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Division of Medical Services

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TO: **Arkansas Medicaid Health Care Providers – Hospital/Critical Access Hospital (CAH)/End-Stage Renal Disease (ESRD)**

DATE: **July 1, 2005**

SUBJECT: **Provider Manual Update Transmittal No. 76**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
272.132	10-13-03	272.132	7-1-05

Explanation of Updates

Section 272.132: This section has been revised to reflect only procedure codes that require modifiers. Modifiers UB and UA are effective for dates of service on and after July 1, 2005.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

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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 or 1-877-708-8191. Both telephone numbers are voice and TDD.

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

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

272.132 Procedure Codes Requiring Modifiers 7-1-05

Procedure Code	Modifier	Description
T1015	U1	Outpatient Hospital Clinic Room Charge. This room charge includes supplies and non-physician staffing.
77417	U1	Therapeutic Radiology Port Film(s)
77417	U2	Therapeutic Radiology Port Film(s)
77417	U3	Therapeutic Radiology Port Film(s)
92507	UB	Individual Speech Therapy by SLPA
92508	UB	Group Speech Therapy by SLPA
97110	UB	Individual Physical Therapy by Physical Therapy Assistant
97150	U1 UB	Group Occupational Therapy by Occupational Therapy Assistant
97150	UB	Group Physical Therapy by Physical Therapy Assistant
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant
99401	UA	Outpatient Hospital Clinic Room Charge—Periodic Family Planning Visit
99402	UA	Outpatient Hospital Clinic Room Charge—Basic Family Planning Visit