

FAQ's related to COVID-19 specific regulations

1) Q: *What is the difference between telehealth, telemedicine, and telephonic services?*

A: Telehealth and telemedicine are used interchangeably in the DHS guidance. These services refer to use of traditional telehealth between two provider sites linked by a computer system and monitor with staff at each site. During the COVID-19 disaster declaration, the regulations have been relaxed to allow for any real-time video platform between provider and client. These platforms may include, but are not limited to, Facetime, Skype, etc. and do not require the client to be in a provider location, allowing for the client to remain in their home during provision of services.

Telephonic services refer to services provided through audio means (telephone) without the requirements of a real-time video platform. Telephonic services must be direct communication which takes place in real-time.

2) Q: *We have people requesting services for the first time, but they are concerned about coming to our office. What are our options?*

A: You may offer the individual an Initial Evaluation/Mental Health Diagnosis through telehealth if they are not comfortable coming into the clinic even with changes initiated in response to COVID-19.

- Mental Health Diagnosis (DMS-27)
 - 90791, U4, GTPlace of Service to include 02 Telemedicine

3) Q: *What services are allowable through both telehealth and telephonic means?*

A: (See DMS-02)

- Individual Behavioral Health Counseling
 - 90832, U4, GT
 - 90832, U4, U5, GT – Substance Abuse
 - 90834, U4, GT
 - 90834, U4, GT – Substance Abuse
 - 90837, U4, GT
 - 90837, U4, U5, GT – Substance Abuse
- Psychoeducation
 - H2027, U4, GT
 - H2027, U4, UK, GT – Dyadic Treatment
- Marital/Family Behavioral Health Counseling with Beneficiary Present (DMS-26)
 - 90847, U4, GT
 - 90847, U4, U5, GT – Substance Abuse
 - 90847, UC, UK, U4, GT – Dyadic Treatment

Place of Service to include 02 Telemedicine

- Marital/Family Behavioral Health Counseling without Beneficiary Present
 - 90846, U4, GT
 - 90846, U4, U5, GT – Substance Abuse

Place of Service to include 02 Telemedicine

4) Q: *If we offer an Initial Evaluation through telehealth how do we obtain informed consent?*

A: Verbal consent, documented in the clinical record, is sufficient during the COVID-19 crisis. As always, follow your agency and/or professional licensure requirements as well.

5) Q: *Can we bill substance abuse services through telehealth?*

A: As with mental health, several services are allowable through telehealth and telephonic means including Individual Therapy, Psychoeducation and Marital/Family Therapy. As with all Medicaid behavioral health services, providers must be professionally licensed practitioners as noted in DMS-02 memo.

6) Q: *How can dyadic services for the four and under child be provided in the current environment?*

A: Marital/Family therapy with beneficiary present is allowable as a dyadic treatment option. Additionally, Psychoeducation is allowable for the under four population. These services may be provided through telehealth or telephonic services. See DMS-26 memo revised 4-15-2020. (Individual therapy, however, would not meet the prior specified parameters which require the under 4 child to be seen along with parent/caregiver, so this code would not be allowable for the under 4 population.)

7) Q: *With the recent approval of services by telehealth and telephonic platforms, are these services automatically added to the yearly benefits package or do they need to be requested separately through EQ Health?*

A: The benefit package remains 12 sessions, which is a cumulative total of face-to-face AND/OR telehealth/telephonic. Before the 13th unit/session is provided, an extension of benefits (EOB) is required.

8) Q: *Telehealth/telephonic services are new to us and we are finding it difficult to provide a full hour of treatment. Could you please give guidance regarding those services which are billed per episode (such as Marital/Family Therapy)? What is the minimum time of service which could qualify for a per episode service?*

A: Guidance on this issue may be found in the ICD-10 guidance/billing manuals which may be found on-line through various vendors.

9) Q: Are you able to provide guidance regarding how many minutes equate to how many units billed for the per unit services?

A: Yes, these can be found in Section I of the Arkansas Medicaid Manual. The following is an excerpt:

Fifteen-Minute Units, unless otherwise stated

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

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

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

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

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

60 minute Units	Timeframe
One (1) unit =	50-60 minutes
Two (2) units =	110-120 minutes
Three (3) units =	170-180 minutes
Four (4) units =	230-240 minutes
Five (5) units =	290-300 minutes

Six (6) units =	350-360 minutes
Seven (7) units=	410-420 minutes
Eight (8) units=	470-480 minutes

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

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

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

10) Q: *Are Prior Authorizations (PA’s) required during this COVID-19 crisis?*

A: Yes, PA’s are required in the same manner as prior to the COVID-19 crisis. Extension of Benefits are also required in the same manner as previously required.

11) Q: *On many of the DMS memos posted on the DHS’s Response to COVID-19 for Providers website the rule change/suspension is noted as “until the end date of the Governor’s Executive Order”. What does that mean?*

A: Emergency Order 20-03 declared the emergency. Following that, EO 20-06 ordered agencies to suspend rules that prevented maximum assistance. Following that, EO 20-16 ordered that rules suspended pursuant to EO 20-06 will remain suspended for the duration of the emergency. The emergency exists until the Governor issues another Executive Order stating that it no longer exists.

12) Q: *Have PCP requirements changed during the COVID-19 crisis? Do Tier 2 and 3 clients need to have a specific PCP referral for telehealth/telephonic services specifically?*

A: The PCP requirements have not changed during the crisis. For Tier 2 and Tier 3 clients in a PASSE the member’s PASSE should be contacted. For those outside of the PASSE a specific referral for telehealth/telephonic services from a PCP is not required.

13) Q: *If a client has a current PA for face-to-face services which are now being provided through telehealth/telephonic means, is a new PA required?*

A: Plans are in place to add telehealth authorization to any existing authorizations, however, if claims are being denied a provider may need to request a new PA for telehealth options.

14) Q: *Are Crisis Intervention Services able to be provided by telehealth during the COVID-19 crisis?*

A: Yes, Crisis Intervention is allowable through telehealth means during this crisis. Please note, telephonic means is not an allowable platform for this service.

- Crisis Intervention (DMS-29)
 - H2011, HA, U4, GT
- Place of service code 02