Arkansas Department of Health and Human Services

Division of Medical Services

P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480 TDD: 501-682-6789 & 1-877-708-8191 Internet Website: www.medicaid.state.ar.us

TO: **Arkansas Medicaid Health Care Providers – Transportation**

DATE: **December 5, 2005**

SUBJECT: **Provider Manual Update Transmittal #73**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
252.100	11-1-05	252.100	12-5-05

Explanation of Updates

The information in this update refers to a previous update that indicated new modifiers being used effective July 1, 2005. There was a delay with the system being ready by that date. The new effective date is December 5, 2005.

Section 252.100 is included to indicate that effective for claims received on or after *December 5, 2005,* modifier **UB** will replace modifier **52**.

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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.

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Roy Jeffus, Director

252.100 Ambulance Procedure Codes 12-5-05

93041*	A0380	A0382	A0390	A0398
A0422	A0426	A0427	A0429	J0150*
J1940*	J2270*	J3490*	J0152*	J0170*
J0280*	J0460*	J1094*	J1100*	J1160*
J1200*	J2060*	J2175*	J2310*	J2550*
J2560*	J3360*	J3410*	J3475*	J3480*
Q4076*				

* Procedure code can be billed only in conjunction with procedure code **A0427**.

Procedure Code	Required Modifier	Description
A0436		Emergency, per mile, loaded, helicopter air ambulance
A0422	U1	Emergency, oxygen, helicopter air ambulance
A0431		Ambulance service, emergency, basic pick-up, helicopter, one unit per day
A0428		Ambulance service, ILS intermediate transport, mileage and disposable supplies billed separately
A0380	TF	ILS mileage (per mile)
T2002**		Non-emergency ground ambulance transportation, hospital to nursing facility
A0435	U1, UB U2, UB U3, UB U4, UB U5, UB U6, UB	Piston propelled fixed air ambulance per mile Turboprop fixed wing air ambulance per mile Jet (fixed wing) one unit equals one mile Piston propelled fixed wing air ambulance per hour (Round to the nearest hour.) Turboprop fixed wing air ambulance per hour (Round to the nearest hour.) Jet (fixed wing) one unit equals one hour (Round to the nearest hour.)
A0434		Air Ventilator/Respiratory Therapist, one unit equals one hour (Round to the nearest hour.)

** Procedure code must be billed on a paper CMS-1500 claim form with the supporting documentation listed in section 213.100.

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TO: **Arkansas Medicaid Health Care Providers – Visual Care**

DATE: **December 5, 2005**

SUBJECT: **Provider Manual Update Transmittal #68**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
242.110	7-1-05	242.110	12-5-05

Explanation of Updates

The information in this update refers to a previous update that indicated new modifiers being used effective July 1, 2005. There was a delay with the system being ready by that date. The new effective date is December 5, 2005.

Section 242.110 is included to indicate that effective for claims received on or after *December 5, 2005,* modifier **UA** replaces modifier **22** and modifier **UB** replaces modifier **52**.

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Roy Jeffus, Director

242.110 Visual Procedure Codes 12-5-05

The following services are covered under the Arkansas Medicaid Program.

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
DIAGNOSTIC AND ANCILLARY SERVICES				
S0620 S0621	—	VISION ANALYSIS AND DIAGNOSIS (SINGLE VISION) This service must include the following: case history, general health observation, external exam of the eye and adnexa, ophthalmoscopic examination, determination of refractive state, basic sensorimotor and binocularity examination. It may also include initiation of diagnostic and treatment programs or referral.	yes	yes
92340	—	PRESCRIPTION SERVICES This service includes determination of prescription, sizing, ordering, verification, dispensing of spectacles and follow-up services for the life of the prescription.	yes	yes
99173	UB	PRELIMINARY EVALUATION (MODIFIED SCREENING) This procedure must include at minimum three of the services listed under procedure code V0100. This code may not be billed in conjunction with procedure code V0100.	yes	yes
CONTACT LENS SERVICES				
S0592	—	VISION ANALYSIS AND CONTACT LENS EXAM This service must include the following: biomicroscopy, multiple ophthalmometry, case history, tear flow, measurement of ocular adnexa, initial tolerance evaluation, and may include other tests. This procedure does not include contact lens and should be billed in conjunction with other contact lens procedure codes. If billing this code, **DO NOT** bill V0100. Contacts and glasses may be ordered using this code.	yes W/PA	yes W/PA
S0512	—	SUPPLYING AND FITTING OF CONTACT LENS (HARD) Spherical, aphakic, lenticular, toric, prism ballast (per lens)	yes W/PA	yes W/PA

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
S0512	—	SUPPLYING AND FITTING OF CONTACT LENS (SOFT) Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes W/PA	yes W/PA
S0512	—	SUPPLYING AND FITTING OF CONTACT LENS (GAS PERMEABLE) Spherical, aphakic, lenticular, toric, prism ballast (per lens)	yes W/PA	yes W/PA
V2501	UA	SUPPLYING AND FITTING OF KERATOCONUS LENS (HARD OR GAS PERMEABLE) - per lens	yes W/PA	yes W/PA
S0512	—	SUPPLYING AND FITTING OF MONOCULAR LENS (HARD OR GAS PERMEABLE) - per lens	yes W/PA	yes W/PA
V2501	U1	SUPPLYING AND FITTING OF MONOCULAR LENS (SOFT LENS) - per lens	yes W/PA	yes W/PA
LOW VISION SERVICES				
92002	UB	LOW VISION EVALUATION	yes W/PA	yes W/PA
SUPPLEMENTAL PROCEDURES				
92081	U1	VISUAL FIELD - Electronic or Goldmann	yes	yes
92081	U1	VISUAL FIELD - Confrontation Perimetry	yes	yes
MISCELLANEOUS SERVICES				
92100	UB	TONOMETRY This procedure will only be covered when medically necessary. These conditions include, but are not limited to, diabetes, hypertension and age of the patient.	yes	yes
92393	—	OCULAR PROSTHESIS This procedure must include fitting, prescriptions and supplying of stock artificial eyes with medical supervision of adaptation.	yes W/PA	no
V2624	—	CLEANING OF PROSTHESIS	yes W/PA	no
REPAIRS AND MATERIAL SERVICES				
V2025	—	FRAME REPLACEMENT This procedure is for professional services only when replacing the whole frame. This procedure may be billed in conjunction with procedure code 92390 (Z0146) for material cost or the material may be ordered through the current optical contractor.	yes	no

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
PROFESSIONAL SERVICES FOR LENS REPLACEMENT				
S0504	RP	LENS REPLACEMENT - SINGLE VISION This procedure is for professional services only. It may be billed in conjunction with procedure code 92390 (Z0146) or through the current optical contractor.	yes	yes W/PA
S0506	RP	LENS REPLACEMENT - BIFOCAL This procedure is for professional services only. It may be billed in conjunction with procedure code 92390 (Z0146) or through the current optical contractor.	yes	yes W/PA
CONTACT LENS REPLACEMENT				
92326	—	HARD LENS (PER LENS) This procedure code does not include a professional fee.	yes W/PA	no
92326	—	SOFT LENS (PER LENS) This procedure code does not include a professional fee.	yes W/PA	no
92326	—	GAS PERMEABLE (PER LENS) This procedure code does not include a professional fee.	yes W/PA	no
92396	—	APHAKIC LENS Post-operative cataract.	yes	yes W/PA
92390	—	SPECTACLE MATERIAL Cost of material for replacing frame, front, temple. This procedure code may be billed in conjunction with V2025 (Z0124), S0504 (Z0134) and S0506 (Z0136). This price may not exceed our maximum rates established with our current optical contractor. When this code is used, an invoice must be attached.	yes	no
V2799	—	UNSPECIFIED PROCEDURE	yes	yes

W/PA = Coverage with prior authorization.

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TO: **Arkansas Medicaid Health Care Providers – Private Duty Nursing**

DATE: **December 5, 2005**

SUBJECT: **Provider Manual Update Transmittal #61**

REMOVE		INSERT	
Section	**Date**	**Section**	**Date**
242.120 – 242.130	7-1-05	242.120 – 242.130	12-5-05

Explanation of Updates

The information in this update refers to a previous update that indicated new modifiers being used effective July 1, 2005. There was a delay with the system being ready by that date. The new effective date is December 5, 2005.

Section 242.120 and 242.130 are included to indicate that effective for claims received on or after *December 5, 2005*, modifier **UB** will replace modifier **52**.

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Roy Jeffus, Director

242.120 Simultaneous Care of Two Patients 12-5-05

When a private duty nurse is caring for two patients simultaneously in the same location, the following procedure codes are to be used for the care provided to the second patient:

Procedure Code	Required Modifier	Description
S9123	UB	Private duty nurse, RN, 2nd patient. Medicaid maximum allowable is 50% of the rate for S9123.
S9124	UB	Private duty nurse, LPN, 2nd patient. Medicaid maximum allowable is 50% of the rate for S9124.

242.130 Medical Supplies Procedure Codes 12-5-05

The following HCPCS procedure codes must be used when billing the Arkansas Medicaid Program for medical supplies.

A4206	A4216	A4217	A4221	A4222	A4253
A4256	A4259	A4265	A4310	A4311	A4312
A4313	A4314	A4315	A4316	A4320	A4322
A4326	A4327	A4328	A4330	A4338	A4340
A4344	A4346	A4347	A4348	A4351	A4352
A4354	A4355	A4356	A4357	A4358	A4359
A4361	A4362	A4364	A4367	A4369	A4371
A4397	A4398	A4399	A4400	A4402	A4404
A4405	A4406	A4414	A4452	A4454	A4455
A4558	A4560	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	A6441
A6442	A6443	A6444	A6445	A6446	A6447
A6448	A6449	A6450	A6451	A6452	A6453
A6454	A6455	A7520	A7521	A7522	A7524
A7525	B4086	E0776			

National HCPCS Codes

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 Pad, Medicated or Non-Medicated, each (16 square inches or less)
A6220 A6229 A6217		Gauze Pads, Medicated or Non-Medicated, each (more than 16, but less than 48 square inches)
A6221 A6230 A6218		Gauze Pads, Medicated or Non-Medicated, each (more than 48 square inches)
A4450		Gauze, Non-Elastic, Per Roll (1 linear yard)
A6245 A6242		Hydro gel Dressing, each (16 square inches or less)
A6246		Hydro gel Dressing, each (more than 16, but less than 48 square inches)
A6247 A6244		Hydro gel Dressing, each (more than 48 square inches)
A6248		Hydro gel Dressing, each (1 ounce)
A6237 A6234		Hydrocolloid Dressing, each (16 square inches or less)
A6238 A6235		Hydrocolloid Dressing, each (more than 16, but less than 48 square inches)
A6236 A6239		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	UB	Alginate Dressing, each (1 linear yard)
A6209		Foam Dressing, each (16 square inches or less)
A6210		Foam Dressing, each (more than 16, but less than 48 square inches)
A6211		Foam Dressing, each (more than 48 square inches)
A6200		Composite Dressing, each (16 square inches or less)
A6201		Composite Dressing, each (more than 16, but less than 48 square inches)
A6202		Composite Dressing, each (more than 48 square inches)
A4253	UB	Blood Glucose test or reagent strip 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
A4483	Tracheostomy vent-heat moisture device
L8239*	Stocking (Jobst)

* Refer to section 242.430.