

SECTION II – COUNSELING AND CRISIS SERVICES

CONTENTS

200.000 COUNSELING AND CRISIS SERVICES GENERAL INFORMATION

- 201.000 Introduction
- 202.000 Arkansas Medicaid Participation Requirements for Counseling Services

210.000 PROGRAM COVERAGE

- 210.100 Coverage of Services
- 210.200 Staff Requirements
- 211.300 Certification of Performing Providers
- 211.400 Facility Requirements
- 211.500 Non-Refusal Requirement
- 212.000 Scope
- 213.000 Counseling and Crisis Services Program Entry
- 213.100 Independent Assessment Referral
- 214.000 Role of Providers of Counseling Services
- 214.100 Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver)
- 214.200 Medication Assisted Treatment and Opioid Use Disorder or Alcohol Use Disorder Treatment Drugs
- 214.300 Substance Abuse Covered Codes
- 219.110 Daily Limit of Client Services
- 219.200 Telemedicine (Interactive Electronic Transactions) Services
- 223.000 Exclusions
- 224.000 Physician's Role
- 225.000 Diagnosis and Clinical Impression
- 226.000 Documentation/Record Keeping Requirements
- 226.100 Documentation
- 228.000 Provider Reviews
- 228.130 Retrospective Reviews
- 228.131 Purpose of the Review
- 228.132 Review Sample and the Record Request
- 228.133 Review Process
- 229.000 **Administrative Reconsideration and Appeals**
- 229.100 Electronic Signatures
- 229.200 Recoupment Process

230.000 PRIOR AUTHORIZATION (PA) AND EXTENSION OF BENEFITS

- 231.000 Introduction to Extension of Benefits
- 231.100 Prior Authorization
- 231.200 Extension of Benefits

240.000 REIMBURSEMENT

- 240.100 Reimbursement
- 241.000 Fee Schedule
- 242.000 Rate Appeal Process

250.000 BILLING PROCEDURES

- 251.000 Introduction to Billing
- 252.000 CMS-1500 Billing Procedures
- 252.100 Procedure Codes for Types of Covered Services
- 252.110 Counseling Level Services
- 252.111 Individual Behavioral Health Counseling
- 252.112 Group Behavioral Health Counseling
- 252.113 Marital/Family Behavioral Health Counseling with Client Present
- 252.114 Marital/Family Behavioral Health Counseling without Client Present

252.115	Psychoeducation
252.116	Multi-Family Behavioral Health Counseling
252.117	Mental Health Diagnosis
252.118	Interpretation of Diagnosis
252.119	Substance Abuse Assessment
252.121	Pharmacologic Management
252.122	Psychiatric Assessment
252.123	Intensive Outpatient Substance Abuse Treatment
255.001	Crisis Intervention
255.003	Crisis Stabilization Unit
255.004	Substance Abuse Detoxification
256.200	Reserved
256.500	Billing Instructions – Paper Only
256.510	Completion of the CMS-1500 Claim Form
257.000	Special Billing Procedures
257.100	Reserved

200.000 COUNSELING AND CRISIS SERVICES GENERAL INFORMATION

201.000 Introduction

7-1-24

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

Counseling and Crisis Services may be provided to eligible Medicaid clients 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. Upon effective date of this manual, Acute Crisis Units across all Medicaid manuals will be called Crisis Stabilization Units. Manuals are in the process of being updated.

202.000 Arkansas Medicaid Participation Requirements for Counseling Services

1-1-24

All behavioral health providers approved to receive Medicaid reimbursement for services to Medicaid clients must meet specific qualifications.

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. Must be certified by the appropriate DHS division as a Behavioral Health Agency, a Community Support Systems Provider Agency- Intensive or Enhanced, or be certified by the Dept. of Education as a school-based mental health provider.
 1. Independently licensed practitioners (ILPs) can enroll directly as an Independently Licensed Practitioner without certification: ILPs include:
 - a. Licensed Clinical Certified Social Worker (LCSW)
 - b. Licensed Marital and Family Therapist (LMFT)
 - c. Licensed Psychologist (LP)
 - d. Licensed Psychological Examiner – Independent (LPEI)
 - e. Licensed Professional Counselor (LPC)
 - f. Licensed Alcohol and Drug Abuse Counselor (LADAC)

2. Group practices of Independently Licensed Practitioners can enroll directly without certification.
- C. 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.

DHS 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.

210.000 PROGRAM COVERAGE

210.100 Coverage of Services

7-1-24

Counseling and Crisis Services are limited to enrolled providers as indicated in 202.000 who offer core counseling services for the treatment of behavioral disorders.

Counseling and Crisis Services providers must establish an emergency response plan. Each provider must have 24-hour emergency response capability to meet the emergency treatment needs of the Counseling Services clients served by the provider. 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.

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

210.200 Staff Requirements

7-1-24

Each Counseling and Crisis Services provider must ensure that they employ staff which are able and available to provide appropriate and adequate services offered by the provider. Counseling

and Crisis Services 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. Non-independently licensed clinicians must serve as a rendering provider through a certified agency provider.

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Independently Licensed Clinicians – Master's/Doctoral	Licensed Certified Social Worker (LCSW) Licensed Marital and Family Therapist (LMFT) Licensed Psychologist (LP) Licensed Psychological Examiner – Independent (LPEI) Licensed Professional Counselor (LPC)	Yes, must be licensed through the relevant licensing board to provide services	Not Required
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) Provisionally Licensed Master Social Worker (PLMSW)	Yes, must be licensed through the relevant licensing board to provide services and be employed or contracted by a certified Behavioral Health Agency, Community Support System Agency, or certified by the Dept. of Education as a school-based mental health provider	Required
Licensed Alcoholism and Drug Abuse Counselor Master's	Licensed Alcoholism and Drug Abuse Counselor (LADAC) Master's Doctoral	Yes, must be licensed through the relevant licensing board to provide services	
Advanced Practice Nurse (APN)	Adult Psychiatric Mental Health	Must be employed or contracted by a certified	Collaborative Agreement

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
	Clinical Nurse Specialist Child Psychiatric Mental Health Clinical Nurse Specialist Adult Psychiatric Mental Health APN Family Psychiatric Mental Health APN	Behavioral Health Agency, or Community Support System Agency	with Physician Required
Physician	Doctor of Medicine (MD) Doctor of Osteopathic Medicine (DO)	Must be employed or contracted by a certified Behavioral Health Agency, or Community Support System Agency	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 a Counseling and Crisis 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

1-1-24

As illustrated in the chart in § 211.200, certain Counseling Services billing providers are required to be certified by DHS. The certification requirements for performing providers are located on the [DHS website](#).

211.400 Facility Requirements

7-1-24

The Counseling and Crisis Services provider shall be responsible for providing physical facilities that are structurally sound and meet all applicable federal, state and local regulations for adequacy of construction, safety, sanitation and health. These standards apply to buildings in which care, treatment or services are provided. In situations where Counseling and Crisis Services are not provided in buildings, a safe and appropriate setting must be provided.

211.500 Non-Refusal Requirement

7-1-24

The Counseling and Crisis Services provider may not refuse services to a Medicaid-eligible client who meets the requirements for Counseling Services as outlined in this manual. If a provider does not possess the services or program to adequately treat the client's behavioral health

needs, the provider must communicate this with the Primary Care Physician (PCP) or Patient-Centered Medical Home (PCMH) for clients receiving Counseling Services so that appropriate provisions can be made.

212.000 Scope**7-1-24**

The Counseling and Crisis Services Program provides treatment and services that are provided by a certified Behavioral Health Services provider to Medicaid-eligible clients who 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 client. Counseling and Crisis Services can be provided to any client as long as the services are medically necessary.

Counseling and Crisis Services are time-limited behavioral health services provided by qualified licensed practitioners in an allowable 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 Counseling and Crisis Services Program Entry**7-1-24**

The intake assessment, either the Mental Health Diagnosis, Substance Abuse Assessment, or Psychiatric Assessment, must be completed prior to the provision of counseling or crisis services in the Counseling and Crisis Services Program manual. This intake will assist providers in determining services needed and desired outcomes for the client. The intake must be completed by a behavioral health professional qualified by licensure and experienced in the diagnosis and treatment of behavioral health disorders.

Prior to continuing provision of counseling services, the provider must document medical necessity of Counseling and Crisis Services. The documentation of medical necessity is a written intake assessment that evaluates the client's mental condition, and based on the client's diagnosis, determines whether treatment in the Counseling Services Program is appropriate. This documentation must be made part of the client's medical record.

[View or print the procedure codes for counseling services.](#)

213.100 Independent Assessment Referral**1-1-23**

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

214.000 Role of Providers of Counseling Services**1-1-23**

Counseling Services providers provide counseling services by qualified licensed practitioners in an outpatient-based setting for the purpose of assessing and treating behavioral health conditions.

214.100 Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver)**1-1-24**

Counseling Services providers may provide dyadic treatment of clients age zero through forty-seven (0-47) months and the parent/caregiver of the eligible client. 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 Counseling Services MUST be certified by the appropriate DHS division to provide those services.

Providers will diagnose children through the age of forty-seven (47) months based on the most current version of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Providers will then crosswalk the diagnosis to an allowable behavioral health 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.

214.200 Medication Assisted Treatment and Opioid Use Disorder or Alcohol Use Disorder Treatment Drugs 2-1-24

Medication Assisted Treatment for Opioid or Alcohol Use Disorders is available to all qualifying Medicaid beneficiaries. All rules and regulations promulgated within the Physician's provider manual for provision of this service must be followed.

214.300 Substance Abuse Covered Codes 1-1-24

Certain Counseling Services are covered by Arkansas Medicaid for an individual whose primary diagnosis is substance abuse. Licensed Practitioners may provide Substance Abuse Service within the scope of their practice. Individuals solely licensed as Licensed Alcoholism and Drug Abuse Counselors (LADAC) may only provide services to individuals with a primary substance use diagnosis. Behavioral Health Agency and Community Support System Providers Intensive and Enhanced sites must be licensed by the appropriate DHS division to provide Substance Abuse Services.

219.110 Daily Limit of Client Services 7-1-24

For services that are not reimbursed on a per diem or per encounter rate, Medicaid has established daily benefit limits for all services. Clients will be limited to a maximum of eight (8) hours per twenty-four (24) hour day of Counseling and Crisis Services. Clients will be eligible for an extension of the daily maximum amount of services based on a medical necessity review by the contracted utilization management entity (See Section 231.000 for details regarding extension of benefits).

219.200 Telemedicine (Interactive Electronic Transactions) Services 1-1-23

See Section I for Telemedicine policy and Section III for Telemedicine billing protocol

223.000 Exclusions 7-1-24

Services not covered under the Counseling and Crisis Services 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 client for services
(reimbursement for other Counseling Services is not allowed for the period of time the Medicaid client is in transport)
 - E. Services to individuals with developmental disabilities that are non-behavioral health 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 the applicable populations sections of the service definitions in this manual
-

224.000 Physician's Role 7-1-24

Counseling and Crisis Services providers are responsible for communication with the client's primary care physician to ensure psychiatric and medical conditions are monitored and addressed by appropriate physician oversight and that medication evaluation and prescription services are available to individuals requiring pharmacological management.

225.000 Diagnosis and Clinical Impression 1-1-23

Diagnosis and clinical impression are required in the terminology of ICD.

226.000 Documentation/Record Keeping Requirements**226.100 Documentation 7-1-24**

All Counseling and Crisis Services providers must develop and maintain sufficient written documentation to support each medical or remedial therapy, service, activity, or session for which Medicaid reimbursement is sought. This documentation, at a minimum, must:

- A. Be individualized to the client and specific to the services provided, duplicated notes are not allowed
- B. Include the date and actual time the services were provided
- C. Contain original signature, name, and credentials of the person who provided the services
- D. Document the setting in which the services were provided. For all settings other than the provider's enrolled sites, the name and physical address of the place of service must be included
- E. Document the relationship of the services to the treatment regimen described in the Treatment Plan
- F. Contain updates describing the patient's progress
- G. Document involvement, for services that require contact with anyone other than the client, evidence of conformance with HIPAA regulations, including presence in documentation of Specific Authorizations, if required

Documentation must be legible and concise. The name and title of the person providing the service must reflect the appropriate professional level in accordance with the staffing requirements found in Section 211.200.

All documentation must be available to representatives of DHS or Office of Medicaid Inspector General at the time of an audit. All documentation must be available at the provider's place of business. A provider will have 30 (thirty) days to submit additional documentation in response to a request from DHS or OMIG. Additional documentation will not be accepted after this thirty (30) day period.

228.000 Provider Reviews 1-1-24

The Utilization Review Section within DHS has the responsibility for assuring quality medical care for its clients, along with protecting the integrity of both state and federal funds supporting the Medical Assistance Program.

228.130 Retrospective Reviews 1-1-24

DHS has contracted with a Quality Improvement Organization (QIO) or QIO-like organization to perform retrospective (post payment) reviews of counseling services provided by Counseling Services providers. [View or print current contractor contact information.](#)

The reviews will be conducted by licensed mental health professionals who will examine the medical record for compliance with federal and state laws and regulations.

228.131 Purpose of the Review

1-1-23

The purpose of the review is to:

- A. Ensure that services are delivered in accordance with the counselor's plan of care documented at intake for service delivery and conform to generally accepted professional standards.
- B. Evaluate the medical necessity of services provided to Medicaid clients.
- C. Evaluate the clinical documentation to determine if it is sufficient to support the services billed during the requested period of authorized services.
- D. Safeguard the Arkansas Medicaid program against unnecessary or inappropriate use of services and excess payments in compliance with 42 CFR § 456.3(a).

228.132 Review Sample and the Record Request

1-1-24

On a calendar quarterly basis, the DHS contractor will select a statistically valid random sample from an electronic data set of all Counseling Services beneficiaries whose dates of service occurred during the three (3) -month selection period. This sample will include a sample from each enrolled provider. If a client was selected in any of the three (3) calendar quarters prior to the current selection period, then the client will be excluded from the sample and an alternate client 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 sent to each provider along with their identified client served and instructions for submitting the medical record. The request will include the client's name, date of birth, Medicaid identification number, and dates of service. The request also will 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

7-1-24

The record will be reviewed using a review tool based upon the promulgated Medicaid Counseling and Crisis 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 (LP, 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 client. 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 also will 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 that 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 client. 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. DHS will ensure that its contractor(s) is/are furnished a copy of the Act.

229.000 Administrative Reconsideration and Appeals 6-1-25

- A. Medicaid allows only one (1) reconsideration of an adverse decision. Reconsideration requests must be submitted in accordance with Section 160.000 of Section I of this Manual.
- B. When the state Medicaid agency or its designee denies a reconsideration request or issues any adverse action, the beneficiary may appeal and request a fair hearing. A request for a fair hearing must be submitted in accordance with Sections 160.000, 190.000, and 191.000 of Section I of this Manual.

229.100 Electronic Signatures 1-1-23

Medicaid will accept electronic signatures provided the electronic signatures comply with Arkansas Code 25-31-103 et seq.

229.200 Recoupment Process 1-1-24

The DHS Utilization Review Section (UR) is required to initiate the recoupment process for all claims that the current contractor has denied because the records submitted do not support the claim of medical necessity.

Arkansas Medicaid will send the provider an Explanation of Recoupment Notice that will include the claim date of service, Medicaid client name and ID number, service provided, amount paid by Medicaid, amount to be recouped, and the reason the recoupment is initiated.

230.000 PRIOR AUTHORIZATION (PA) AND EXTENSION OF BENEFITS

231.000 Introduction to Extension of Benefits 1-1-24

DHS contracts with third-party vendor to complete the prior authorization and extension of benefit processes.

231.100 Prior Authorization 1-1-23

Prior Authorization is required for certain Counseling Services provided to Medicaid-eligible clients under the age of four (4).

Information related to clinical management guidelines and authorization request processes is available at **current contractor's website**.

[View or print procedure codes that require prior authorization for Counseling Services](#)

231.200 Extension of Benefits

1-1-24

Extension of benefits is required for all services when the maximum benefit for the service is exhausted. Yearly service benefits are based on the state fiscal year running from July 1 to June 30. Extension of Benefits also is required whenever a client exceeds eight (8) hours of outpatient services in one 24-hour day, with the exception of any service that is paid on a per diem basis.

Extension of Benefit requests must be sent to the DHS-contracted entity to perform Extensions of Benefits for clients. [View or print current contractor contact information](#). Information related to clinical management guidelines and authorization request processes is available at **current contractor's website**.

240.000 REIMBURSEMENT

240.100 Reimbursement

1-1-24

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 client 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 client is eligible for Arkansas Medicaid prior to rendering services.

A. Counseling Services

Fifteen (15) -Minute Units, unless otherwise stated

Counseling Services must be billed on a per unit basis as indicated in the service definition, as reflected in a daily total, per client, per service.

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

All billing must reflect a daily total, per Counseling 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 client. There is no “carryover” of time from one day to another or from one client to another.

Documentation in the client’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 client or provider of the service.

241.000 Fee Schedule

1-1-24

Arkansas Medicaid provides fee schedules on the [DHS website](#). 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.

242.000 Rate Appeal Process

1-1-24

A provider may request reconsideration of a program decision by writing to the Assistant Director, DHS Division of Medical Services. This request must be received within twenty (20) calendar days following the application of policy and/or procedure or the notification of the provider of its rate. Upon receipt of the request for review, the Assistant Director will determine the need for a program/provider conference and will contact the provider to arrange a conference, if needed. Regardless of the program decision, the provider will be afforded the opportunity for a conference, if he or she so wishes, for a full explanation of the factors involved and the program decision. Following review of the matter, the Assistant Director will notify the provider of the action to be taken by the Division within twenty (20) calendar days of receipt of the request for review or the date of the program/provider conference.

If the decision of the Assistant Director, Division of Medical Services is unsatisfactory, the provider may then appeal the question to a standing Rate Review Panel, established by the Director of the Division of Medical Services, which will include one member of the Division of Medical Services, a representative of the provider association and a member of the DHS management staff, who will serve as chairperson.

The request for review by the Rate Review Panel must be postmarked within fifteen (15) calendar days following the notification of the initial decision by the Assistant Director, Division of Medical Services. The Rate Review Panel will meet to consider the question(s) within fifteen (15) calendar days after receipt of a request for such appeal. The question(s) will be heard by the panel and a recommendation will be submitted to the Director of the Division of Medical Services.

250.000 BILLING PROCEDURES**251.000 Introduction to Billing****1-1-24**

Counseling Services providers use the CMS-1500 form to bill Arkansas Medicaid on paper for services provided to eligible Medicaid clients. Each claim may contain charges for only one (1) client. [View a CMS-1500 sample form.](#)

Section III of this manual contains information about available options for electronic claim submission.

252.000 CMS-1500 Billing Procedures**252.100 Procedure Codes for Types of Covered Services****1-1-23**

Covered counseling services are outpatient services. Specific Counseling Services are available to inpatient hospital patients (as outlined in Sections 240.000 and 220.100), through telemedicine, and to nursing home residents. Counseling 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 scope of practice to provide the service.

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

252.110 Counseling Level Services**252.111 Individual Behavioral Health Counseling****1-1-23**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Psychotherapy, 30 min Psychotherapy, 45 min Psychotherapy, 60 min
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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 condition, and maintain or improve level of functioning, and/or prevent deterioration. Additionally, tobacco cessation counseling is a component of this service.	<ul style="list-style-type: none"> • Date of Service • Start and stop times of face-to-face encounter with client • 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 • Client's response to treatment that includes current progress or regression and prognosis • 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

	<ul style="list-style-type: none"> Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
<p>Services provided must be congruent with the objectives and interventions articulated on the most recent intake assessment. Services must be consistent with established behavioral healthcare standards. Individual Psychotherapy is not permitted with clients who do not have the cognitive ability to benefit from the service.</p> <p>This service is not for clients under four (4) years of age except in documented exceptional cases. This service will require a Prior Authorization for clients four (4) years of age.</p>	<p>30 minutes 45 minutes 60 minutes</p> <p>View or print the procedure codes for counseling services.</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED:</p> <p>One (1) encounter between all three (3) codes.</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters between all three (3) codes</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p> <p>Residents of Long-Term Care Facilities</p>	<p>A provider may only bill one (1) Individual Behavioral Health Counseling Code per day per client. A provider cannot bill any other Individual Behavioral Health Counseling Code on the same date of service for the same client. There are twelve (12) total individual counseling encounters allowed per year regardless of code billed for Individual Behavioral Health Counseling, unless prior to an extension of benefits approved by the Quality Improvement Organization contracted with Arkansas Medicaid.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE (POS)	
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Licensed Alcoholism and Drug Abuse Counselor Master's Advanced Practice Nurses Physicians Providers of services for clients under four (4) years of age must be trained and certified in specific evidence-based practices to be reimbursed for those services <ul style="list-style-type: none"> Independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through 	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 32 (Nursing Facility), 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>forty-seven (0-47) months of age and Parent/Caregiver) Provider</p> <ul style="list-style-type: none"> Non-independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 	
---	--

252.112 Group Behavioral Health Counseling

1-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
View or print the procedure codes for counseling services.	Group psychotherapy (other than of a multiple-family group)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Group Behavioral Health Counseling is a face-to-face treatment provided to a group of clients. Services leverage the emotional interactions of the group's members to assist in each client's treatment process, support their rehabilitation effort, and to minimize relapse. Services pertain to a client's (a) Mental Health or (b) Substance Abuse condition, or both. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p>	<ul style="list-style-type: none"> Date of Service Start and stop times of actual group encounter that includes identified client Place of service Number of participants Diagnosis and pertinent interval history Focus of group Brief mental status and observations Rationale for group counseling must coincide with the most recent intake assessment Client's response to the group counseling that includes current progress or regression and prognosis Any revisions indicated for diagnosis, or medication concerns Plan for next group session, including any homework assignments or crisis plans, or both Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
<p>This does NOT include psychosocial groups. Clients 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 clients eighteen (18) years of age and over, the minimum number that must be served in a specified group is two (2). The maximum that may be served in a specified group is twelve (12). For groups of clients</p>	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p>

under eighteen (18) years of age, the minimum number that must be served in a specified group is two (2). The maximum that may be served in a specified group is ten (10). A client must be at least four (4) years of age to receive group therapy. Group treatment must be age and developmentally appropriate, (i.e., sixteen (16) year-olds and four (4) year-olds must not be treated in the same group). Providers may bill for services only at times during which clients participate in group activities.		Twelve (12) encounters
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults	A provider can only bill one (1) Group Behavioral Health Counseling encounter per day. There are twelve (12) total group behavioral health counseling encounters allowed per year, unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid.	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face Telemedicine (Adults, eighteen (18) years of age and above)	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Licensed Alcoholism and Drug Abuse Counselor Master's Advanced Practice Nurses Physicians 	02 (Telemedicine), 03 (School), 10 (Telehealth Provided in Client's Home), 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 Client Present

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Family psychotherapy (conjoint psychotherapy) (with patient present)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Marital/Family Behavioral Health Counseling with Client Present is a face-to-face treatment provided to one (1) or more family members in the presence of a client. 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 client's (a) Mental Health	<ul style="list-style-type: none"> Date of Service Start and stop times of actual encounter with client and spouse/family Place of service Participants present and relationship to client Diagnosis and pertinent interval history

<p>or (b) Substance Abuse condition, or both. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p> <p>*Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children who are from zero through forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized. Dyadic Infant/Caregiver 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 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).</p> <p>**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 (ear phones, ear buds, etc.) to enable the provider to communicate directly with the parent only while providing directives related to the parent/child interaction.</p>	<ul style="list-style-type: none"> • Brief mental status of client and observations of client with spouse/family • Rationale, and description of treatment used must coincide with the most recent intake assessment and improve the impact the client's condition has on the spouse/family or improve marital/family interactions between the client and the spouse/family, or both • Client and spouse/family's response to treatment that includes current progress or regression and prognosis • Any 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 • HIPAA compliant Release of Information, completed, signed, and dated 	
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 (1) client per family, per therapy session, may be billed.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p>

		<p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters</p>
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS
Children, Youth, and Adults		<p>A provider can only bill one (1) Marital/Family Behavioral Health Counseling with (or without) Patient encounter per day. There are twelve (12) total Marital/Family Behavioral Health Counseling with Client Present encounters allowed, per year, unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid.</p> <p>The following services cannot be billed on the Same Date of Service:</p> <p>Multi-Family Behavioral Health Counseling</p> <p>Marital/Family Behavioral Health Counseling without Client Present</p> <p>Psychoeducation</p> <p>View or print the procedure codes for counseling services.</p>
ALLOWED MODE(S) OF DELIVERY		TIER
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>		Counseling
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Licensed Alcoholism and Drug Abuse Counselor Master's Advanced Practice Nurses Physicians 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"> Independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 		<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 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>

<ul style="list-style-type: none"> Non-independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 	
--	--

252.114

Marital/Family Behavioral Health Counseling without Client Present

1-1-23

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
View or print the procedure codes for counseling services.		Family psychotherapy (without the patient present)	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Marital/Family Behavioral Health Counseling without Client Present is a face-to-face treatment provided to one (1) or more family members outside the presence of a client. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support, and develop alternative strategies to address familial issues, problems, and needs. Services pertain to a client's (a) Mental Health or (b) Substance Abuse condition, or both. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the client or family member(s), client-centered, and strength-based; with emphasis on needs as identified by the client and family and provided with cultural competence.</p>		<ul style="list-style-type: none"> Date of Service Start and stop times of actual encounter with spouse/family Place of service Participants present and relationship to client Diagnosis and pertinent interval history Brief observations with spouse/family Rationale, and description of treatment used must coincide with the most recent intake assessment and improve the impact the client's condition has on the spouse/family, or improve marital/family interactions between the client and the spouse/family, or both Client and spouse/family's response to treatment that includes current progress or regression and prognosis Rationale for excluding the identified client Any 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 HIPAA compliant Release of Information, completed, signed, and dated 	
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 (1) client per family per therapy session may be billed.</p>		Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS</p>

		<p>THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters</p>
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS
Children, Youth, and Adults		<p>A provider can only bill one (1) Marital/Family Behavioral Health Counseling with (or without) Client encounter per day.</p> <p>The following codes cannot be billed on the Same Date of Service:</p> <p>Multi-Family Behavioral Health Counseling</p> <p>Marital/Family Behavioral Health Counseling with Client Present</p> <p>Psychoeducation</p> <p>Infant mental health providers may provide up to (four) 4 encounters of family therapy with or without beneficiary present in a single date of service.</p> <p>View or print the procedure codes for counseling services.</p>
ALLOWED MODE(S) OF DELIVERY		TIER
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>		Counseling
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services Independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider Non-independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 		<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 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>

252.115

Psychoeducation

1-1-23

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
View or print the procedure codes for counseling services.		Psychoeducational service; per fifteen (15) minutes	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Psychoeducation provides clients 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 (2) formats: multifamily group and/or single-family group. Due to the group format, clients 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 client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p> <p>*Dyadic 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 national recognized evidence-based practice. Practices include, but are not limited to, Nurturing Parents and Incredible Years.</p>		<ul style="list-style-type: none"> • Date of Service • Start and stop times of actual encounter with client and spouse/family • Place of service • Participants present • Nature of relationship with client • Rationale for excluding the identified client, if applicable • Diagnosis and pertinent interval history • Rationale and objective used must coincide with the most recent intake assessment and improve the impact the client's condition has on the spouse/family or improve marital/family interactions between the client and the spouse/family, or both • Client and Spouse/family response to treatment that includes current progress or regression and prognosis • Any revisions indicated for the diagnosis, or medication concerns • Plan for next session, including any homework assignments or crisis plans, or both • HIPAA compliant Release of Information forms, completed, signed, and dated • Staff signature/credentials/date of signature 	
NOTES		UNIT	BENEFIT LIMITS
Information to support the appropriateness of excluding the identified client 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 client and that support's expected role in attaining treatment goals is documented. Only one (1) client per family per therapy session may be billed.		Fifteen (15) minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: Four (4)</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): forty-eight (48)</p>
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS	

Children, Youth, and Adults	<p>A provider can only bill a total of forty-eight (48) units of Psychoeducation</p> <p>The following services cannot be billed on the Same Date of Service:</p> <p>Marital/Family Behavioral Health Counseling with Client Present</p> <p>Marital/Family Behavioral Health Counseling without Client Present</p> <p>View or print the procedure codes for counseling services.</p>
ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Licensed Alcoholism and Drug Abuse Counselor Master's Advanced Practice Nurse Physician 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"> Independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider Non-independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 14 (Group 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)

252.116

Multi-Family Behavioral Health Counseling

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Multiple-family group psychotherapy
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Multi-Family Behavioral Health Counseling is a group therapeutic intervention using face-to-	<ul style="list-style-type: none"> Date of Service Start and stop times of actual encounter with

<p>face verbal interaction between two (2) to a maximum of nine (9) clients 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 client'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 client, client-centered and strength-based; with emphasis on needs as identified by the client and family and provided with cultural competence.</p>	<p>client and/or spouse/family</p> <ul style="list-style-type: none"> • Place of service • Participants present • Nature of relationship with client • Diagnosis and pertinent interval history • Rationale for and objective used to improve the impact the client's condition has on the spouse/family and/or improve marital/family interactions between the client and the spouse/family. • Client and Spouse/Family response to treatment that includes current progress or regression and prognosis • Any revisions indicated for the diagnosis or medication(s) • Plan for next session, including any homework assignments and/or crisis plans • HIPAA compliant Release of Information forms, completed, signed, and dated • Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
<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 ENCOUNTERS THAT MAY BE BILLED: one (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): twelve (12)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>There are twelve (12) total Multi-Family Behavioral Health Counseling encounters allowed per year.</p> <p>The following services cannot be billed on the Same Date of Service:</p> <p>Marital/Family Behavioral Health Counseling without Client Present</p> <p>Marital/Family Behavioral Health Counseling with Client Present</p> <p>Interpretation of Diagnosis</p> <p>Interpretation of Diagnosis, Telemedicine</p> <p>View or print the procedure codes for counseling services.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	

Face-to-face	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians - Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Licensed Alcoholism and Drug Abuse Counselor Master's Advanced Practice Nurse Physician 	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

1-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
View or print the procedure codes for counseling services.	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 psychodiagnostics 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 or telemedicine 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 client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.	<ul style="list-style-type: none"> Date of Service Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation Place of service Identifying information Referral reason Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment Culturally and age-appropriate psychosocial history and assessment Mental status (Clinical observations and impressions) Current functioning plus strengths and needs DSM diagnostic impressions Treatment recommendations Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
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	Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)

<p>This service can be provided via telemedicine</p> <p>*Dyadic 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. A Mental Health Diagnosis will be required for all children through forty-seven (47) months of age to receive services. This service includes up to four (4) encounters for children through the age of forty-seven (47) months of age and can be provided without a prior authorization. This service must include an assessment of:</p> <ul style="list-style-type: none"> ○ 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, self-care, and social functioning 		<p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>One (1)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p> <p>Residents of Long-Term Care</p>	<p>The following codes cannot be billed on the Same Date of Service:</p> <p>Psychiatric Assessment</p> <p>View or print the procedure codes for counseling services.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDER	PLACE OF SERVICE	
<ul style="list-style-type: none"> • Independently Licensed Clinicians – Master's/Doctoral • Non-independently Licensed Clinicians – Master's/Doctoral • Advanced Practice Nurses • Physicians 	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 32 (Nursing Facility), 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>	

<ul style="list-style-type: none"> 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"> Independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider Non-independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 	
---	--

252.118 Interpretation of Diagnosis

1-1-23

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
View or print the procedure codes for counseling services.		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 or advising the client and their family. Services pertain to a client's (a) Mental Health or (b) Substance Abuse condition, or both. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.		<ul style="list-style-type: none"> Date of service Start and stop times of face-to-face encounter with client and/or parent(s) or guardian(s) Place of service Participants present and relationship to client Diagnosis and pertinent interval history Rationale for and description of the treatment used that must coincide with the most recent intake assessment Participant(s) response and feedback Recommendation for additional supports including referrals, resources, and information Staff signature/credentials/date of signature(s) 	
NOTES		UNIT	BENEFIT LIMITS
For clients under eighteen (18) years of age, the time may be spent face-to-face with the client; the client and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For clients over eighteen (18) years of age, the time may be spent face-to-face with the client and the spouse, legal guardian, or significant other.		Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1) YEARLY MAXIMUM OF ENCOUNTERS

<p>This service can be provided via telemedicine to clients eighteen (18) years of age and above. This service can also be provided via telemedicine to clients 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.</p> <p>*Dyadic 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. Interpretation of Diagnosis will be required in order for all children, through forty-seven (47) months of age, to receive services. This service includes up to four (4) encounters for children through forty-seven (47) months of age and can be provided without a prior authorization. The Interpretation of Diagnosis 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.</p>		<p>THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>One (1)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>The following services cannot be billed on the Same Date of Service:</p> <p>Psychoeducation</p> <p>Psychiatric Assessment</p> <p>Multi-Family Behavioral Health Counseling</p> <p>Substance Abuse Assessment</p> <p>View or print the procedure codes for counseling services.</p> <p>This service can be provided via telemedicine to clients eighteen (18) years of age and above. This service can also be provided via telemedicine to clients 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.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine Adults, Youth and Children</p>	<p>Counseling</p>	

ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Licensed Alcoholism and Drug Abuse Counselor Master's Advanced Practice Nurses Physicians 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"> Independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider Non-independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider 	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 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

1-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Alcohol and/or drug assessment
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a client's substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DHS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the client, 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 client, client-centered, and strength-based; with emphasis on needs, as identified by the client, and provided with cultural competence.</p>	<ul style="list-style-type: none"> Date of Service Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation Place of service Identifying information Referral reason Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment Cultural and age-appropriate psychosocial history and assessment Mental status (Clinical observations and impressions) Current functioning and strengths in specified

	life domains <ul style="list-style-type: none"> • DSM diagnostic impressions • Treatment recommendations and prognosis for treatment • Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
The assessment process results in the assignment of a diagnostic impression, client recommendation for treatment regimen appropriate to the condition and situation presented by the client, 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 client for a psychiatric consultation.	Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1) YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): One (1)
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults	The following codes cannot be billed on the Same Date of Service: Interpretation of Diagnosis View or print the procedure codes for counseling services.	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face Telemedicine (Adults, Youth, Children)	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> • Independently Licensed Clinicians – Master's/Doctoral • Non-independently Licensed Clinicians – Master's/Doctoral • Advanced Practice Nurses • Physicians • Licensed Alcoholism and Drug Abuse Counselor Master's 	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 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)	

252.121

Pharmacologic Management

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: A problem focused history; A problem focused examination; or

	<p>straightforward medical decision making.</p> <p>Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: An expanded problem-focused history; An expanded problem-focused examination; or medical decision making of low complexity.</p> <p>Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: A detailed history, A detailed examination; or medical decision making of moderate complexity.</p> <p>View or print the procedure codes for counseling services.</p>	
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, as well as informing clients regarding potential effects and side effects of medication(s), 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 client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p>	<ul style="list-style-type: none"> • Date of Service • Start and stop times of actual encounter with client • Place of service • Diagnosis and pertinent interval history • Brief mental status and observations • Rationale for and treatment used that must coincide with the Psychiatric Assessment • Client's response to treatment that includes current progress or regression and prognosis • Revisions indicated for the diagnosis, or medication(s) • Plan for follow-up services, including any crisis plans • 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 twenty-four (24) hours of the prescription being written • Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
Applies only to medications prescribed to address targeted symptoms as identified in the Psychiatric Assessment.	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED</p>

	(extension of benefits can be requested): Twelve (12)
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS
Children, Youth, and Adults	
ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Advanced Practice Nurse Physician 	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 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)

252.122 Psychiatric Assessment

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Psychiatric diagnostic evaluation with medical services
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Psychiatric Assessment is a face-to-face psychodiagnostics 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 clients under eighteen (18) years of age). 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 clients to receive counseling services.	<ul style="list-style-type: none"> Date of Service Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation Place of service Identifying information Referral reason The interview should obtain or verify the following: <ol style="list-style-type: none"> The client's understanding of the factors leading to the referral The presenting problem (including symptoms and functional impairments) Relevant life circumstances and psychological factors History of problems Treatment history Response to prior treatment interventions Medical history (and examination as

	<p>indicated)</p> <ul style="list-style-type: none"> For clients under eighteen (18) years of age <ol style="list-style-type: none"> an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker), and the primary caretaker (including foster parents) as applicable in order to: <ol style="list-style-type: none"> Clarify 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 DSM diagnostic impressions Treatment recommendations Staff signature/credentials/date of signature 	
NOTES	UNIT	BENEFIT LIMITS
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.).	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): One (1)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p>The following services cannot be billed on the Same Date of Service:</p> <p>Mental Health Diagnosis</p> <p>View or print the procedure codes for counseling services.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
A. an Arkansas-licensed physician, preferably someone with specialized training and experience in psychiatry (child and adolescent psychiatry for	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office), 12, (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health</p>	

<p>clients under eighteen (18) years of age)</p> <p>B. an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)</p> <p>The PMHNP-BC must meet all of the following requirements:</p> <p>A. Licensed by the Arkansas State Board of Nursing</p> <p>B. Practicing with licensure through the American Nurses Credentialing Center</p> <p>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 forty-five (45) days of the client 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</p> <p>D. Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act</p> <p>E. Practicing within a PMHNP-BC's experience and competency level</p>	<p>Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>
---	--

252.123

Intensive Outpatient Substance Abuse Treatment

1-1-24

PROCEDURE CODES	PROCEDURE CODE DESCRIPTION
<p>View or print the procedure codes for counseling services.</p>	<p>Intensive outpatient treatment for alcohol and/or substance abuse. Treatment program must operate a minimum of three (3) hours per day and at least three (3) days per week. The treatment is based on an individualized plan of care including assessment, counseling, crisis intervention, activity therapies or education.</p>
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Intensive Outpatient Services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education to improve symptoms that may significantly interfere with functioning in at least</p>	<ul style="list-style-type: none"> • Date of service • Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation

<p>one (1) life domain (e.g., familial, social, occupational, educational, etc.). Services are goal-oriented interactions with the individual or in group/family settings. This community-based service allows the individual to apply skills in “real world” environments. Such treatment may be offered during the day, before or after work or school, in the evening or on a weekend. The services follow a defined set of policies and procedures or clinical protocols. The service also provides a coordinated set of individualized treatment services to persons who are able to function in a school, work, and home environment but are in need of treatment services beyond traditional outpatient programs. Treatment may appropriately be used to transition persons from higher levels of care or may be provided for persons at risk of being admitted to higher levels of care. Intensive outpatient programs provide nine (9) or more hours per week of skilled treatment, three to five (3-5) times per week in groups of no fewer than three (3) and no more than twelve (12) clients.</p>	<ul style="list-style-type: none"> • Place of service • Identifying information • Referral reason • Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment • Diagnostic impressions • Rationale for service including consistency with plan of care • Brief mental status and observations • Current functioning and strengths in specified life domains • Client’s response to the intervention that includes current progress or regression and prognosis • Staff signature/credentials/date of signature(s) 	
NOTES	UNIT	BENEFIT LIMITS
	Per Diem	YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED: (extension of benefits can be requested) Twenty-four (24)
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults and Youth	A provider may not bill for any other service on the same date of service.	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Intensive Outpatient Substance Abuse Treatment must be provided in a facility that is licensed by DHS as an Intensive Outpatient Substance Abuse Treatment Provider.	11 (Office) 14 (Group Home), 22 (On Campus – OP Hospital), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic),	

255.001

Crisis Intervention

1-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Crisis intervention service, per fifteen (15) minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS

<p>Crisis Intervention is unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible client 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 client 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 client to 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 client and their family.</p>	<ul style="list-style-type: none"> • Date of service • Start and stop time of actual encounter with client and possible collateral contacts with caregivers or informed persons • Place of service • Specific persons providing pertinent information and relationship to client • 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 • Client'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 • Staff signature/credentials/date of signature(s) 	
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 client or others are at risk for imminent harm, or in which to prevent significant deterioration of the client's functioning.</p> <p>This service can be provided to clients 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 within seven (7) days of provision of this service, if provided to a client who is not currently a client.</p> <p>View or print the procedure codes for counseling services.</p> <p>If the client cannot be contacted or does not return for a Mental Health Diagnosis appointment, attempts to contact the client must be placed in the client's medical record. If the client needs more time to be stabilized, this must be noted in the client's medical record and DHS Quality Improvement Organization (QIO) must be notified.</p>	Fifteen (15) minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: twelve (12)</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): seventy-two (72)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	

Children, Youth, and Adults	
ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face Telemedicine (Adults, Youth, and Children)	Crisis
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> Independently Licensed Clinicians – Master's/Doctoral Non-independently Licensed Clinicians – Master's/Doctoral Advanced Practice Nurses Physicians 	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 15 (Mobile Unit), 23 (Emergency Room), 33 (Custodial Care facility), 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)

255.003

Crisis Stabilization Unit

7-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Behavioral Health; short-term residential
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Crisis Stabilization Units provide brief crisis treatment services to persons eighteen (18) years of age and over, who are experiencing a psychiatric or substance abuse-related crisis, or both, and may pose an escalated risk of harm to self or others.</p> <p>Crisis Stabilization Units provide hospital and jail diversion in a safe environment with mental health and substance use disorder services on-site or on call at all times, as well as on call psychiatry, available twenty-four (24) hours a day.</p> <p>Crisis Stabilization Units may provide the services of Extended Observation Bed. This is an all-inclusive service and is paid on a per diem basis (census count at midnight and client is in the bed) that includes services such as evaluation, observation, clinical interventions, crisis stabilization and social services interventions.</p> <p>Crisis Stabilization Units may provide the service of Short-Term Observation Bed. This is an all-inclusive service and is paid on a per diem basis (census count at midnight and client is not in the bed) that includes services such as evaluation, observation, clinical interventions,</p>	<ul style="list-style-type: none"> Date of service Assessment information including mental health and substance abuse psychosocial evaluation, initial discharge plan, strengths and abilities to be considered for community re-entry Place of service Specific persons providing pertinent information and relationship to client Diagnosis and synopsis of events leading up to acute crisis admission Interpretive summary 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 Client'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

<p>crisis stabilization and social services interventions.</p> <p>Crisis Stabilization Units may provide the services of Professional Assessment, Stabilization and referral. These services are paid on a fee for service basis (census count at midnight and client is not in the bed) that includes any service described in the Counseling and Crisis Manual. These services would be billed when a CSU is not providing Extended Observation Bed nor Short-Term Observation Bed which are paid on all-inclusive per diem basis.</p>	<ul style="list-style-type: none"> • Development of a clearly defined crisis plan or revision to existing plan • Thorough discharge plan including treatment and community resources • Staff signature/credentials/date of signature(s) 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATIONS	UNIT	BENEFIT LIMITS
Adults	Per Diem Fee for Service	<ul style="list-style-type: none"> • Ninety-six (96) hours or less per admission; Extension of Benefits required for additional days
	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 DHS as an Acute Crisis Unit Provider.	55 (Residential Substance Abuse Treatment Facility), 99 (Other)	

255.004

Substance Abuse Detoxification

1-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	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 clients by clearing toxins from the client'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 client for ongoing treatment.</p>	<ul style="list-style-type: none"> • Date of service • Assessment information including mental health and substance abuse psychosocial evaluation, initial discharge plan, strengths and abilities to be considered for community re-entry • Place of service • Specific persons providing pertinent information and relationship to client • Diagnosis and synopsis of events leading up

	to acute crisis admission <ul style="list-style-type: none"> • Interpretive summary • 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 • Client'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 • Thorough discharge plan including treatment and community resources • Staff signature/credentials/date of signature(s) 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATIONS	UNIT	BENEFIT LIMITS
Youth and Adults	N/A	<ul style="list-style-type: none"> • Six (6) encounters per SFY; Extension of Benefits required for additional encounters
	PROGRAM SERVICE CATEGORY	
	Crisis Services	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	N/A	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Substance Abuse Detoxification must be provided in a facility that is licensed by DHS as a Substance Abuse Detoxification provider.	21 (Inpatient Hospital), 55 (Residential Substance Abuse Treatment Facility)	

256.200

Reserved

1-1-23

256.500

Billing Instructions – Paper Only

1-1-23

To bill for Counseling Services, use the CMS-1500 form. The numbered items correspond to numbered fields on the claim form. [View a CMS-1500 sample form.](#)

When completing the CMS-1500, accuracy, completeness, and clarity are important. Claims cannot be processed if applicable information is not supplied or is illegible. Claims should be typed whenever possible.

Completed claim forms should be forwarded to the Arkansas Medicaid fiscal agent. [View or print Claims contact information.](#)

NOTE: A provider rendering services without verifying eligibility for each date of service does so at the risk of not being reimbursed for the services.

256.510

Completion of the CMS-1500 Claim Form

1-1-24

Field Name and Number	Instructions for Completion
1. (type of coverage)	Not required.
1a. INSURED'S I.D. NUMBER (For Program in Item 1)	Client's or participant's 10-digit Medicaid or ARKids First-A or ARKids First-B identification number.
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Client's or participant's last name and first name.
3. PATIENT'S BIRTH DATE	Client's or participant's date of birth as given on the individual's Medicaid or ARKids First-A or ARKids First-B identification card. Format: MM/DD/YY.
SEX	Check M for male or F for female.
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	Required if insurance affects this claim. Insured's last name, first name, and middle initial.
5. PATIENT'S ADDRESS (No., Street)	Optional. Client's or participant's complete mailing address (street address or post office box).
CITY	Name of the city in which the client or participant resides.
STATE	Two-letter postal code for the state in which the client or participant resides.
ZIP CODE	Five-digit zip code; nine digits for post office box.
TELEPHONE (Include Area Code)	The client's or participant's telephone number or the number of a reliable message/contact/ emergency telephone
6. PATIENT RELATIONSHIP TO INSURED	If insurance affects this claim, check the box indicating the patient's relationship to the insured.
7. INSURED'S ADDRESS (No., Street)	Required if insured's address is different from the patient's address.
CITY	
STATE	
ZIP CODE	
TELEPHONE (Include Area Code)	
8. PATIENT STATUS	Not required.
9. OTHER INSURED'S NAME (Last name, First Name, Middle Initial)	If patient has other insurance coverage as indicated in Field 11d, the other insured's last name, first name, and middle initial.
a. OTHER INSURED'S POLICY OR GROUP NUMBER	Policy and/or group number of the insured individual.

Field Name and Number	Instructions for Completion
b. OTHER INSURED'S DATE OF BIRTH	Not required.
SEX	Not required.
c. EMPLOYER'S NAME OR SCHOOL NAME	Required when items 9 a-d are required. Name of the insured individual's employer and/or school.
d. INSURANCE PLAN NAME OR PROGRAM NAME	Name of the insurance company.
10. IS PATIENT'S CONDITION RELATED TO:	
a. EMPLOYMENT? (Current or Previous)	Check YES or NO.
b. AUTO ACCIDENT?	Required when an auto accident is related to the services. Check YES or NO.
PLACE (State)	If 10b is YES, the two-letter postal abbreviation for the state in which the automobile accident took place.
c. OTHER ACCIDENT?	Required when an accident other than automobile is related to the services. Check YES or NO.
10d. RESERVED FOR LOCAL USE	Not used.
11. INSURED'S POLICY GROUP OR FECA NUMBER	Not required when Medicaid is the only payer.
a. INSURED'S DATE OF BIRTH	Not required.
SEX	Not required.
b. EMPLOYER'S NAME OR SCHOOL NAME	Not required.
c. INSURANCE PLAN NAME OR PROGRAM NAME	Not required.
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	When private or other insurance may or will cover any of the services, check YES and complete items 9a through 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	Required when services furnished are related to an accident, whether the accident is recent or in the past. Date of the accident.
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE	Not required.

Field Name and Number	Instructions for Completion
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Not required.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	Not required.
17a. (blank)	Not required.
17b. NPI	Not required.
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	When the serving/billing provider's services charged on this claim are related to a client's or participant's inpatient hospitalization, enter the individual's admission and discharge dates. Format: MM/DD/YY.
19. RESERVED FOR LOCAL USE	Not applicable to Counseling Services.
20. OUTSIDE LAB?	Not required.
\$ CHARGES	Not required.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	<p>Enter the applicable ICD indicator to identify which version of ICD codes is being reported.</p> <p>Use "9" for ICD-9-CM.</p> <p>Use "0" for ICD-10-CM.</p> <p>Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.</p> <p>Diagnosis code for the primary medical condition for which services are being billed. Use the appropriate International Classification of Diseases (ICD). List no more than 12 diagnosis codes. Relate lines A-L to the lines of service in 24E by the letter of the line. Use the highest level of specificity.</p>
22. MEDICAID RESUBMISSION CODE	Reserved for future use.
ORIGINAL REF. NO.	Reserved for future use.
23. PRIOR AUTHORIZATION NUMBER	The prior authorization or benefit extension control number if applicable.
24A. DATE(S) OF SERVICE	<p>The "from" and "to" dates of service for each billed service. Format: MM/DD/YY.</p> <ol style="list-style-type: none"> 1. On a single claim detail (one charge on one line), bill only for services provided within a single calendar month. 2. Providers may bill on the same claim detail for two or more sequential dates of service within the same calendar month when the provider furnished equal amounts of the service on each day of the date sequence.

Field Name and Number	Instructions for Completion
B. PLACE OF SERVICE	Two-digit national standard place of service code. See Section 252.200 for codes.
C. EMG	Enter "Y" for "Yes" or leave blank if "No". EMG identifies if the service was an emergency.
D. PROCEDURES, SERVICES, OR SUPPLIES	
CPT/HCPCS	Enter the correct CPT or HCPCS procedure codes from Sections 252.100 through 252.150.
MODIFIER	Use applicable modifier.
E. DIAGNOSIS POINTER	Enter the diagnosis code reference letter (pointer) as shown in Item Number 21 to relate to the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first; other applicable services should follow. The reference letter(s) should be A-L or multiple letters as applicable. The "Diagnosis Pointer" is the line letter from Item Number 21 that relates to the reason the service(s) was performed.
F. \$ CHARGES	The full charge for the service(s) totaled in the detail. This charge must be the usual charge to any client, patient, or other client of the provider's services.
G. DAYS OR UNITS	The units (in whole numbers) of service(s) provided during the period indicated in Field 24A of the detail.
H. EPSDT/Family Plan	Enter E if the services resulted from a Child Health Services (EPSDT) screening/referral.
I. ID QUAL	Not required.
J. RENDERING PROVIDER ID #	Enter the 9-digit Arkansas Medicaid provider ID number of the individual who furnished the services billed for in the detail or
NPI	Enter NPI of the individual who furnished the services billed for in the detail.
25. FEDERAL TAX I.D. NUMBER	Not required. This information is carried in the provider's Medicaid file. If it changes, please contact Provider Enrollment.
26. PATIENT'S ACCOUNT NO.	Optional entry that may be used for accounting purposes; use up to 16 numeric or alphabetic characters. This number appears on the Remittance Advice as "MRN."
27. ACCEPT ASSIGNMENT?	Not required. Assignment is automatically accepted by the provider when billing Medicaid.
28. TOTAL CHARGE	Total of Column 24F—the sum all charges on the claim.

Field Name and Number	Instructions for Completion
29. AMOUNT PAID	Enter the total of payments previously received on this claim. Do not include amounts previously paid by Medicaid. Do not include in this total the automatically deducted Medicaid or ARKids First-B co-payments.
30. RESERVED	Reserved for NUCC use.
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	The provider or designated authorized individual must sign and date the claim certifying that the services were personally rendered by the provider or under the provider's direction. "Provider's signature" is defined as the provider's actual signature, a rubber stamp of the provider's signature, an automated signature, a typewritten signature, or the signature of an individual authorized by the provider rendering the service. The name of a clinic or group is not acceptable.
32. SERVICE FACILITY LOCATION INFORMATION	Enter the name and street, city, state, and zip code of the facility where services were performed.
a. (blank)	Not required.
b. Service Site Medicaid ID number	Enter the 9-digit Arkansas Medicaid provider ID number of the service site.
33. BILLING PROVIDER INFO & PH #	Billing provider's name and complete address. Telephone number is requested but not required.
a. (blank)	Enter NPI of the billing provider or
b. (blank)	Enter the 9-digit Arkansas Medicaid provider ID number of the billing provider.

257.000 **Special Billing Procedures**

257.100 **Reserved**

1-1-23