



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2005-A-1	DMS-2005-CA-1	DMS-2005-II-1	DMS-2005-KK-1
DMS-2005-AR-1	DMS-2005-Z-1	DMS-2005-L-1	DMS-2005-R-1
DMS-2005-HH-1	DMS-2005-X-1	DMS-2005-SS-1	DMS-2005-Y-1
DMS-2005-G-1			

TO: Health Care Provider – Ambulatory Surgical Center; ARKids First; Certified Registered Nurse Anesthetists (CRNA); Child Health Services (EPSDT); Critical Access Hospital; End Stage Renal Disease Facility; Family Planning; Federally Qualified Health Center (FQHC); Hospital; Independent Labs; Nurse Practitioner; Physician and Rehabilitative Hospital

DATE:

SUBJECT: 2005 CPT Procedure Code Conversion

I. General Information

A review of the CPT 2005 procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT 2005 procedure codes for dates of service on and after **April 1, 2005**. Please add this information to your Medicaid provider manual until revised manual sections have been included in future manual updates.

Procedure codes that are identified as deletions in the CPT 2005 (Appendix B) are **non-payable** for dates of service on and after April 1, 2005.

II. Non-Covered CPT 2005 Procedure Codes

A. The following are new CPT 2005 procedure codes for services that are not presently covered. Coverage of these codes is not being added.

32855	32856	33933	33944	44715
44720	44721	47143	47144	47145
47146	47147	48551	48552	50323
50325	50327	50328	50329	88188
88189	90465	90466	90467	90468
90656	94452	94453	97810	97811
97813	97814			

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DMS-2005-G-1
Page 2

- B. The following are new CPT 2005 procedure codes for services that are not presently covered for outpatient hospital and ambulatory surgical center providers. Coverage of these codes is not being added for outpatient hospital and ambulatory surgical center providers.

11008	19297	31620	31637	34803
36476	36479	57267	63295	

- C. All CPT 2005 procedure codes listed in **Category II** and **Category III** are temporary procedure codes for services not currently provided. Coverage of these codes is not being added.

III. Prior Authorization

Effective for dates of service on and after April 1, 2005, the following CPT procedure codes require prior authorization for all approved types of service:

27412	27415	29866	29867	29868
43257	43644	43645	43845	

IV. Replacement Procedure Codes

CPT procedure codes **78990** and **79900** have been deleted from CPT 2005. Effective for dates of service on and after April 1, 2005, when services represented by the deleted CPT procedure codes are furnished, providers must use the following HCPCS procedure codes, as applicable, when filing claims.

A9500	A9502	A9503	A9504	A9505
A9507	A9508	A9510	A9600	A9605

V. CPT 2005 Procedure Codes Manually Reviewed

Effective for dates of service on and after April 1, 2005, the CPT procedure codes listed below are manually reviewed before payment. Providers must submit paper claims with supporting documentation, such as an operative report, sterilization consent form, etc.

A9507	A9605	19296	19298	36475
36476	36478	36479	58565	58956

VI. Additional Information

Complete descriptions of CPT 2005 procedure codes are in the CPT 2005 book. Complete descriptions of replacement HCPCS procedure codes are in the HCPCS 2005 book. These books may be purchased from Ingenix online at <http://www.ingenixonline.com/> or by calling 1-800-464-3649.

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DMS-2005-G-1			

Page 3

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 and 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us