Arkansas: HealthySteps Coding and Billing Guide

The HealthySteps National Office Policy & Finance Team, 2023

About this Document

HealthySteps sites can bill Arkansas Medicaid (DHS) for some of the services they provide to children and their families. The purpose of this document is to support HealthySteps sites in coding and billing for HealthySteps-related services.

This document provides a list of open Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, with specific applicable Medicaid coding, billing, and documentation guidelines.

There are a variety of requirements and restrictions that can impact your site's ability to bill specific codes, including the provider type, provider licensure, scope of practice, location of services, frequency, and maximum billing units. This document aims to facilitate an understanding of these requirements and restrictions and help guide your site in coding and billing for HealthySteps-related services.

To maximize appropriate reimbursement, the HealthySteps National Office highly recommends always contacting Arkansas' Medicaid agency and other health insurance carriers to verify billing requirements for services provided.

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Arkansas' Medicaid Reimbursable Providers

Any HealthSteps provider of health services must be enrolled in the Arkansas Medicaid Program before Medicaid will cover any services provided by the provider to Arkansas Medicaid beneficiaries.

"Licensed professional" means a person who possesses a professional license in good standing in Arkansas.

Arkansas Medicaid only reimburses certain provider types for HealthySteps related services. The following list of reimbursable Provider Types are included below:

Reimbursable Provider Types

Independent-Licensed Clinicians must be licensed through the relevant licensing board to provide services. Supervision is not required.

Independent-Licensed Clinicians (Masters/Doctoral)

- Licensed Certified Social Workers (LCSW)
- Licensed Marital & Family Therapists (LMFT)
- Licensed Psychologists (LP)
- Licensed Psychological Examiner Independent (LPEI)
- Licensed Professional Counselor (LPC)
- Licensed Parent/Caregiver and Child (Dyadic Treatment) Providers – *Children 0 – 47 months of age only*

Non-Independent Licensed Clinicians must be licensed through the relevant licensing board to provide services and be employed by a certified Behavioral Health Agency, Community Support System Agency, or certified by the Dept. of Education as a school-based mental health provider. These providers require supervision from independent-licensed clinicians.

Non-Independent-Licensed Clinicians (Masters/Doctoral)

- Licensed Master's Social Workers (LMSW)
- Licensed Associate Marital and Family Therapist (LAMFT)
- Licensed Associated Counselor (LAC)
- Licensed Psychological Examiner (LPE) under supervision of Psychologist
- Provisionally Licensed Psychologists (PLP)
- Provisionally Licensed Master's Social Worker (PLMSW)
- Licensed Clinical Professional Counselor (LCPC)
- Licensed Parent/Caregiver and Child (Dyadic Treatment) Providers – *Children 0 – 47 months of age only*

According to Arkansas Medicaid Individuals solely licensed as *Licensed Alcoholism and Drug Abuse Counselors (LADAC)* may only provide services to individuals with a primary substance use diagnosis. Additionally, Arkansas Medicaid does not provide specifics if the LADAC's are Independent or Non-Independent providers. Thus, it is highly recommended that all clinical sites, contact Arkansas Medicaid directly regarding LADAC's billable services.

- Licensed Alcoholism and Drug Abuse Counselor (Bachelor's & Master's)

Advanced Practice Nurses must be licensed through the relevant licensing board to provide services and be employed by a certified Behavioral Health Agency, Community Support System Agency, or certified by the Dept. of Education as a school-based mental health provider. A collaborative agreement with a physician licensed in Arkansas is Required.

Advanced Practice Nurse (APN)

- Child Psychiatric Mental Health Nurse Specialist
- Family Psychiatric Mental Health APN

Physicians must be employed by a certified Behavioral Health Agency, or Community Support System Agency. Supervision not required.

Physicians (MD/DO)

- Doctor of Medicine (MD)
- Doctor of Osteopathy of Medicine (DO)

Non-Physician Practitioner services are not considered separate from the physician's services. Any face-to-face encounters must communicate their clinical findings with the ordering physician and incorporate the information in the patient's medical record. PAs and NPs should either be in collaboration with or under the supervision of an independent-licensed physician.

Non-Physicians Practitioners

- Physician Assistant (PA)
- Nurse Practitioner (NP)

Licensed Parent/Caregiver & Child Providers - (Dyadic Treatment)

Arkansas Medicaid covers dyadic treatment, exclusively for approved providers (*those meeting the Infant Mental Health Standards*), can bill for dyadic treatment reserved exclusively for these clinicians. Currently, when evidence-based dyadic treatment delivered by these approved providers are reimbursed at a 10 percent higher rate.

All clinicians seeking to serve children 0 – 47 months must be trained and approved (*or actively in training; allowing for provisional approval*) by ARBEST (*Arkansas Building Effective Services for Trauma*) evidence-based treatment and certified by DAABHS to provide dyadic psychotherapy and/or related Behavioral Health services to parents/caregivers and children under the age four years old. Additionally, providers must utilize a nationally recognized evidence-based practice, which includes, but are not limited to the following:

1. Parent Child Interaction Therapy (PCIT) – Designed for use to help young children with disruptive behaviors, including those with a history of trauma. Typically for children 2-7 years old.
2. Child-Parent Psychotherapy (CPP) – Designed to help young children and their caregivers heal after stressful experiences and strengthen the parent-child relationship. Typically for children 0-5 years old.

Dyadic treatment providers will diagnose children 0 - 47 months of age based on the most current version of the DC-5 (*Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*). The provider will then need to crosswalk the diagnosis to the DSM diagnosis. Specific Z and T codes and conditions that may be the focus of the clinical attention according to the DSM 5 or subsequent editions will be allowed for this population.

Physician "Supervision" in the Provision of BH Counseling Services

When a practitioner other than a physician provides the services, the practitioner must be under the "supervision" of the physician in the clinic that is billing for the services. For the purpose of psychotherapy counseling services only, the term "supervision" means the following:

A. The person who is performing the covered service must be either of the following:

1. A paid employee of the physician who is billing the Medicaid Program. A W-4 must be on file in the physician's office; or

2. A subcontractor of the physician who is billing the Medicaid Program. A contract between the physician and the subcontractor must be on file in the physician's office.

3. The paid employee or subcontractor must be enrolled with Arkansas Medicaid as a performing provider in a program that allows them to provide counseling services.

B. The physician must monitor and be responsible for the quality of work performed by the employee or subcontractor under his/her "supervision". The physician must be immediately available to provide assistance and direction throughout the time the service is being performed.

Scope of Practice

Physician services are services provided within the scope of the practice or medicine or osteopathy, as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy (*42 Code of Federal Regulations, Section 440.50).*

Arkansas Medicaid's Supplemental Reimbursement Rate for Preventative Services (Children: ages birth – three)

Effective January 1, 2024, Arkansas Medicaid (DHS) will provide a supplemental reimbursement rate to HealthySteps practices meeting or approaching Fidelity, per the HealthySteps National Office. There are several requirements' practices must follow in order to receive the payment.

In order to be eligible for the Arkansas Medicaid Supplemental Reimbursement Rate HealthySteps sites must follow the following steps:

1. Physician practices must be enrolled in the Arkansas Patient-Centered Medical Home (PCMH) program.
2. Physician practices must be enrolled in a program that utilizes data and outcomes to demonstrate adherence to a team-based, evidence-based pediatric practice transformation model of care focused on young children and families (i.e., HealthySteps).
3. Physician practices must be currently and actively meeting the HealthySteps National Office fidelity requirements or deemed as on track to meet fidelity via a National Office certification letter (initial and annual certification required).
4. Physician practices enrolled in the PCMH program will employ interdisciplinary staff required to implement the patient-centered medical home program.

Eligible provider practices will receive a supplemental payment of $3.44 per beneficiary per month (PBPM), from children birth - 48 months. HealthySteps is currently the only program approved for this payment.

Billable Modifiers Required for HealthySteps Related Services

The use of AR modifiers allow providers to indicate that a particular service has been rendered, a service or procedure has been altered by some specific circumstance(s), without changing the definition or the code for the service or identifying why a doctor or other qualified healthcare professional provided a specific service and procedure. The following modifiers are applicable to HealthySteps-related services:

- **Modifier U4:**
  - This modifier is used to designate a service for a child under 4 years of age.
- **Modifier UB:**
  - This modifier is used to designate the services was received at a Federally Qualified Health Clinic - FQHC
- **Modifier UC:**
  - This modifier is used to designate *Individua*l Behavioral Health Counseling and/or Services provided with patient present.
- **Modifier UK:**
  - This modifier is used to designate the services related to Dyadic Treatment**.
- **Modifier HA:**
  - This modifier is used to designate programs dealing with patients under 18 years old.
- **Modifier GT:**
  - This modifier is used to designate the service was delivered via interactive audio and video telecommunication systems (AKA: Telemedicine/telehealth).
- **Modifier SE:**
  - Smoking and tobacco use cessation counseling visit; intermediate, 15 minutes
- **Modifier CG:**
  - Smoking and tobacco use cessation counseling visit; intermediate, 15 minutes, provided to parents/caregiver of child (*Birth – 20 years old*).

*If claims are submitted **without the required modifier(s), the insurance carriers may deny reimbursement for services**.
**Dyadic treatment refers to services provided to the infant and parent/child giver/guardian *simultaneously*.

Arkansas' Preventive Care & EPSDT: Child Health Services Program

The Child Health Services (CHS) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a federally mandated child health component of Medicaid. It is designed to bring comprehensive health care to individuals eligible for medical assistance from birth to age 21. Physicians and other health professionals who provide Child Health Services (EPSDT) screening may diagnose and treat health problems discovered during the EPSDT screening or may refer the child to other appropriate sources for such care.

Services may include physicals, developmental and behavioral screenings, hearing, visual or dental services or any other type of medical care and services recognized under state law to prevent, correct, or ameliorate disease or abnormalities detected by screening or by diagnostic

procedures. Treatment for conditions discovered through a screening may exceed limits of the Medicaid Program. Services not otherwise covered under the Medicaid Program will be considered for coverage if the services are prescribed by a physician as a result of an EPSDT screening. The services must be medically necessary and permitted under federal Medicaid regulations.

The periodic EPSDT screening schedule has been changed in accordance with the most recent recommendations of the American Academy of Pediatrics.

Arkansas' HS Recommended Screening Tools for Infants/Toddlers

The HealthySteps program recommends the administration of several screening tools for infants and toddlers seen within their clinics. It is highly recommended that the following screenings are used in the treatment of all infants and toddlers ages zero to three:

Screening Descriptions	Screening Tools
Developmental Screenings	ASQ
Social Emotional/Behavioral Screenings	ASQ-3, SWYC, BPSC, and PPSC
Autism Screenings	M-CHAT-Revised
Maternal Depression Screenings	EPDS, PHQ-2 (*provided at all OB, Postpartum, and WCVs*)
Family Needs Screenings	SEEK Questionnaire *(provided at WCVs or when needed)*

Arkansas only recognizes and reimburses licensed and credentialed providers for the Brief Social-Emotional/Behavioral Assessment (CPT code: 96127) and Maternal Depression Screening (CPT codes: G8510 – Negative; G8431 - Positive). Currently, either *a physician, physician's assistant, or advance nurse practitioner* can administer this screening to the patient along with the appropriate office visit.

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
96127	Social Emotional/Behavioral Screenings	Physicians (MD/DO) Non-Physicians Practitioners (PA & NP) Advanced Practice Nurse (APN)	Arkansas Department of Human Services (DHS) recommends that health care facilities follow the American Academy of Pediatrics (AAP) periodicity schedule, Bright Futures guidelines for health supervision of infants, children, and adolescents, by administering the Social Emotional/Behavioral screening at the child's 9, 18, and 30 months WCV. The Social Emotional/Behavioral screening is allowable up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization. If Social Emotional/Behavioral screening is performed on the same day as the infant's office visit, both the 96127 and the E/M service should be reported, and Modifier 25 needs to be appended to the office visit to show that the service was distinct and necessary. Additional modifiers may be required for the billing screening tools. Please refer to page 6, *Billable Modifiers Required For HealthySteps-Related Services* to select the specific modifier(s)

			associated with the CPT code 96127. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* ICD10 Z13.39 (Encounter for screening examination for other mental health can be applied to CPT code: 96127 An extension of benefits may be requested if additional screenings are medically necessary. Documentation for social-emotional and developmental screening should include the name of the tool, the tool itself, the score, and how the results were discussed with patient/family.

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
G8510 G8431	Screening for depression is negative. A follow-up plan is not required Screening for depression is positive. A follow-up plan is documented	Physicians (MD/DO) Non-Physicians Practitioners (PA & NP) Advanced Practice Nurse (APN)	Arkansas Department of Human Services (DHS) recommends that health care facilities follow the American Academy of Pediatrics (AAP) periodicity schedule, Bright Futures guidelines for Screening for depression at the child's 1, 2, 4, 6 months WCV. If a client is under the age of eighteen (18), and the parent/legal guardian appears depressed, he or she can be screened as well as the child on the same day, and the screening should be billed under the child's Medicaid number. The parent/legal guardian's session will count towards the four (4) counseling screening limit. The physician must have the capacity to treat or refer the parent/guardian for further treatment if the screening results indicate a need, regardless of payor source. If screening for depression is performed on the same day as the infant's office visit, both the G8431/G8510 and E/M should be reported, and Modifier 25 needs to be appended to the E/M service to show that the office visit was distinct and necessary. Additional modifiers may be required for the billing screening tools. Please refer to page 6, *Billable Modifiers Required For HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code G8510 and/or G8431. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* ICD10 Z13.32 (Encounter for screening for material depression screening) can be applied to HCPCS Code: G8431. Documentation in the infant's medical record must include the name of the screening tool used and the date screening was completed. If the mother screens positive for depression, at a

			minimum, the provider must note that a referral plan was discussed with the mother and a referral to an appropriate provider was made.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Psychiatric Diagnostic Evaluation (*without* Medical Services)	90791	Contact AR Medicaid	N/A	N

Intake Assessment

Prior to continuing to deliver Counseling Level Services (*Individual, Family & Group Psychotherapy)*, providers must document medical necessity of Outpatient Behavioral Health Counseling services, which is produced via a written intake assessment (e.g.: *Mental Health Diagnosis and Psychiatric Assessment)* and is designed to evaluate the patient's mental condition and based on the patient's diagnosis, determines whether treatment in the Outpatient Behavioral Health Counseling service program is the most appropriate course of action, and the desired outcomes expected for the patient.

The intake must be completed by a mental behavioral health professional qualified by licensure and experienced in the diagnosis and treatment of behavioral health and/or substance use disorders.

Psychiatric Diagnostic Evaluation without Medicaid Services (90791)

Psychiatric Diagnostic Evaluation without Medicaid Services (Initial Evaluation/Mental Health Diagnosis) is a clinical service for the purpose of diagnosing problems with behaviors, thought processes and memory, mental illness, or related disorders, as described in the current allowable Diagnostic and Statistical Manual of Mental Disorders (DSM). Services for an evaluation can occur either face-to-face or via telemedicine, and includes assessing the patient's psycho-social, medical history, diagnostic findings, current mental status, reviewing and ordering diagnostic studies followed by appropriate treatment recommendations, description of present behaviors, when they occur, how long they last, and which behaviors happen most often and under what conditions. A description of symptoms (physical and psychiatric), a family mental health history, as well as interviews and communications with family members should also be provided.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Psychiatric Diagnostic Evaluation (*without* medical services)	90791	U4	N/A	N
Psychiatric Diagnostic Evaluation (*without* medical services): *Dyadic Treatment Diagnosis*	90791	UC, UK, U4	0-47 Months	N

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90791	Psychiatric Diagnostic Evaluation without Medical Service (*Initial Evaluation/Mental Health Diagnosis*)	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Parent/Caregiver & Child Providers	Psychiatric Diagnostic Evaluation without Medical Services as a daily maximum of 1 (one) encounter and a yearly maximum of one (1) encounter. Extension of benefits can be requested by submitting prior authorization requests to DMS for review and consideration. Psychiatric Diagnostic Evaluations without Medical Services must be consistent with the scope of license and competency of the mental health provider; specialized training and experience in child and adolescent psychiatry (*patients >18 years of age*). Modifiers may be required for billing for Mental Health Diagnosis w/o Medical Service. Please refer to page 6, *Billable Modifiers Required For HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code 90791. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* CPT code 90972 cannot be billed on the same date of service as 90791. This service can be provided either Face-to-face or Telemedicine Documentation requirements include date of service, presenting problem(s)/change(s) in functioning/history, mental and medical health history, including current medications (if applicable), social and cultural factors, risk, and safety factors, duration of issues, mental status (clinical observations and impressions) referral reason, a diagnostic summary, treatment recommendations, staff signature/credentials/date of signature

Dyadic Treatment

Dyadic treatment services for Mental Health Diagnosis are available to children ages 0-47 months of age with their parents/caregivers to address the unique treatment needs of younger children and their parents or other primary caregivers. A Mental Health Diagnosis is required for all children zero through forty-seven months of age seeking to receive dyadic treatment services.

Independently and/or Non-independently Licensed Clinicians-Parent/Caregiver and Child Providers *(Dyadic Treatment)* are the *only* entity allowed to provide the required Mental Health Diagnosis Services, includes up to four (4) encounters without prior authorization. This service must include an assessment of:

- Presenting symptoms and behaviors
- Developmental and medical history
- Family psychosocial and medical history

- Family functioning, cultural and communication patterns, and current environmental conditions and stressors
- Clinical interview with the primary caregiver and observation of the caregiver-infant relationship and interactive patterns, and
- Child's affective, language, cognitive, motor, sensory, selfcare, and social functioning.

All performing providers of parent/caregiver Counseling Services MUST be trained or actively in training and approved by ARBEST and certified by DAABHS to provide Dyadic treatment services to this specific age group.

Providers will diagnose children from zero through forty-seven (47) months based on the DC: 0-5. Providers will then crosswalk the DC: 0-5 diagnosis to a DSM diagnosis. Specified Z and T codes and conditions that may be the focus of clinical attention according to DSM 5 or subsequent editions will be allowable for this population.

Psychiatric Diagnostic Evaluation with Medicaid Services (90792)

Psychiatric Diagnostic Evaluation with Medical Services (Psychiatric Assessment) is a face-to-face psychodiagnostics assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably with specialized training and experience in child and adolescent psychiatry (>18 years of age). This service is provided to determine the existence, type, nature, and most appropriate treatment of behavioral health disorder. This service is not required for patients to receive Counseling Level Services.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Psychiatric Diagnostic Evaluation (*with* Medical Services)	90792	U4	N/A	N

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90792	Psychiatric Diagnostic Evaluation with Medicaid Services (*Psychiatric Assessment*)	Licensed Psychiatrists Licensed Psychiatric PAs Licensed Psychiatric PMHNPs	Psychiatric Assessments has a daily maximum of 1 (one) encounter and a yearly maximum of one (1) encounter. Extension of benefits can be requested by submitting prior authorization requests to DMS for review and consideration. Modifiers may be required for billing for Mental Health Diagnosis with Medical Service. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code 90792. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* CPT code 90791 cannot be billed on the same date of service as CPT code 90792. This service is not required for patients to receive Counseling Level Services. This service can be provided either Face-to-face or Telemedicine.

			Dyadic Treatment is *not* allowable for this service code. Documentation requirements include date of service date of service, start and stop times of face-to-face encounter with the patient, place of service, referral reason, t*he presenting problem (including symptoms and functional impairments), relevant life circumstances and psychological factors, history of problems, treatment history, response to prior treatment interventions (if applicable), medical history (and examination as indicated)* • *For patient under eighteen (18) years of age:* An interview of a parent (*preferably both*), the guardian (*including the responsible DCFS caseworker*), and the primary caretaker, *foster parents* (as applicable) to obtain clarification the reason for the referral, clarify the nature of the current symptoms, obtain a detailed medical, family, and developmental history, culturally and age-appropriate psychosocial history and assessment, mental status/Clinical observations and impressions, current functioning and strengths in specified life domains, treatment recommendations, and staff signature/credentials/date of signature.

Developmental Testing Administration with Interpretation and Report (96112 & 96113)

Testing and evaluations involve services beyond screenings. Screenings are used to identify if someone is at risk, and if a screening reveals that further testing is required, testing and evaluation help determine the appropriate follow-up and care and, if appropriate, a diagnosis.

Typically, the administration of this test evaluates a child to identify a specific issue(s) related to fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed, by physician or other qualified health care professional. The test provides information regarding the milestones a child has attained and can help in determining the course of intervention to attain further milestones. Providers can either develop a treatment plan and service the patient within their clinic or provide a referral for additional specialized services.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Auth
Developmental test administration by standardized instrument, with interpretation and report; initial hour	96112	Contact AR Medicaid	None	N
Developmental test administration; each additional 30 minutes after the first hour of service	96113	Contact AR Medicaid	0-47 Months	N

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
96112	Developmental test administration by standardized instrument, with interpretation and report; initial hour	Licensed MDs/DOs Licensed Psychiatist	These codes are time based, requiring the documentation of the time spent rendering the service(s), including the start and stop times of testing, why testing was provided, which standardized test instrument was used, test results, interactive feedback with patient and/or family, and any appropriate actions taken are required and must be included in your documentation. A minimum time period of 31 minutes of testing must be provided before assigning the initial hour code (96112), for each additional 30 minutes of time increment, report 96113 in addition to the initial service code. Standardized testing instruments, dependent on those selected in your state, must be utilized and a report must be generated. Modifiers may be required for billing for Mental Health Diagnosis with Medical Service. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT codes 96112 and 96113. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* It is highly recommended to contact Arkansas Medicaid for required annual maximums. Developmental testing must be consistent with the scope of licensure and competency of the provider. This service can be provided only via Face-to-face Not available via Telemedicine. Dyadic Treatment is *not* allowable for this service code. The time spent rendering services, why testing was provided, which standardized test instrument was used, test results, interactive feedback with patient and/or family, and any appropriate actions taken are required and must be included in your documentation. For MDs, PAs, and NPs, developmental testing must be consistent with the scope of licensure and competency of the provider. Modifiers may be required for billing for Mental Health Diagnosis with Medical Service. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT codes 96112 and 96113. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* It is highly recommended to contact Arkansas Medicaid for required annual maximums.
96113	Developmental test administration; each additional 30 minutes after the first hour of service		

			Developmental testing must be consistent with the scope of licensure and competency of the provider. This service can be provided only via Face-to-face Not available via Telemedicine. Dyadic Treatment is *not* allowable for this service code. The time spent rendering services, why testing was provided, which standardized test instrument was used, test results, interactive feedback with patient and/or family, and any appropriate actions taken are required and must be included in your documentation. For MDs, PAs, and NPs, developmental testing must be consistent with the scope of licensure and competency of the provider.

Psychological Evaluation (96130 & 96131)

Patients who have received a mental health diagnostic assessment by an allowable licensed professional, and have begun mental health counseling services, can receive a psychological (testing) evaluation to confirm the diagnosis in order to guide continued behavioral health counseling services.

Psychological Evaluations are reimbursable when a current medical or mental health evaluation has been conducted and a specific diagnostic or treatment question still exists which cannot be answered by a psychiatric diagnostic evaluation and history-taking. Psychological Evaluations are billed per hour for both facetime administering tests and time interpreting these tests and preparing the report. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, intellectual functioning, emotional, and personality characteristics of the patient.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Psychological Evaluation, 1st 60 minutes	96130	U4	N/A	N
Psychological Evaluation, Each additional hour	96131	U4	N/A	N

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
96130	Psychological Evaluation, 1st 60 minutes	Independently Licensed Clinicians (*Only LP & LPEI*) Non-Independently Licensed Clinicians (*Only LPE*)	The daily billable maximum is four (4) units and a yearly billable maximum of eight (8) units. Modifiers may be required for billing for Psychological Evaluation. Please refer to page 6, Billable Modifiers Required for HealthySteps-Related Services to select the specific modifier(s) associated with the CPT code 96130 & 96131. If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.
96131	Psychological Evaluation, Each additional hour		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. 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. The service is necessary to establish a differential diagnosis of behavioral or psychiatric conditions. History and symptomatology are not readily attributable to a particular psychiatric diagnosis. The service provides information relevant to the patient's continuation in treatment and assists in the treatment process. If psychological testing leads to a diagnosis of Autism, the provider must make a referral to the Division of Developmental Disabilities Services (DDS). The client has a referral from their primary care physician for testing to establish a diagnosis of Autism Spectrum Disorder (ASD). Prior authorization may be required, please contact Arkansas Medicaid directly for specifics. If psychological testing leads to a diagnosis of Autism Spectrum Disorder, the treating licensed professional must document referral to appropriate autism treatment provider. This service can be provided only via Face-to-face. Not available via Telemedicine. Dyadic Treatment is not allowable for this service code. Documentation requirements include date of service date of service, start and stop times of actual encounter with patient, start and stop times of scoring, interpretation, and report

			preparation, place of service, rationale for referral, presenting problem(s), culturally and age-appropriate psychosocial history and assessment, mental status/Clinical observations and impressions, reason testing was provided, psychological tests used, results, and interpretations, interactive feedback with patient and/or family, DSM diagnostic impressions to include in all axes, if applicable, treatment recommendations and findings related to rationale for service and guided by test results, and staff signature/credentials/date of signature(s).

Individual Behavioral Health Counseling (90832, 90834, 90837)

Individual Behavioral Health Counseling Services are designed 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 Mental/Behavioral Health or Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration. Additionally, tobacco cessation counseling is a component of this service, which focuses on children 11 years and older.

Services provided must be congruent with the objectives and interventions articulated on the most recent Psychiatric Diagnostic Evaluation. Individual Psychotherapy is not permitted for patients under the age four years of age except in documented exceptional cases and where prior authorization has been secured (*dyadic treatment*). Additionally, these services must be provided by a certified Behavioral Health Service provider to a patient who has a Behavioral Health diagnosis as described in the DSM-5.

Individual Behavioral Health Counseling Services are allowed as a covered service when provided by a physician or qualified practitioner; *licensed and authorized* in the state of Arkansas. Each patient is entitled to sixteen (16) Counseling Level Services before a PCP/PCMH referral and/or pre-authorization is required.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Individual Psychotherapy, 30 minutes	90832	U4	N/A	N
Individual Psychotherapy, 45 minutes	90834	U4	N/A	N
Individual Psychotherapy, 60 minutes	90837	U4	N/A	N
Dyadic Treatment - Individual Psychotherapy, 30 minutes	90832	UC, UK, U4	0 – 47 months	Y
Dyadic Treatment - Individual Psychotherapy, 45 minutes	90834	UC, UK, U4	0 – 47 months	Y
Dyadic Treatment - Individual Psychotherapy, 60 minutes	90837	UC, UK, U4	0 – 47 months	Y

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90832 90834 90837	Individual psychotherapy with patient-30 minutes Individual Psychotherapy, 45 minutes Individual Psychotherapy, 60 minutes	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Alcoholism and Drug Abuse Counselor (LADAC) Licensed Parent/Caregiver & Child Providers	Individual Behavioral Health Counseling Services have a daily maximum of 1 (one) encounter between all three codes (90832, 90834, & 90837). The yearly maximum of sixteen (16) encounters between all three (3) CPT codes. Extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid. Modifiers may be required for billing Individual Behavioral Health Counseling Services, please refer to page 6, Billable Modifiers Required for HealthySteps-Related Services to select the specific modifier(s) associated with the level of care provided. If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics. Non-Independently licensed clinicians require Supervision and must be licensed through the Arkansas State Medical Board to provide services and be employed by a certified Behavioral Health Agency, Community Support System Agency, or certified by the Dept of Education as a school based-mental health provider. Psychotherapy services must be consistent with the scope of license and competency of the mental health provider. Preferably the treating provider will propose specialized training and experience in psychiatry for children and adolescents 18 years and younger. Each Outpatient Behavioral Counseling Services provider must ensure that they employ staff which are able and available to provide appropriate and adequate services offered by the provider. Counseling Services staff members must provide services only within the scope of their individual licensure. When a Counseling 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. CPT codes 90791, 90792, 90846, 90847, 90887, and H2027 cannot be billed on the same date of service as CPT codes 90832, 90834, & 90837. Tobacco cessation counseling is a component of Individual Psychotherapy, and cannot be bill separately, but must be documented in the patient's health record if time is dedicated to this service. These services are for the overall benefit of the patient, however, may include contact with informants (e.g.: parents, caregivers, other family members). The patient must be present for the entire, or majority of the time for the encounter. This service can be provided either Face-to-face or via Telemedicine.

			Documentation requirements include sate of service, start and stop times encounter with patient, place of service, diagnosis and pertinent interval history, brief mental status and observations, rationale and description of the treatment used that must coincide with the most recent intake assessment Mental Health Diagnosis, patient's response to treatment that includes current progress or regression, prognosis, single or recurrent episode, degree of depression, the presence of psychotic features or symptoms, and/or partial/full remission, any revisions indicated for the diagnosis, or medication concerns plan for next individual therapy session, including any homework assignments and/or advanced psychiatric directive or crisis plans, and staff signature/credentials/date of signature

Dyadic Treatment

Dyadic Infant/Parent/Caregiver treatment for Individual Psychotherapy 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/Caregiver treatment for Individual 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 nationally recognized evidence-based practice. Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).

Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children who are zero through forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized.

Family Behavioral Health Counseling w/o Patient Present (90846)

Family Behavioral Health Counseling without patient present is a face-to-face treatment provided to one or more family members outside the presence of a patient. 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 patient's (a) Mental Health and/or (b) Substance Abuse condition, or both. *Additionally, tobacco cessation counseling is a component of this service.*

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Family psychotherapy **without** patient present-50 minutes (face-to-face with patient and family)	90846	U4	N/A	N

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90846	Family Behavioral Health Counseling without Patient Present	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Parent/Caregiver & Child Providers	Family Behavioral Health Counseling without patient have a daily maximum of 1 (one) encounter. A yearly maximum of sixteen (16) encounters. Extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid. Modifiers may be required for billing Individual Behavioral Health Counseling Services, please refer to page 6, Billable Modifiers Required for HealthySteps-Related Services to select the specific modifier(s) associated with the level of care provided. If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics. Psychotherapy services must be consistent with the scope of license and competency of the mental health provider. Preferably the treating provider will propose specialized training and experience in in psychiatry for children and adolescents 18 years and younger. Although CPT coding guidelines advise that each code may be reported if more than 50% of the time allotted in each code's description is used to render service(s), insurance carriers can mandate the time requirement of each code's description to be rendered in full or can determine minimum time requirement of services. Insurance carrier verification is required. CPT codes 90791, 90972, 90832, 90834, 90837, 90847, H2027, and 90887 cannot be billed on the same date of service as CPT code 90846. Tobacco cessation counseling is a component Family Psychotherapy without Patient Present, and cannot be billed separately, but must be documented in the patient's health record if time is dedicated to this service. Only one (1) patient per family per therapy session may be billed. Dyadic Treatment is not an allowable service for this code. This service can be provided either Face-to-face or Telemedicine. Documentation requirements includes date of service, start and stop times of actual encounter spouse/family, place of service, participants present and relationship to beneficiary, diagnosis and pertinent interval history, brief observations with spouse/family, rationale for, and description of treatment used that must coincide with the (Psychiatric Diagnostic Evaluation/Mental Health Diagnosis) and improve the impact the patient's condition has on the family, and/or improve family interactions between the patient and the family, or both, the patient parents/caregiver/family's response to treatment that includes current progress or regression and prognosis, any changes indicated for the diagnosis, or medication concerns, plan

			for next session, including any homework assignments and/or crisis plans, or both, staff signature/credentials/date of signature, HIPAA compliant Release of Information, completed, signed, and date.

Family Behavioral Health Counseling with Patient Present (90847)

Family Behavioral Health Counseling with Patient Present is a face-to-face treatment provided to one (1) or more family members in the presence of the patient. 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 should pertain to a patient's (a) Mental Health and/or (b) Substance Abuse condition, or both. *Additionally, tobacco cessation counseling is a component of this service.*

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Family psychotherapy patient present-50 minutes (face-to-face with patient and family)	90847	U4	N/A	N
Family psychotherapy patient present-50 minutes (face-to-face with patient and family): *Dyadic Treatment*	90847	UC, UK, U4	0-47 Months	Y

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90847	Family Behavioral Health Counseling with Patient Present	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Alcoholism and Drug Abuse Counselor (LADAC) Licensed Parent/Caregiver & Child Providers	Family Behavioral Health Counseling with Patient Present have a daily maximum of 1 (one) encounter between both CPT codes. A yearly maximum of (16) sixteen encounters. Extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid. Modifiers may be required for billing Individual Behavioral Health Counseling Services, **please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the level of care provided. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* Although CPT coding guidelines advise that each code may be reported if ***more than** 50%* of the time allotted in each code's description is used to render service(s), insurance carriers can mandate the time requirement of each code's description to be rendered in full or can determine minimum time requirement of services. *Insurance carrier verification is **required.*** CPT codes 90791, 90972, 90832, 90834, 90837, 90846, H2027, and 90887 cannot be billed on the same date of service as CPT code 90847. Tobacco cessation counseling is a component Family Psychotherapy with Patient Present, and cannot be bill separately, but must be documented in the patient's health record if time is dedicated to this service. This service can be provided either Face-to-face or Telemedicine.

			Documentation requirements includes date of service, start and stop times of actual encounter with beneficiary and spouse/family, place of service, participants present and relationship to beneficiary, diagnosis and pertinent interval history, brief mental status of beneficiary and observations of beneficiary with spouse/family, 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, or both, beneficiary and spouse/family's response to treatment that includes current progress or regression and prognosis, any changes indicated for the diagnosis, or medication concerns, plan for next session, including any homework assignments and/or crisis plans, or both, staff signature/credentials/date of signature, HIPAA compliant Release of Information, completed, signed, and dated.

Dyadic Treatment

Dyadic Infant/Parent/Caregiver treatment for *Family Psychotherapy with Patient Present* 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/Caregiver treatment for Individual 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 nationally recognized evidence-based practice. Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).

Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children who are zero through forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized.

Group Psychotherapy (90853)

Group Behavioral Health Counseling is a face-to-face treatment provided to a group of patients. Services leverage the emotional interactions of the group's members to assist in each patient's treatment process, support his/her/their rehabilitation effort, and to minimize relapse. Services should pertain to the patient's (a) Mental Health and/or (b) Substance Abuse, or both. *Additionally, tobacco cessation counseling is a component of this service*.

For groups of patients under eighteen (18) years of age, the minimum number that must be served in a specified group is two (2), and the maximum is ten (10). *Patients must be four (4) years of age or older to receive group therapy*. Group treatment must be age and developmentally appropriate, (*e.g.: 16 years old and 4 years old must not be treated in the same group*).

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (Y/N)
Group Psychotherapy	90853	U4	4 + Years	U4

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90853	Group Behavioral Health Counseling	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Alcoholism and Drug Abuse Counselor (LADAC)	Group Behavioral Health Counseling Services have a daily maximum of 1 (one) encounter. The yearly maximum of (16) sixteen encounters. Extension of benefits can be requested by the Quality Improvement Organization contracted with Arkansas Medicaid. Modifiers may be required for billing Individual Behavioral Health Counseling Services, please refer to page 6, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the level of care provided. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* CPT codes 90791, 90972, 90832, 90834, 90837, 90846, 90847, H2027, 90887 cannot be billed on the same date of service as CPT code 90853. Providers may bill for services only at times during which beneficiaries participate in group activities. This service can be provided Face-to-face. However, telemedicine is *not allowed*. Tobacco cessation counseling is a component Group Psychotherapy, and cannot be bill separately, but must be documented in the patient's health record if time is dedicated to this service. Dyadic Treatment is *not* allowable for this service code. Documentation requirements include date of service, start and stop times of actual group encounter that includes identified beneficiary, place of service, number of participants, diagnosis, focus of group, brief mental status and observations, rationale for group counseling must coincide with Mental Health Assessment, patient's/parent's/caregiver's response to the group counseling that includes current progress or regression and prognosis, any changes indicated for diagnosis, or medication concerns, plan for next group session, including any homework assignments and/ or crisis plans, or both, and staff signature/credentials/date of signature

Crisis Intervention Services (H2011)

Crisis Intervention is an unscheduled, immediate, short-term treatment activities provided to patients, who are experiencing an acute psychiatric or behavioral crisis, in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the patient or others are at risk for imminent harm, or in which to prevent significant deterioration of the patient's functioning.

This service is designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting, which could include evaluating a patient to determine if the need for crisis services is present.

Eligibility for this service depends on the needs of the patient and can be provided to any patient as long as the services are medically necessary. Additionally, crisis intervention can be provided to patients that have not been previously assessed or have not previously received behavioral health services. The provider of this service *must* complete a Mental Health Diagnosis (CPT code 90791) within seven (7) days of provision of this service, if provided to a patient who is *not currently a patient*.

If the patient cannot be contacted or does not return for a Mental Health Diagnosis appointment, attempts to contact the patient must be placed in the patient's medical record. If the patient needs more time to be stabilized, this must be noted in the patient's medical record and the Division of Medical Services Quality Improvement Organization (QIO) must be notified.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Crisis Intervention service, per 15 minutes	H2011	HA, U4	N/A	HA, U4

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
H2011	Crisis Intervention Services (per 15 minutes)	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Physicians (MD/DO) Non-Physician Practitioners	Crisis Intervention services have a daily maximum of 12 (twelve) units/3 hours, and yearly maximum of 72 (seventy-two) units/18 hours. Extension of benefits can be requested and submitted to Division of Medical Services (DMS) for prior authorization. *Crisis Intervention services do not count towards the sixteen (16) normal Counseling Levels Services.* Modifiers may be required for billing for Mental Health Diagnosis w/o Medical Service. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code H2011. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* Physicians must be employed by a Behavioral Health Agency. *Crisis Intervention is the only service that can be provided without PCP/PCMH referral.* Physicians (MD/DO) may bill procedure code H2011 (Crisis Intervention, per 15 minutes) when providing *behavioral health crisis stabilization services.* Time on the date of service is not required to be continuous. The full attention of the clinician must be given to the patient and *no other services* may be provided to any other patient during the same period.

			The patient must be present for all, or the majority of the encounter. Crisis Intervention cannot be reported with any other mental health service, on the same day. Dyadic Treatment is *not* allowable for this service code. This service can be provided either Face-to-face or Telemedicine. Documentation requirements include date of service, start and stop time of actual encounter with patient and possible collateral contacts with caregivers or informed persons, place of service, specific persons providing pertinent information in and relationship to patient, diagnosis and synopsis of events leading up to crisis situation, brief mental status and observations, utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized, patient's response to the intervention that includes current progress or regression and prognosis, clear resolution of the current crisis and/or plans for further services, development of a clearly defined crisis plan or revision to existing plan and staff signature/credentials/date of signature(s).

Psychoeducation (H2027)

Psychoeducation provides the patient and their families with pertinent information regarding mental illness, substance abuse, tobacco cessation, teaches problem solving, communication, and coping skills to support recovery, which helps the patient/parent/guardian/caregiver feel more engaged, reduces stigma, and empowers them in situation where they are less likely to feel helpless.

Psychoeducation can also be implemented via single-family, group, multifamily group. Due to the group formatting, patients and their families are also able to benefit from support of peers and mutual aid.

Information to support the appropriateness of excluding the identified patient must be documented in the service note and medical record. Natural support may be included in these sessions when the nature of the relationship with the patient and that support's expected role in attaining treatment goals is documented. Only one (1) beneficiary per family per therapy session may be billed.

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Psychoeducational service, per 15 minutes	H2027	U4	N/A	N
Psychoeducational: *Dyadic Treatment*, per 15 minutes	H2027	U4, UK	0 – 47 months	Y

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
H2027	Psychoeducation	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Alcoholism and Drug Abuse Counselor (LADAC) Licensed Parent/Caregiver & Child Providers	Psychoeducation counseling services have a maximum of four (4 X 15 minutes) units daily and a maximum of forty-eight (48) units yearly. Extension of benefits can be requested and submitted to Division of Medical Services (DMS) for prior authorization. Modifiers may be required for billing for Mental Health Diagnosis w/o Medical Service. **Please refer to page 6,** *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code H2027. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* CPT codes 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90887, and 90853 cannot be billed on the same date of service as CPT codes H2027. Only one (1) beneficiary per family per therapy session may be billed. Tobacco cessation counseling is a component Psychoeducation, and cannot be bill separately, but must be documented in the patient's health record if time is dedicated to this service. This service can be provided either Face-to-face or Telemedicine. Documentation requirements include date of service, start and stop times of actual encounter with patient and family, place of service, participants present, nature of relationship with patient, rationale for excluding the identified patient, if applicable, diagnosis and pertinent interval history, rationale and objective used must coincide with Mental Health Diagnosis the most recent intake assessment and improve the impact the patient's condition has on the family or improve family interactions between the patient and family, patient, parent/caregiver/family response to treatment that includes current progress or regression and prognosis, any changes revisions indicated for the diagnosis, or medication concerns, plan for next session, including any homework assignments or crisis plans, or both, staff signature/credentials/date of signature, and HIPAA compliant Release of Information forms, completed, signed, and dated.

Dyadic Treatment

Dyadic Infant/Parent/Caregiver for Psychoeducation treatment is available for parent/caregiver and child for dyadic treatment of children from zero through forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized. Providers must utilize a nationally recognized evidence-based practice. Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).

Interpretation of Diagnosis (90887)

The Interpretation of Diagnosis is a direct service that includes an interpretation from a broader perspective, explanation of results of psychiatric, other medical examinations and procedures, other accumulated data, efforts to identify and prioritize the infant's needs, establishes a diagnosis, and helps to determine the care and services to be provided.

Additionally, services may include diagnostic activities or advising the patient's parent/caregiver or other relevant family members on how to assist the patient with a specific illness and/or condition (e.g.: mental health and/or substance abuse).

Description	CPT Code	Current Modifier	Age Limit	Requires Prior Authorization (N/Y)
Interpretation of Diagnosis	90887	U4	4+ Years	N
Interpretation of Diagnosis: Dyadic Treatment	90887	UC, UK, U4	0 – 47 months	N

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
90887	Interpretation of Diagnosis	Independently Licensed Clinicians Non-Independently Licensed Clinicians Advanced Practice Nurse (APN) Psychiatrists (MD) Licensed Psychologists (PhD) Licensed Alcoholism and Drug Abuse Counselor (LADAC) Licensed Parent/Caregiver & Child Providers	The Interpretation of Diagnosis services have a daily maximum of one (1) unit and a yearly maximum of one (1) unit. Extension of benefits can be requested and submitted to Division of Medical Services (DMS) for prior authorization. Modifiers may be required for billing for Mental Health Diagnosis w/o Medical Service. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code 90887. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* CPT codes 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90853, and H2027 cannot be billed on the same date of service 90887. Patients who are under the age of 18 years of age, time may be spent either face-to-face with the patient, the patient's parent/caregiver, or alone with the parent/caregiver. This service can be provided Face-to-face. This service can be provided via Telemedicine (*patients ages seventeen (17) years of age and under with documentation of parental or guardian involvement during the service. This documentation must be included in the medical record*). Documentation requirements include date of service, start and stop times of face-to-face encounter with patient and/or parent(s) or guardian(s), place of service, participants present and relationship to patient, diagnosis and pertinent interval history, rationale for and description of

			the treatment used that must coincide with the most recent intake assessment and objective used that must coincide with the Mental Health Diagnosis, participant(s) response and feedback, consent form for parent/caregiver/family involvement (may be required), recommendation for additional supports including referrals, resources, and information, and staff signature/credentials/date of signature(s).

Dyadic Treatment

Dyadic Infant/Parent/Caregiver Interpretation of Diagnosis treatment services is a direct service that includes an interpretation from a broader perspective, based on 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 to better address the unique treatment needs of younger children and their parents or other primary caregivers.

The Dyadic treatment service for 90887 includes up to *four (4) encounters* for children ages 0-47 months of age with their parents/caregivers and can be provided *without a prior authorization*.

Tobacco Cessation Counseling Services (99406/99407)

Bright Futures (3rd edition) recommends that health care professionals screen patients for tobacco use and secondhand smoke exposure, encourage patients and families to stop smoking, and provide cessation strategies and resources at most visits. Arkansas Medicaid will reimburse for tobacco cessation counseling services for children ages 11 – 20 years *or counseling services provided to the parents/caregivers of children birth – twenty years old (0 – 20 years old)* and billed under the child's Medicaid Identification number.

Description	CPT Code	Current Modifier
Smoking and tobacco use cessation counseling visit; intermediate, 15 minutes	99406	SE
Smoking and tobacco use cessation counseling visit; intermediate, 15 minutes, provided to parents/caregiver of child (*Birth – 20 years old*)	99406	CG
Smoking and tobacco use cessation counseling visit; intermediate, 30 minutes	99407	SE
Smoking and tobacco use cessation counseling visit; intermediate, 30 minutes provided to parents/caregiver of child (*Birth – 20 years old*)	99407	CG

CPT Code	Description	Reimbursable Clinician(s)	Applicable Guidelines
99406	Smoking and tobacco use cessation counseling visit; intermediate, 15 minutes	Independently Licensed Clinicians Non-Independently Licensed Clinicians *Physicians (MD/DO)* *Non*-Physicians Practitioners (PA, NP)	Do not bill CPT code 99407 in conjunction with 99406. Sessions do not require a PCP referral. Can be billed in addition to an office visit or EPSDT.

99407	Smoking and tobacco use cessation counseling visit; intermediate, 30 minutes		Counseling procedures do not count against the sixteen (16) Counseling Level Service visits per state fiscal year SFY, but they are limited to no more than two (2) 15-minute units and two (2) 30-minute units for a maximum allowable of four (4) units per SFY. Health education can include but is not limited to tobacco cessation counseling services, products, medicine to help fight the urge to use tobacco (e.g.: patches, gum, and/or pills) to the parent/caregivers/legal guardian of the child. If the patient is *under the age of eighteen (18),* and the parent/caregiver smokes, he or she can be counseled as well, and the visit billed under the child's Medicaid ID number. The provider cannot prescribe meds for the parent/caregiver under the child's Medicaid number; thus, they will need to have a system in place to refer the parent/caregiver/legal guardian to another specialty provider who can facilitate their need for additional services. The parent'/caregiver's session(s) will count toward the four (4) counseling session limitation. The provider must complete the counseling checklist (*Arkansas Be Well Fax Referral Form*) and place in the patient records for audit. Arkansas Medicaid *may require* specific ICD-10 codes (*e.g.: F17.210-Nicotine dependence cigarettes, uncomplicated, F17.220-Nicotine dependence, chewing tobacco, uncomplicated or E869.4 -Secondhand tobacco smoke*) in addition to the diagnostic codes required for the primary procedure(s) reported on the same as the tobacco cessation services. Modifiers may be required for billing for Smoking and Tobacco use cessation counseling. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with the CPT code 99406 or 99407. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.* Modifier 25 may be appropriate to append to the primary E/M visit code. Documentation requirements include The patient's/parent's/caregiver's tobacco use, advised to quit, and impact of smoking, assessed willingness to attempt to quit, providing methods and skills for cessation, medication management of smoking session drugs, resources provided, setting quit date, follow-up arranged, and amount of time spent counseling patient/parent/caregiver.

Note: Additionally, the time associated with CPT codes 99406 (typically more than 3 – 10 minutes) and 99407 (more than 10 minutes) reflective in the Arkansas Medicaid provider manual, differs from national coding and billing manuals. Thus, we highly recommended that the HS Site contact Arkansas Medicaid directly for clarification of the specific time and/or ICD-10 requirements for these two CPT codes.

Telemedicine

Telemedicine (*Telehealth*) is defined as the use of electronic information and communication technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient.

The telemedicine service may be provided by any technology deemed appropriate (e.g., audio/video, telephone, online digital), but it must be provided in real time (*cannot be a delayed communication source*). Currently, the originating sites include PCP's office or the patient's home.

Arkansas Medicaid shall provide payment for telemedicine healthcare services to licensed or certified healthcare professionals and/or entities that are authorized to bill Arkansas Medicaid directly for healthcare services. Coverage and reimbursement for healthcare services provided through telemedicine shall be reimbursed on the same basis as healthcare services provided in person.

Payment will include a reasonable facility fee to the originating site, the site at which the patient is located at the time telemedicine healthcare services are provided, in order to/ receive reimbursement, the originating site must be operated by a healthcare professional or licensed healthcare entity authorized to bill Arkansas Medicaid directly for healthcare services. The distant site is the location of the healthcare provider delivering telemedicine services. Services at the distant site must be provided by an enrolled Arkansas Medicaid Provider who is authorized by Arkansas law to administer healthcare.

Service Limitation

Arkansas Medicaid will reimburse for up to two visits per patient, per year. A benefit extension request may be approved if it is medically necessary. *It is highly recommended that all Arkansas HS site verify this policy prior to providing services.*

Covered visits:

- Consults.
- Non-emergency visits in a physician's office, a clinic, or a hospital outpatient department.
- FQHC) encounters
- RHC encounters

Telemedicine Standard of Care

Healthcare services provided by telemedicine shall be held to the same standard of care as healthcare services provided in person. A healthcare provider providing telemedicine services within Arkansas shall follow applicable state and federal laws, rules and regulations regarding:

1. Informed consent.
2. Privacy of individually identifiable health information.

3. Medical record keeping and confidentiality, and
4. Fraud and abuse.

A healthcare provider treating clients in Arkansas through telemedicine shall be fully licensed or certified to practice in Arkansas and is subject to the rules of the appropriate state licensing or certification board. This requirement does not apply to the acts of a healthcare provider located in another jurisdiction who provides only episodic consultation services.

Telemedicine Exclusions

Telemedicine does not include the use of:

1. Audio-only (e.g.: telephonic) communication *unless the audio-only communication is in real-time*, is interactive, and substantially meets the requirements for a healthcare service that would otherwise be covered by the health benefit plan:
    a. *Documentation of the engagement between patient and provider via audio-only communication shall be placed in the medical record addressing the problem, content of the conversation, medical decision-making, and plan of care after the contact.*
    b. *Medical documentation is subject to the same audit and review process required by payers and governmental agencies when requesting documentation of other care delivery such as in-office or face-to-face visits, which could include:*
2. A facsimile machine.
3. Text messaging; or
4. Email.

Reimbursable Provider Types

The following licensed providers enrolled with Medicaid do not have to go to an originating site to patients to receive telemedicine services:

- *Independent-Licensed Clinicians (Masters/Doctoral)*
- *Non-Independent-Licensed Clinicians (Masters/Doctoral)*

Dyadic Treatment

All Dyadic treatment services provided via Telemedicine must follow the same coding and billing rules associated with Face-to-face visits.

A provider rendering telemedicine services should document the patient's health record under the same criteria as a face-to-face encounter. The documented data should consist of relevant clinical information, which should include the following information:

- Type of services (e.g.: telehealth – audiovisual, phone-only, portal visits)
- Location of patient & rendering providers
- Name & roles of any ancillary staff involved in the case.

- Orders
- Medically necessity for telemedicine or virtual services (Is a written 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).

Coding Guidelines

- The *originating site* shall submit a telemedicine claim under the billing providers "pay to" information using HCPCS and Q3014 codes. The code must be submitted for the same date of service as the professional code and must indicate the place of service where the member was at the time of the telemedicine encounter. *Hospital facility claims, are excluded from this rule.*
- The provider of the *distant site* must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service delivered, along with the telemedicine modifier GT. The GT modifier should appear in one of the four modifier fields on the claim.
- The provider must also use Place of Service 02 (telemedicine distant site) when billing CPT or HCPCS codes with a GT modifier.
- Telemedicine/telehealth BH services are typically limited to a daily maximum unit of one. Additionally, the yearly maximum for BH services is 12 units. Before the 13th unit/sessions is provided, prior authorization is required.
- The distant site healthcare provider will not utilize telemedicine services with a patient unless a professional relationship exists between the provider and the client. (e.g.: Provider has previously conducted an in-person examination and/or personally knows the patient and their health status via on-going relationship. of the client and is available to provide appropriate follow-up care).
- Additionally, patients receiving only Counseling Level Services *do not require* a Treatment Plan, and therefore, providers will not be separately reimbursed for the completion of Counseling Level Service Treatment Plans.
- This service can also be provided via telemedicine to patients seventeen (17) years of age and under with documentation of parental or guardian involvement during the service. This documentation must be included in the medical record.
- Modifiers may be required for billing for Telemedicine services. **Please refer to page 6**, *Billable Modifiers Required for HealthySteps-Related Services* to select the specific modifier(s) associated with Telemedicine services. *If uncertain which modifier to apply, please contact Arkansas Medicaid directly for specifics.*
- Telemedicine services at the origination site are reported with appropriate HCPCS and Q3014 codes.
- Prior Authorizations are required in the same manner as prior to the COVID-19 crisis. Extension of Benefits are also required in the same manner as previously required.
- Distant site telemedicine services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice, if telemedicine is within their scope of practice (including the relaxed scope or practice rules during the public health emergency). Telemedicine encounters may not be billed in conjunction with a full, face-to-face encounter, but instead are considered part of that encounter. A nurse or other paraprofessional cannot provide telemedicine services exclusive of other licensed practitioners. These services may not be billed if a full, face-to-face encounter is provided seven days before the telemedicine service is billed or within 24 hours (or the next available appointment) after the encounter.
- Dyadic treatment by telemedicine must continue to assure adherence to the evidence-based protocol for the treatment being provided, i.e. PCIT would require a video component sufficient for the provider to be able to see both the parent and child, have a communication device

(earphones, ear buds, etc.) to enable the provider to communicate directly with the parent only while providing directives related to the parent/child interaction.

The following CPT Codes may be provided via telemedicine by an Arkansas licensed mental health professional to Medicaid-eligible patients under age 21:

Description	CPT Code	Required POS	Requires Prior Authorization
Psychiatric Diagnosis Evaluation *(Mental Health Diagnosis)*	90791, U4, GT	02	N
Psychiatric Diagnosis Evaluation *(Mental Health Diagnosis)*	90791, UC, UK, U4, GT - Dyadic Treatment Diagnosis < 4 Years *(Only Licensed Parent/Caregiver and Child Providers)*	02	Y
Psychiatric Assessment	90792, U4, GT (*Dyadic Treatment No Covered*)	02	N
Individual Behavioral Health Counseling	90832, U4, GT - (Psychotherapy 30 minutes) 90834, U4, GT - (Psychotherapy 45 minutes) 90837, U4, GT - (Psychotherapy 60 minutes)	02	N
Individual Behavioral Health Counseling *(Dyadic Treatment)*	90832, UC, UK, U4, GT - < 4 Years (Psychotherapy 30 minutes) 90834, UC, UK, U4, GT - < 4 Years (Psychotherapy 45 minutes) 90837, UC, UK, U4, GT- < 4 Years (Psychotherapy 60 minutes) *(Only Licensed Parent/Caregiver and Child Providers)*	02	Y
Marital/Family Behavioral Health Counseling without Beneficiary Present	90846, U4, GT	02	N
Family BH Counseling with Beneficiary Present	90847, U4, GT	02	N
Family BH Counseling with Beneficiary Present *(Dyadic Treatment)*	90847, UC, UK, U4, GT – Dyadic Treatment < 4 Years *(Only Licensed Parent/Caregiver and Child Providers)*	02	Y
Group Psychotherapy	90853, U4, GT	02	N
Psychoeducation	H2027, U4, GT	02	N
Psychoeducation *(Dyadic Treatment)*	H2027, U4, UK, GT – Dyadic Treatment < 4 Years *Only Licensed Parent/Caregiver and Child Providers*	02	Y
Crisis Intervention	H2011, HA, U4, GT	02	N
Interpretation of Diagnosis	90887, U4, GT	02	N
Interpretation of Diagnosis *(Dyadic Treatment)*	90887, UC, UK, U4, GT - Dyadic Treatment < 4 Years *(Only Licensed Parent/Caregiver and Child Providers)*	02	Y

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of telemedicine services provided during the COVID-19 public health emergency. Please keep all records of services as required by Medicaid billing rules.

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