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Division of Medical Services
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TO: **Arkansas Medicaid Health Care Providers - ARKids First-B**

DATE: **July 1, 2005**

SUBJECT: **Provider Manual Update Transmittal No. 23**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
223.100	10-13-03	223.100	7-1-05
262.110 – 262.120	7-1-04	262.110 – 262.120	7-1-05

Explanation of Updates

Section 223.100 is included to notify providers that the form to request extension of speech therapy benefits is changed from the DMS-699 to the DMS-671.

Sections 262.110 and 262.120 are included to change modifier 52 to UB for the appropriate procedure codes.

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.

223.100 Procedure for Extension of Benefits 7-1-05

A. Medical Supplies

To request a benefit extension for medically necessary medical supplies; submit form DMS-699, Request for Extension of Benefits, a completed ARKids First-B claim and additional medical records, if needed, to substantiate medical necessity to the Division of Medical Services Utilization Review Section. **View or print the Division of Medical Services Utilization Review Section address.** The Benefit Limit Review Committee, which includes medical personnel, will review the medical records and notify the requesting provider of the approval or denial of the request. The approved notice will contain an authorization number that must be shown on the claim.

B. Speech Therapy

If the provider determines the recipient needs more speech therapy services than those allowed in the Occupational, Physical, Speech Therapy Provider Manual, a form DMS-671, Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services, must be completed and sent to the Arkansas Foundation for Medical Care. **View or print AFMC contact information.** **View or print form DMS-671.**

262.110 Medical Supplies Procedure Codes 7-1-05

The following medical supplies procedure codes may be billed by Medicaid-enrolled Home Health and Prosthetics providers for ARKids First participants. **Type of service codes are used only when billing on paper.**

A4206	A4221	A4222	A4253 U1	A4256
A4259 U2	A4265	A4310	A4311	A4312
A4313	A4314	A4315	A4316	A4320
A4322	A4326	A4327	A4328	A4330
A4338	A4340	A4344	A4346	A4348
A4351	A4352	A4354	A4355	A4356
A4357	A4358	A4359	A4361	A4362
A4364	A4367	A4369	A4371	A4397
A4398	A4399	A4400	A4402	A4404
A4405	A4406	A4450	A4452	A4455
A4558	A4561	A4562	A4623	A4624
A4625	A4626	A4628	A4629	A4772
A4927	A5051	A5052	A5053	A5054
A5055	A5061	A5062	A5063	A5071
A5072	A5073	A5081	A5082	A5093
A5102	A5105	A5112	A5113	A5114
A5119	A5121	A5122	A5126	A5131
A6154	A6234	A6241	A6242	A6248
A7520	B4086	E0776		

Procedure Code	Required Modifier	Description
A6257	—	Transparent film, each (16 square inches or less)
A6258	—	Transparent film, each (more than 16, but less than 48 square inches)
A6259	—	Transparent film, each (more than 48 square inches)
A6216 A6219 A6228	—	Gauze pads medicated or non-medicated, each (16 square inches or less)
A6217 A6220 A6229 A6403	—	Gauze pads medicated or non-medicated, each (more than 16, but less than 48 square inches)
A6204 A6218 A6221 A6230	—	Gauze pads medicated or non-medicated, each (more than 48 square inches)

A6441 A6446	—	Gauze, non-elastic, per roll (1 linear yard)
A6242 A6245	—	Hydrogel dressing, each (16 square inches or less)
A6243 A6246	—	Hydrogel dressing, each (more than 16, but less than 48 square inches)
A6244 A6247	—	Hydrogel dressing, each (more than 48 square inches)
A6248	—	Hydrogel dressing, each (1 ounce)
A6234 A6237	—	Hydrocolloid dressing, each (16 square inches or less)
A6235 A6238	—	Hydrocolloid dressing, each (more than 16, but less than 48 square inches)
A6238	U1	Hydrocolloid dressing, each (more than 48 square inches)
A6196	—	Alginate dressing, each (16 square inches or less)
A6197	—	Alginate dressing, each (more than 16, but less than 48 square inches)
A6198	—	Alginate dressing, each (more than 48 square inches)
A6197	—	Alginate dressing, each (1 linear yard)
A6209 A6212	—	Foam dressing, each (16 square inches or less)
A6210 A6213	—	Foam dressing, each (more than 16, but less than 48 square inches)
A6211	—	Foam dressing, each (more than 48 square inches)
A6200 A6203	—	Composite dressing, each (16 square inches or less)
A6201 A6204	—	Composite dressing, each (more than 16, but less than 48 square inches)
A6202 A6205	—	Composite dressing, each (more than 48 square inches)
A4253	—	Blood glucose test or reagent strips for home blood glucose monitor, per 25 strips
A4353	—	Urinary intermittent catheter with insertion tray
A4394	—	Ostomy deodorant, all types, per ounce
A4365	—	Adhesive remover wipes, 50 per box
A4368	—	Ostomy filters, any type, each
A6449 A6452	—	Gauze elastic, all types, per roll (linear yard)
A4483	—	Tracheostomy vent-heat moisture device
B4100	—	Thick-It per 8 oz. can
L8239*	—	Stocking (Jobst)

***NOTE: L8239 must be prior authorized. Form DMS-699 may be used for the request for prior authorization. View or print form DMS-699 and instructions for completion.**

The costs of **B4100** and **L8239** are not subject to the $125 medical supplies monthly benefit limit.

The following procedure code must be utilized when billing for Pedia-Pop. Reimbursement for this product is provider's cost plus ten percent. Pedia-Pop is only for oral consumption, and only in frozen form.

Z2487 Pedia-Pop 1 unit = 1 box Maximum = 2 units per date of service

NOTE: Pedia-Pop must be billed on paper.

262.120 Durable Medical Equipment (DME) Procedure Codes 7-1-05

The following DME HCPCS procedure codes may be billed by Medicaid-enrolled prosthetics providers for ARKids First-B participants. These procedure codes may be billed with type of service (paper only) code "H", "U" (used equipment) or "I" (initial rental).

HCPCS code	Type of service (paper only)	Capped rental, purchase or rental only
A4635	H, U	Purchase only
A4636	H, U	Purchase only
A4637	H, U	Purchase only
E0100	H	Purchase only
E0105	H, U	Purchase only
E0110	H, U	Purchase only
E0111	H, U	Purchase only
E0112	H, U	Purchase only
E0113	H, U	Purchase only
E0114	H, U	Purchase only
E0116	H, U	Purchase only
E0130	H, U	Purchase only
E0135	H, U	Purchase only
E0140	H, U	Purchase only
E0143	H, U	Purchase only
E0147	H, U	Purchase only
E0153	H, U	Purchase only
E0154	H, U	Purchase only
E0155	H, U	Purchase only
E0157	H, U	Purchase only
E0158	H, U	Purchase only
E0161	H, U	Purchase only
E0163	H, U	Purchase only
E0164	H, U	Purchase only
E0166	H, I, U	Purchase only
E0167	H, U	Purchase only

HCPCS code	Type of service (paper only)	Capped rental, purchase or rental only
E0175	H, U	Purchase only
E0178 U1	H, U	Purchase only
E0180	H, U	Purchase only
E0181	H, I	Capped rental
E0182	H, U	Purchase only
E0184	H, U	Purchase only
E0185	H, U	Purchase only
E0189	H, U	Purchase only
E0190	H	Purchase only
E0191	H, U	Purchase only
E0192	H, U	Capped rental
E0196	H	Purchase only
E0197	H, U	Purchase only
E0200	H, I, U	Capped rental
E0202	H	Rental only
E0205	H, I, U	Capped rental
E0217	H, I, U	Capped rental
E0225	H, I, U	Capped rental
E0235	H, U	Purchase only
E0236	H, I, U	Capped rental
E0238	H, U	Purchase only
E0239	H, I, U	Capped rental
E0249	H, U	Purchase only
E0250	H, I	Capped rental
E0255	H, I, U	Capped rental
E0260	H, I, U	Capped rental
E0271	H, I, U	Capped rental
E0272	H, I	Capped rental
E0273	H, U	Purchase only
E0275	H, U	Purchase only
E0276	H, U	Purchase only
E0280	H, U	Purchase only
E0325	H, U	Purchase only
E0326	H, U	Purchase only
E0424	H, I	Rental only
E0430	H, I	Rental only

HCPCS code	Type of service (paper only)	Capped rental, purchase or rental only
E0435	H, I	Rental only
E0439	H, I	Rental only
E0443	H	Purchase only
E0444	H	Purchase only
E0480	H, I, U	Capped rental
E0560	H, U	Purchase only
E0565	H, I, U	Capped rental
E0570	H, U	Purchase only
E0575	H, U	Capped rental
E0585	H, I, U	Capped rental
E0600	H, U	Rental only
E0605	H, U	Purchase only
E0606	H, I, U	Capped rental
E0607 U1	H, U	Purchase only
E0630	H, I, U	Capped rental
E0650	H, I, U	Capped rental
E0667	H, I	Capped rental
E0668	H, I	Capped rental
E0691	H, I	Rental only
E0692	H, I	Rental only
E0693	H, I	Rental only
E0694	H, I	Rental only
E0720	H, I, U	Capped rental
E0730	H, I, U	Capped rental
E0740	H, U	Purchase only
E0745	H, I, U	Capped rental
E0747	H, I, U	Rental only
E0840	H, U	Purchase only
E0850	H, U	Purchase only
E0860	H	Purchase only
E0870	H, U	Purchase only
E0880	H, U	Purchase only
E0890	H, U	Purchase only
E0900	H, U	Purchase only
E0910	H, I, U	Capped rental
E0920	H, I, U	Capped rental

HCPCS code	Type of service (paper only)	Capped rental, purchase or rental only
E0930	H, I, U	Capped rental
E0935	H, I, U	Capped rental
E0940	H, I, U	Capped rental
E0941	H, I, U	Capped rental
E0942	H, U	Purchase only
E0944	H, U	Purchase only
E0945	H, U	Purchase only
E0946	H, U	Purchase only
E0947	H, U	Purchase only
E0948	H, U	Purchase only
E1130	H, I, U	Capped rental
E1140	H	Capped rental
E1150	H	Capped rental
E1160	H	Capped rental
E1224	H, I, U	Capped rental
E1390	H, I	Rental only
E1391	H, I	Rental only

Procedure Code	Required Modifier	Type of Service Code (paper only)	Description	Capped rental, purchase or rental only
E1340	NU	H	Durable medical equipment repairs/parts only repairs will not be approved for more than the allowed purchase price of new equipment. (The manufacturer's invoice must be attached to the repair claim for all parts.)	Manually priced
Bill on paper	—	H	Unlisted durable medical equipment, $500.00 and over. (The manufacturer's invoice must be attached to the claim form.)	Manually priced
E1340	EP, U2	H	Repair enteral nutrition infusion pump	Manually priced
E0779 E0779	RR —	H I	Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home	Rental only

Procedure Code	Required Modifier	Type of Service Code (paper only)	Description	Capped rental, purchase or rental only
A7034 A7034	RR —	H I	CPAP (continuous positive airway pressure) device, nasal (includes necessary accessory items) **Note: Complete medical data pertinent to the request must be submitted with a prior authorization request.**	Rental only
S8105	—	H, I	Pulse oximeter (including 4 disposable probes)	Rental only
E1340	EP, U3	6	Unlisted repairs/wheelchairs	Manually priced
E0483 E0483	UB RR	H F	Bronchial drainage system	Rental only
E0483	—	H	Pulmonary vest (The manufacturer's invoice must be attached to the claim form.)	Purchase only
E1340	U4	H	Maintenance for capped rental items	N/A
E1340	NU, U1	H	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
E1340	—	6	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
A4670	—	H	Electronic blood pressure monitor and cuff	Rental only
A4230	—	H	Soft set, 25 per box (non-needle infusion set)	Purchase only
A4213	—	H	Syringes/reservoir, 30 per box	Purchase only
Bill on paper	—	H	Power kit/batteries	Purchase only
A6021 A6022 A6023 A6024	—	H	Polyskin dressing	Purchase only
A4627	UB	H	Spacer bag or reservoir, without mask, for use with metered dose inhaler	Purchase only
A4627	—	H	Spacer bag or reservoir, with mask, for use with metered inhaler	Purchase only

Procedure Code	Required Modifier	Description
92507	—	Individual Speech Session
92508	—	Group Speech Session
92507	UB	Individual Speech Therapy by Speech Language Pathology Assistant
92508	—	Group Speech Therapy by Speech Language Pathology Assistant
92506	—	—