



# 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](http://www.medicaid.state.ar.us)

**TO:** Arkansas Medicaid Health Care Providers – Physician/Independent Lab/CRNA/Radiation Therapy Center

**DATE:** January 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #107

**REMOVE**

<b>Section</b>	<b>Date</b>
292.591	7-1-05

**INSERT**

<b>Section</b>	<b>Date</b>
292.591	1-1-06

**Explanation of Updates**

Section 292.591: Procedure code **J0270** has been deleted. In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

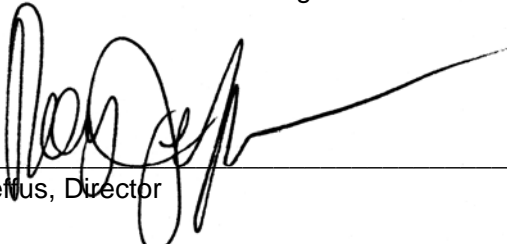
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Thank you for your participation in the Arkansas Medicaid Program.


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Roy Jeffus, Director

## 292.591

## Injections and Oral Immunosuppressive Drugs

1-1-06

- A. The following procedure codes for the administration of chemotherapy agents are payable only if provided in a physician's office, place of service code: Paper "3" or electronic "11." These procedures are not payable if performed in the inpatient or outpatient hospital setting:

96400	96408	96414	96423	96545
96405	96410	96420	96425	96549
96406	96412	96422	96520	

Only one administration fee is allowed per date of service unless "multiple sites" are indicated in the "Procedures, Services or Supplies" field in the CMS-1500 claim format. Supplies are included as part of the administration fee. The administration fee is not allowed when drugs are given orally.

Multiple units may be billed. Take-home drugs are not covered. Drugs loaded into an infusion pump are not classified as "take home drugs."

- B. The following is a list of covered therapeutic agents. Multiple units may be billed, if appropriate. Take-home drugs are not covered. Drugs loaded into an infusion pump are not classified as "take-home drugs."

For coverage information regarding any chemotherapy agent not listed, please contact the Medicaid Reimbursement Unit. [View or print Medicaid Reimbursement Unit contact information.](#)

- C. This list includes drugs covered for recipients of all ages. However, when provided to individuals aged 21 or older, a diagnosis of malignant neoplasm or HIV disease is required.

Procedure Codes							
J0120	J0150	J0190	J0205	J0207	J0210	J0256	J0280
J0285	J0290	J0295	J0300	J0330	J0350	J0360	J0380
J0390	J0460	J0470	J0475	J0500	J0515	J0520	J0530
J0540	J0550	J0560	J0570	J0580	J0595*	J0600	J0610
J0620	J0630	J0640	J0670	J0690	J0694	J0696	J0697
J0698	J0702	J0704	J0710	J0713	J0715	J0720	J0725
J0735	J0740	J0743	J0745	J0760	J0770	J0780	J0800
J0835	J0850	J0895	J0900	J0945	J0970	J1000	J1020
J1030	J1040	J1051	J1060	J1070	J1080	J1094	J1100
J1110	J1120	J1160	J1165	J1170	J1180	J1190	J1200
J1205	J1212	J1230	J1240	J1245	J1250	J1260	J1320
J1325	J1330	J1364	J1380	J1390	J1410	J1435	J1436
J1440	J1441	J1455	J1570	J1580	J1610	J1620	J1626
J1630	J1631	J1642	J1644	J1645	J1650	J1670	J1700
J1710	J1720	J1730	J1742	J1750	J1785	J1800	J1810
J1815	J1825	J1830	J1840	J1850	J1885	J1890	J1910

Procedure Codes							
J1940	J1950	J1955	J1960	J1980	J1990	J2000	J2001
J2010	J2060	J2150	J2175	J2180	J2185	J2210	J2250
J2270	J2275	J2280	J2300	J2353*	J2354*	J2310	J2320
J2321	J2322	J2360	J2370	J2400	J2405	J2410	J2430
J2440	J2460	J2505*	J2510	J2515	J2540	J2550	J2560
J2590	J2597	J2650	J2670	J2675	J2680	J2690	J2700
J2710	J2720	J2725	J2730	J2760	J2765	J2783*	J2800
J2820	J2912	J2920	J2930	J2950	J2995	J3000	J3010
J3030	J3070	J3105	J3120	J3130	J3140	J3150	J3230
J3240	J3250	J3260	J3265	J3280	J3301	J3302	J3303
J3305	J3310	J3320	J3350	J3360	J3364	J3365	J3370
J3400	J3410	J3430	J3465*	J3470	J3475	J3480	J3487*
J3490*	J3520	J7190	J7191	J7192	J7194	J7197	J7310
J7501	J7504	J7505	J7506	J7507*	J7508*	J7509	J7510
J7599*	J8530	J9000	J9001	J9010	J9015	J9020	J9031
J9040	J9045	J9050	J9060	J9062	J9065	J9070	J9080
J9090	J9091	J9092	J9093	J9094	J9095	J9096	J9097
J9098*	J9100	J9110	J9120	J9130	J9140	J9150	J9165
J9170	J9178*	J9181	J9182	J9185	J9190	J9200	J9201
J9202	J9206	J9208	J9209	J9211	J9212	J9213	J9214
J9215	J9216	J9217	J9218*	J9230	J9245	J9250	J9260
J9263*	J9265	J9266	J9268	J9270	J9280	J9290	J9291
J9293	J9300	J9310	J9320	J9340	J9355	J9360	J9370
J9375	J9380	J9390	J9600	J9999*	Q0163	Q0164	Q0165
Q0166	Q0167	Q0168	Q0169	Q0170	Q0171	Q0172	Q0173
Q0174	Q0175	Q0176	Q0177	Q0178	Q0179	Q0180	Q4075
S0115	S0187						

\*Procedure code requires paper billing.

The above injections may be provided in the physician's office. Multiple units may be billed.



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

**DATE:** January 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #88

**REMOVE**

<b>Section</b>	<b>Date</b>
272.101	10-13-03

**INSERT**

<b>Section</b>	<b>Date</b>
272.101	1-1-06

**Explanation of Updates**

Section 272.101: In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

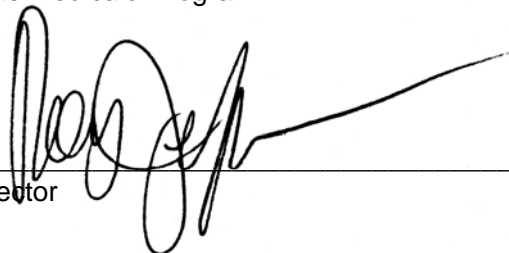
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Roy Jeffus, Director

**272.101 Non-Payable Procedure Codes**

1-1-06

The following is a list of CPT-4 procedure codes that are non-payable under the Arkansas Medicaid Program. Some procedure codes are non-payable, but the service is payable under another procedure code. (See Special Billing Instructions, Section 272.400, of this manual.)

<b>Procedure Codes</b>				
11900	11901	11920	11921	11922
11950	11951	11952	11954	15775
15776	15780	15781	15783	15786
15787	15810	15811	15819	15820
15821	15822	15823	15824	15825
15826	15828	15829	15832	15833
15834	15835	15836	15837	15838
15839	15876	15877	15878	15879
17360	17380	19316	19396	21497
27193	27591	27881	28531	32850
32853	32854	33930	33935	33940
36415	36468	36469	43265	44955
45520	46500	47133	48550	49400
50300	54401	54405	54407	54409
54660	54900	54901	55870	55970
55980	56805	57170	58321	58322
58323	58970	58972	58974	58976
59200	59425	59426	59430	63690
63691	65760	65771	68340	69090
69710	69711	76948	76986	78890
78891	80103	84061	85029	85030
86227	87001	87003	88000	88005
88007	88012	88014	88016	88020
88025	88027	88028	88029	88036
88037	88040	88045	88099	88151
90714	90717	90719	90725	90727
90728	90733	90741	90742	90780
90781	90782	90783	90784	90788
90825	90830	90835	90845	90846
90880	90882	90887	90889	90900
90902	90904	90906	90908	90910

<b>Procedure Codes</b>				
90911	90915	90918	90919	90920
90921	90935	90937	90945	90947
90989	90993	91060	92065	92070
92285	92310	92311	92312	92313
92314	92315	92316	92317	92325
92326	92330	92335	92340	92341
92342	92352	92353	92354	92355
92358	92370	92371	92390	92391
92392	92393	92395	92396	92592
92593	92596	93000	93010	93040
93042	93797	93798	94656	94657
94660	94662	94667	94668	94762
95078	95883	96900	97545	97546
99000	99001	99002	99024	99056
99070	99071	99075	99078	99080
99090	99100	99116	99135	99140
99178	99185	99261	99262	99263
99321	99322	99323	99331	99332
99333	99358	99359	99361	99362
99371	99372	99373	99375	99376
99381	99382	99383	99384	99385
99386	99387	99391	99392	99393
99394	99395	99396	99397	99401
99402	99403	99404	99411	99412
99420	99429	99431	99433	99499
J0490	J0782	J1650	J2290	J9160
J9180	J9210	J9310	J9330	J9350
P9600	Q0069	Q0070	Q0071	Q0072
R0040	R0080	T5905	W0040	W0045
W0050	W0900	W5110	W5135	W7010
X0200	X0205	Y0005	Y0020	Y0030
Y0035	Y0040	Y0045	Y0050	Y0060
Y0065	Y0075	Y0080	Y0085	Y0095
Y0100	Y0110	Y0115	Y0120	Y0130
Y0140	Y0365	Y0370	Y0375	Y0450

Procedure Codes				
Y0460	Y0540	Y1010	Y1015	Y1020
Y1025	Y1030	Y1035	Y1040	Y1045
Z0611	Z0625	Z0626	Z0628	Z0629
Z0630	Z0631	Z0632	Z0633	Z0634
Z0635	Z0645	Z0652	Z0653	Z0654
Z0655	Z0656	Z0657	Z0658	Z0659
Z0660	Z0661	Z0664	Z0665	Z0669
Z0679	Z0680	Z0681	Z0698	Z1511
Z1515	Z1516	Z1520	Z1568	Z1630
Z1731	Z1755	Z1756	Z1762	Z1816
Z1826	Z1833	Z1834	Z1852	Z1860
Z1865	Z1873	Z1877	Z1914	Z1935
J0270*	J0275*			

\* Non-payable effective for dates of service on and after 1-1-06.



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Internet Website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

**TO:** Arkansas Medicaid Health Care Providers - Pharmacy

**DATE:** January 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #83

### REMOVE

<b>Section</b>	<b>Date</b>
212.000	4-15-05

### INSERT

<b>Section</b>	<b>Date</b>
212.000	1-1-06

### Explanation of Updates

Section 212.000 is included to add that drugs used to treat sexual or erectile dysfunction are non-covered as of January 1, 2006.

In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

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Roy Jeffus, Director



## 212.000

## Exclusions

1-1-06

- A. Products manufactured by non-rebating pharmaceutical companies are not covered by the Arkansas Medicaid Pharmacy Program.
- B. The following categories of drugs are not covered in the Arkansas Medicaid Pharmacy Program:
1. Agents used for weight reduction
  2. **Drugs used to treat sexual and erectile dysfunction**
  3. Agents used to promote fertility
  4. Agents used for cosmetic purposes (including acne preparations) or hair growth
  5. Vitamins and mineral products, except prescription prenatal vitamins for pregnant women only and prescription fluoride preparations. See [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us) for a list of possible exceptions.
  6. Drugs that have been determined by the FDA to be ineffective and have DESI ratings of 5 or 6.
  7. Sedatives and hypnotics in the benzodiazepine category except Dalmane, Doral, Halcion, Prosom and Restoril (brand name or generic, depending on whether the drug has a generic upper limit).
  8. Devices except disposable insulin syringes, insulin needles, condoms and diaphragms
  9. Supplies
  10. Over-the-counter products except those included in the Covered Over-the-Counter (OTC) Products list. [View or print Covered Over-the-Counter Products list.](#) OTC products are not covered for long-term care facility residents.
  11. Limited cough and cold preparations are covered only for Medicaid-eligible recipients under the age of 21 years. Prescription cough and cold preparations are covered for certified long-term care recipients. [View or print a list of cough and cold preparations.](#)
  12. Vaccines, except for the influenza virus and pneumococcal polysaccharide vaccines. (See section 210.100 of this manual.)

Medical accessories are not covered under the Arkansas Medicaid Pharmacy Program. Typical examples of medical accessories are atomizers, nebulizers, hot water bottles, fountain syringes, ice bags and caps, urinals, bedpans, glucose monitoring devices and supplies, cotton, gauze and bandages, wheelchairs, crutches, braces, supports, diapers and nutritional products.



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**OFFICIAL NOTICE**

**DMS-2005-KK-3**

**TO: Health Care Provider – Nurse Practitioner**  
**DATE: January 1, 2006**  
**SUBJECT: Injection Procedure Codes J0270 and J0275**

In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

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Roy Jeffus, Director

