Present <u>encountersvisits</u> allowed per year unless an extension of benefits is allow by the Quality Improvement Organization contracted with Arkansas Medicaid.</p> <p><b>The following codes cannot be billed on the Same Date of Service:</b></p>	

	90849 - Multi-Family Behavioral Health Counseling 90846 – Marital/Family Behavioral Health Counseling without Beneficiary Present
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians - Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> <li>• Providers of dyadic services must be trained and certified in specific evidence based practices to be reimbursed for those services                         <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians - Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians - Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> </ul> </li> </ul>	03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.114

Marital/Family Behavioral Health Counseling without Beneficiary Present

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90846, U4 90846, U4, U5 – Substance Abuse	Family psychotherapy (without the patient present)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Marital/Family Behavioral Health Counseling without Beneficiary Present is a face-to-face treatment provided to one or more family members outside the presence of a beneficiary. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service.	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter spouse/family</li> <li>• Place of service</li> <li>• Participants present and relationship to beneficiary</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief observations with spouse/family</li> <li>• Rationale for, and description of treatment used that must coincide with the Mental</li> </ul>

<p>Services must be congruent with the age and abilities of the beneficiary or family member(s), client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.</p>	<p>Health Diagnosis and improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family.</p> <ul style="list-style-type: none"> <li>• Beneficiary and spouse/family's response to treatment that includes current progress or regression and prognosis</li> <li>• Any changes indicated for the diagnosis, or medication concerns</li> <li>• Plan for next session, including any homework assignments and/or crisis plans</li> <li>• Staff signature/credentials/date of signature</li> <li>• HIPAA compliant Release of Information, completed, signed and dated</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Natural supports may be included in these sessions if justified in service documentation and if supported in Mental Health Diagnosis. Only one beneficiary per family per therapy session may be billed.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <del>UNITS</del> <u>ENCOUNTERS</u> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <del>UNITS</del> <u>ENCOUNTERS</u> THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiaries: 12 <del>units</del> <u>encounters</u></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one Marital / Family Behavioral Health Counseling with (or without) Beneficiary encounter per day.</p> <p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>90849 – Multi-Family Behavioral Health Counseling</p> <p>91847 – Marital/Family Behavioral Health Counseling with Beneficiary Present</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p>	<p>Counseling</p>	

ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians - Master's/Doctoral</li> <li>Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>Advanced Practice Nurse</li> <li>Physician</li> </ul>	03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.115

Psychoeducation

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2027, U4 H2027, U4, U7 – Telemedicine H2027, UK, U4 – Dyadic Treatment*	Psychoeducational service; per 15 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery. Psychoeducation can be implemented in two formats: multifamily group and/or single family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p> <p><b>*Dyadic treatment is available for parent/caregiver &amp; child for dyadic treatment of children age 0 through 47 months &amp; parent/caregiver. Dyadic treatment must be prior authorized. Providers must utilize a national recognized evidence based practice. Practices include, but are not limited to, Nurturing Parents and Incredible Years.</b></p>	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Start and stop times of actual encounter with beneficiary and/or spouse/family</li> <li>Place of service</li> <li>Participants present</li> <li>Nature of relationship with beneficiary</li> <li>Rationale for excluding the identified beneficiary</li> <li>Diagnosis and pertinent interval history</li> <li>Rationale for and objective used that must coincide with Mental Health Diagnosis and improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family.</li> <li>Spouse/Family response to treatment that includes current progress or regression and prognosis</li> <li>Any changes indicated diagnosis, or medication concerns</li> <li>Plan for next session, including any homework assignments and/or crisis plans</li> <li>HIPAA compliant Release of Information forms, completed, signed and dated</li> <li>Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
Information to support the appropriateness of	15 minutes	DAILY MAXIMUM OF

<p>excluding the identified beneficiary must be documented in the service note and medical record. Natural supports may be included in these sessions when the nature of the relationship with the beneficiary and that support's expected role in attaining treatment goals is documented. Only one beneficiary per family per therapy session may be billed.</p>	<p>UNITS THAT MAY BE BILLED: 4</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 48</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>
<p>Children, Youth, and Adults</p>	<p>A provider can only bill a total of 48 units of Psychoeducation</p> <p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>90847 – Marital/Family Behavioral Health Counseling with Beneficiary Present</p> <p>90846 – Marital/Family Behavioral Health Counseling without Beneficiary Present</p>
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>	<p><b>TIER</b></p>
<p>Face-to-face Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>
<p><b>ALLOWABLE PERFORMING PROVIDERS</b></p>	<p><b>PLACE OF SERVICE</b></p>
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians - Master's/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> <li>• Providers of dyadic services must be trained and certified in specific evidence based practices to be reimbursed for those services             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians - Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians - Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> </ul> </li> </ul>	<p>03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>

<p><b>CPT®/HCPCS PROCEDURE CODE</b></p>	<p><b>PROCEDURE CODE DESCRIPTION</b></p>
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<p>90849, U4 90849, U4, U5 – Substance Abuse</p>	<p>Multiple-family group psychotherapy</p>	
<p><b>SERVICE DESCRIPTION</b></p>	<p><b>MINIMUM DOCUMENTATION REQUIREMENTS</b></p>	
<p>Multi-Family Behavioral Health Counseling is a group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) beneficiaries and their family members or significant others. Services are a more cost-effective alternative to Marital/Family Behavioral Health Counseling, designed to enhance members' insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services may pertain to a beneficiary's (a) Mental Health or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with beneficiary and/or spouse/family</li> <li>• Place of service</li> <li>• Participants present</li> <li>• Nature of relationship with beneficiary</li> <li>• Rationale for excluding the identified beneficiary</li> <li>• Diagnosis and pertinent interval history</li> <li>• Rationale for and objective used to improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family.</li> <li>• Spouse/Family response to treatment that includes current progress or regression and prognosis</li> <li>• Any changes indicated for the master treatment plan, diagnosis, or medication(s)</li> <li>• Plan for next session, including any homework assignments and/or crisis plans</li> <li>• HIPAA compliant Release of Information forms, completed, signed and dated</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
<p><b>NOTES</b></p>	<p><b>UNIT</b></p>	<p><b>BENEFIT LIMITS</b></p>
<p>May be provided independently if patient is being treated for substance abuse diagnosis only. Comorbid substance abuse should be provided as integrated treatment utilizing Family Psychotherapy.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <del>UNITS ENCOUNTERS</del> THAT MAY BE BILLED: 1  YEARLY MAXIMUM OF <del>UNITS ENCOUNTERS</del> THAT MAY BE BILLED (extension of benefits can be requested): 12</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>	
<p>Children, Youth, and Adults</p>	<p>There are 12 total Multi-Family Behavioral Health Counseling <del>visits encounters</del> allowed per year.</p> <p><b>The following codes cannot be billed on the</b></p>	

	<p><b>Same Date of Service:</b></p> <p>90846 – Marital/Family Behavioral Health Counseling without Beneficiary Present</p> <p>90847 – Marital/Family Behavioral Health Counseling with Beneficiary Present</p> <p>90887 – Interpretation of Diagnosis</p> <p>90887 – Interpretation of Diagnosis, Telemedicine</p>
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians - Master's/Doctoral</li> <li>Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>Advanced Practice Nurse</li> <li>Physician</li> </ul>	03 (School), 11 (Office), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.117

Mental Health Diagnosis

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90791, U4 90791, U4, U7 – Telemedicine 90791, UC, UK, U4 – Dyadic Treatment *	Psychiatric diagnostic evaluation (with no medical services)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the current allowable DSM. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation</li> <li>Place of service</li> <li>Identifying information</li> <li>Referral reason</li> <li>Presenting problem(s), history of presenting problem(s), including duration, intensity, and response(s) to prior treatment</li> <li>Culturally and age-appropriate psychosocial history and assessment</li> <li>Mental status/Clinical observations and impressions</li> <li>Current functioning plus strengths and needs in specified life domains</li> <li>DSM diagnostic impressions</li> </ul>



	<ul style="list-style-type: none"> <li>• Treatment recommendations, and prognosis for treatment</li> <li>• Goals and objectives to be placed in Plan of Care</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes</p> <p>This service can be provided via telemedicine to beneficiaries only ages 21 and above.</p> <p><b>*Dyadic treatment is available for parent/caregiver &amp; child for dyadic treatment of children age 0 through 47 months &amp; parent/caregiver. A Mental Health Diagnosis will be required for all children through 47 months to receive services. This service includes up to four encounters for children through the age of 47 months and can be provided without a prior authorization. This service must include an assessment of:</b></p> <ul style="list-style-type: none"> <li>○ Presenting symptoms and behaviors;</li> <li>○ Developmental and medical history;</li> <li>○ Family psychosocial and medical history;</li> <li>○ Family functioning, cultural and communication patterns, and current environmental conditions and stressors;</li> <li>○ Clinical interview with the primary caregiver and observation of the caregiver-infant relationship and interactive patterns;</li> <li>○ Child's affective, language, cognitive, motor, sensory, self-care, and social functioning.</li> </ul>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <del>UNITS</del> ENCOUNTERS THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <del>UNITS</del> ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): 1</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults Residents of Long Term Care</p>	<p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>90792 – Psychiatric Assessment</p>	

ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face Telemedicine (Adults Only)	Counseling
ALLOWABLE PERFORMING PROVIDER	PLACE OF SERVICE
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> <li>• Providers of dyadic services must be trained and certified in specific evidence based practices to be reimbursed for those services                             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians – Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians – Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> </ul> </li> </ul>	03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.118

Interpretation of Diagnosis

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90887, U4 90887, U4, U7 – Telemedicine 90887, UC, UK, U4 – Dyadic Treatment	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.	<ul style="list-style-type: none"> <li>• Start and stop times of face-to-face encounter with beneficiary and/or parents or guardian</li> <li>• Date of service</li> <li>• Place of service</li> <li>• Participants present and relationship to beneficiary</li> <li>• Diagnosis</li> <li>• Rationale for and objective used that must coincide with the Mental Health Diagnosis</li> <li>• Participant(s) response and feedback</li> <li>• Recommendation for additional supports including referrals, resources and information</li> </ul>

	<ul style="list-style-type: none"> <li>Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>For beneficiaries under the age of 18, the time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.</p> <p>This service can be provided via telemedicine to beneficiaries ages 18 and above. This service can also be provided via telemedicine to beneficiaries ages 17 and under with documentation of parental or guardian involvement during the service. This documentation must be included in the medical record.</p> <p><b>*Dyadic treatment is available for parent/caregiver &amp; child for dyadic treatment of children age 0 through 47 months&amp; parent/caregiver. Interpretation of Diagnosis will be required for all children through 47 months to receive services. This service includes up to four encounters for children through the age of 47 months and can be provided without a prior authorization. The Interpretation of Diagnosis is a direct service that includes an interpretation from a broader perspective the history and information collected through the Mental Health Diagnosis. This interpretation identifies and prioritizes the infant's needs, establishes a diagnosis, and helps to determine the care and services to be provided.</b></p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <del>UNITS-ENCOUNTERS</del> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <del>UNITS-ENCOUNTERS</del> THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Counseling Level Beneficiary: 1</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>H2027 – Psychoeducation</p> <p>90792 – Psychiatric Assessment</p> <p>H0001 – Substance Abuse Assessment</p> <p>This service can be provided via telemedicine to beneficiaries ages 18 and above. This service can also be provided via telemedicine to beneficiaries ages 17 and under with</p>	

	documentation of parental or guardian involvement during the service. This documentation must be included in the medical record.
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face Telemedicine Adults, Youth and Children	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> <li>• Providers of dyadic services must be trained and certified in specific evidence based practices to be reimbursed for those services                             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians – Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians – Parent/Caregiver &amp; Child (Dyadic treatment of Children age 0-47 months &amp; Parent/Caregiver) Provider</li> </ul> </li> </ul>	03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.119

Substance Abuse Assessment

1-1-19

<b>CPT®/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
H0001, U4	Alcohol and / or drug assessment
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>

<p>Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a beneficiary's substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DAABHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the beneficiary, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• Presenting problem(s), history of presenting problem(s), including duration, intensity, and response(s) to prior treatment</li> <li>• Culturally and age-appropriate psychosocial history and assessment</li> <li>• Mental status/Clinical observations and impressions</li> <li>• Current functioning and strengths in specified life domains</li> <li>• DSM diagnostic impressions</li> <li>• Treatment recommendations and prognosis for treatment</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
<p><b>NOTES</b></p>	<p><b>UNIT</b></p>	<p><b>BENEFIT LIMITS</b></p>
<p>The assessment process results in the assignment of a diagnostic impression, beneficiary recommendation for treatment regimen appropriate to the condition and situation presented by the beneficiary, initial plan (provisional) of care and referral to a service appropriate to effectively treat the condition(s) identified. If indicated, the assessment process must refer the beneficiary for a psychiatric consultation</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <b>UNITS ENCOUNTERS</b> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <b>UNITS ENCOUNTERS</b> THAT MAY BE BILLED (extension of benefits can be requested): 1</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>	
<p>Children, Youth, and Adults</p>	<p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>90887 – Interpretation of Diagnosis</p>	
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>	<p><b>TIER</b></p>	
<p>Face-to-face</p>	<p>Counseling</p>	
<p><b>ALLOWABLE PERFORMING PROVIDERS</b></p>	<p><b>PLACE OF SERVICE</b></p>	
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master's/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master's/Doctoral</li> </ul>	<p>03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility),</p>	

<ul style="list-style-type: none"><li>• Advanced Practice Nurse</li><li>• Physician</li></ul>	71 (Public Health Clinic), 72 (Rural Health Clinic)
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Proposed

252.120

Psychological Evaluation

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
96101, U4	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach®, WAIS®), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary's emotional, personality, and psychopathology, e.g., MMPI, Rorschach®, and WAIS®. Psychological testing is billed per hour both face-time administering tests and time interpreting these tests and preparing the report. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence</p> <p>Medical necessity for this service is met when:</p> <ul style="list-style-type: none"> <li>• the service is necessary to establish a differential diagnosis of behavioral or psychiatric conditions</li> <li>• history and symptomatology are not readily attributable to a particular psychiatric diagnosis</li> <li>• questions to be answered by the evaluation could not be resolved by a Mental Health Diagnosis or Psychiatric Assessment, observation in therapy, or an assessment for level of care at a mental health facility</li> <li>• the service provides information relevant to the beneficiary's continuation in treatment and assists in the treatment process</li> </ul>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with beneficiary</li> <li>• Start and stop times of scoring, interpretation and report preparation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Rationale for referral</li> <li>• Presenting problem(s)</li> <li>• Culturally and age-appropriate psychosocial history and assessment</li> <li>• Mental status/Clinical observations and impressions</li> <li>• Psychological tests used, results, and interpretations, as indicated</li> <li>• DSM diagnostic</li> <li>• Treatment recommendations and findings related to rationale for service and guided by test results</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS

<p>This code may not be billed for the completion of testing that is considered primarily educational or utilized for employment, disability qualification, or legal or court related purposes.</p>	<p>60 minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 4</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 8</p>
<p><b>APPLICABLE POPULATIONS</b></p>		<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>
<p>Children, Youth, and Adults</p>		
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>		<p><b>TIER</b></p>
<p>Face-to-face</p>		<p>Counseling</p>
<p><b>ALLOWABLE PERFORMING PROVIDERS</b></p>		<p><b>PLACE OF SERVICE</b></p>
<ul style="list-style-type: none"> <li>• Licensed Psychologist (LP)</li> <li>• Licensed Psychological Examiner (LPE)</li> <li>• Licensed Psychological Examiner – Independent (LPEI)</li> </ul>		<p>03 (School), 11 (Office), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 ( Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>

252.121

Pharmacologic Management

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
99212, UB, U4 – Physician	<p>99212: Office or other outpatient <b>encounter</b> visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making</p>
99213, UB, U4 – Physician	
99214, UB, U4 – Physician	
99212, UB, U4, U7 – Physician, Telemedicine	<p>99213: Office or other outpatient <b>encounter</b> visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity.</p>
99213, UB, U4, U7 – Physician, Telemedicine	
99214, UB, U4, U7 – Physician, Telemedicine	
99212, SA, U4 – APN	<p>99214: Office or other outpatient <b>encounter</b> visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history, A detailed examination; Medical decision making of moderate complexity</p>
99213, SA, U4 – APN	
99214, SA, U4 – APN	
99212, SA, U4, U7 – APN, Telemedicine	
99213, SA, U4, U7 – APN, Telemedicine	
99214, SA, U4, U7 – APN, Telemedicine	



SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Pharmacologic Management is a service tailored to reduce, stabilize or eliminate psychiatric symptoms with the goal of improving functioning, including management and reduction of symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.</p> <p>Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with beneficiary</li> <li>• Place of service (When 99 is used for telemedicine, specific locations of the beneficiary and the physician must be included)</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief mental status and observations</li> <li>• Rationale for and treatment used that must coincide with the Psychiatric Assessment</li> <li>• Beneficiary's response to treatment that includes current progress or regression and prognosis</li> <li>• Revisions indicated for the diagnosis, or medication(s)</li> <li>• Plan for follow-up services, including any crisis plans</li> <li>• If provided by physician that is not a psychiatrist, then any off label uses of medications should include documented consult with the overseeing psychiatrist within 24 hours of the prescription being written</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Applies only to medications prescribed to address targeted symptoms as identified in the Psychiatric Assessment.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <del>UNITS-ENCOUNTERS</del> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <del>UNITS ENCOUNTERS</del> THAT MAY BE BILLED (extension of benefits can be requested): 12</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>		
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	

<ul style="list-style-type: none"> <li>• Advanced Practice Nurse</li> <li>• Physician</li> </ul>	03 (School), 04 (Homeless Shelter), 11 (Office), 12 (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)
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252.122

Psychiatric Assessment

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
90792, U4 90792, U4, U7 – Telemedicine	Psychiatric diagnostic evaluation with medical services
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Psychiatric Assessment is a face-to-face psychodiagnostic assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder. This service is not required for beneficiaries to receive Counseling Level Services.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• The interview should obtain or verify all of the following:                             <ol style="list-style-type: none"> <li>1. The beneficiary’s understanding of the factors leading to the referral</li> <li>2. The presenting problem (including symptoms and functional impairments)</li> <li>3. Relevant life circumstances and psychological factors</li> <li>4. History of problems</li> <li>5. Treatment history</li> <li>6. Response to prior treatment interventions</li> <li>7. Medical history (and examination as indicated)</li> </ol> </li> <li>• For beneficiaries under the age of 18                             <ol style="list-style-type: none"> <li>1. an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) in order to:</li> </ol> </li> </ul>

	<ul style="list-style-type: none"> <li>a) Clarify the reason for the referral</li> <li>b) Clarify the nature of the current symptoms</li> <li>c) Obtain a detailed medical, family and developmental history</li> </ul> <ul style="list-style-type: none"> <li>• Culturally and age-appropriate psychosocial history and assessment</li> <li>• Mental status/Clinical observations and impressions</li> <li>• Current functioning and strengths in specified life domains</li> <li>• DSM diagnostic impressions</li> <li>• Treatment recommendations</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes (i.e. treatment plans, etc.).</p> <p><del>This service is not required for beneficiaries receiving only Counseling Level Services in the Outpatient Behavioral Health Services program. The Psychiatric Assessment is required for beneficiaries receiving Rehabilitative Level Services or Therapeutic Communities in Intensive Level Services.</del></p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF <del>UNITS ENCOUNTERS</del> THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF <del>UNITS ENCOUNTERS</del> THAT MAY BE BILLED (extension of benefits can be requested): 1</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults Telemedicine (Adults, Youth, and Children)</p>	<p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>90791 – Mental Health Diagnosis</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<p>A. an Arkansas-licensed physician, preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18)</p> <p>B. an Adult Psychiatric Mental Health</p>	<p>03 (School), 04 (Homeless Shelter), 11 (Office), 12, (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

<p>Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)</p> <p><b>The PMHNP-BC must meet all of the following requirements:</b></p> <ul style="list-style-type: none"> <li>A. Licensed by the Arkansas State Board of Nursing</li> <li>B. Practicing with licensure through the American Nurses Credentialing Center</li> <li>C. Practicing under the supervision of an Arkansas-licensed psychiatrist with whom the PMHNP-BC has a collaborative agreement. The findings of the Psychiatric Assessment conducted by the PMHNP-BC must be discussed with the supervising psychiatrist within 45 days of the beneficiary entering care. The collaborative agreement must comply with all Board of Nursing requirements and must spell out, in detail, what the nurse is authorized to do and what age group they may treat.</li> <li>D. Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act</li> <li>E. Practicing within a PMHNP-BC's experience and competency level</li> </ul>	
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255.001 Crisis Intervention

1-1-19

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
H2011, HA, U4	Crisis intervention service, per 15 minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Crisis Intervention is unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. (These activities include evaluating a Medicaid-eligible beneficiary to	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop time of actual encounter with beneficiary and possible collateral contacts with caregivers or informed persons</li> <li>• Place of service</li> <li>• Specific persons providing pertinent information in relationship to beneficiary</li> <li>• Diagnosis and synopsis of events leading up to crisis situation</li> </ul>

<p>determine if the need for crisis services is present.)</p> <p>Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family.</p>	<ul style="list-style-type: none"> <li>Brief mental status and observations</li> <li>Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized</li> <li>Beneficiary’s response to the intervention that includes current progress or regression and prognosis</li> <li>Clear resolution of the current crisis and/or plans for further services</li> <li>Development of a clearly defined crisis plan or revision to existing plan</li> <li>Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm or in which to prevent significant deterioration of the beneficiary’s functioning.</p> <p>This service can be provided to beneficiaries that have not been previously assessed or have not previously received behavioral health services.</p> <p>The provider of this service MUST complete a Mental Health Diagnosis (90791) within 7 days of provision of this service if provided to a beneficiary who is not currently a client. If the beneficiary cannot be contacted or does not return for a Mental Health Diagnosis appointment, attempts to contact the beneficiary must be placed in the beneficiary’s medical record. If the beneficiary needs more time to be stabilized, this must be noted in the beneficiary’s medical record and the Division of Medical Services Quality Improvement Organization (QIO) must be notified.</p>	<p>15 minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 12</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 72</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>		
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p>	<p>Crisis</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians – Master’s/Doctoral</li> <li>Non-independently Licensed Clinicians –</li> </ul>	<p>03 (School), 04 (Homeless Shelter), 11 (Office) 12 (Patient’s Home), 15 (Mobile Unit), 23 (Emergency Room), 33 (Custodial Care facility),</p>	

Master's/Doctoral (must be employed by Behavioral Health Agency) <ul style="list-style-type: none"> <li>Advanced Practice Nurse</li> <li>Physician (must be employed by Behavioral Health Agency)</li> </ul>	49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57( Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic), 99 (Other Location)
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255.003

Acute Crisis Units

1-1-19

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
H0018, U4		Behavioral Health; short-term residential	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons over the age of 18 who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.			
NOTES		EXAMPLE ACTIVITIES	
APPLICABLE POPULATIONS		UNIT	BENEFIT LIMITS
Youth and Adults		Per Diem	<ul style="list-style-type: none"> <li>96 hours or less per encounter</li> <li>1 encounter per month</li> <li>6 encounters per SFY</li> </ul>
		PROGRAM SERVICE CATEGORY	
		Crisis Services	
ALLOWED MODE(S) OF DELIVERY		TIER	
Face-to-face		N/A	
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE	
Acute Crisis Units must be certified by the			

Division of Provider Services and Quality Assurance as an Acute Crisis Unit Provider	
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**255.004 Substance Abuse Detoxification**

1-1-19

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
H0014, U4		Alcohol and/or drug services; detoxification	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary’s body. Services are short-term and may be provided in a crisis unit, inpatient, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.</p>			
NOTES		EXAMPLE ACTIVITIES	
APPLICABLE POPULATIONS		UNIT	BENEFIT LIMITS
Youth and Adults		N/A	<ul style="list-style-type: none"> <li>• 1 encounter per month</li> <li>• 6 encounters per SFY</li> </ul>
		PROGRAM SERVICE CATEGORY	
		Crisis Services	
ALLOWED MODE(S) OF DELIVERY		TIER	
Face-to-face		N/A	
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE	
<p>Substance Abuse Detoxification must be provided in a facility that is certified by the Division of Provider Services and Quality Assurance as a Substance Abuse Detoxification provider.</p>		21 (Inpatient Hospital), 55 (Residential Substance Abuse Treatment Facility)	

**256.400 Place of Service Codes**

1-1-19

Electronic and paper claims now require the same national place of service codes.

<b>Place of Service</b>	<b>POS Codes</b>
School (Including Licensed Child Care Facility)	03
Homeless Shelter	04
Office (Outpatient Behavioral Health Provider Facility Service Site)	11
Patient's Home	12
Group Home	14
Mobile Unit	15
Temporary Lodging	16
Inpatient Hospital	21
Custodial Care Facility	33
Independent Clinic	49
Federally Qualified Health Center	50
Inpatient Psychiatric Facility	51
Community Mental Health Center	53
Residential Substance Abuse Treatment Facility	55
Non-Residential Substance Abuse Treatment Facility	57
Public Health Clinic	71
Rural Health Clinic	72
<del>Outpatient Behavioral Health Services Clinic (Telemedicine)Other</del>	99